SUMMARY OF REPORT:

Enclosed with this cover paper are two key documents:

- Our 2019/20 Business Plan;

We have produced a slide set to summarise both documents.

KEY MESSAGES:

These documents describe the progress that the Health & Social Care Partnership made in 2018/19 and set out our plans for 2019/20.

PURPOSE OF REPORT:

To present to the Board a look back at the work of the Partnership last year and to confirm our plans for the year ahead.

RECOMMENDATIONS:

The Greater Manchester Health & Care Board is asked to:

- Endorse the Business Plan and Annual Report
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GREATER MANCHESTER HEALTH & SOCIAL CARE PARTNERSHIP

BUSINESS PLAN 2019-20
1.0 INTRODUCTION

1.1. Since 2016, devolution has given Greater Manchester more control of its own destiny. The Greater Manchester Health and Social Care Partnership took charge of health and care spending and decisions. We 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.

1.2. 2019/20 is a pivotal year for the Partnership as we develop our plans in the context of the NHS Long Term Plan, the new Greater Manchester Health and Social Care Prospectus and the Greater Manchester Unified Model of Public Service Reform. This year is also the fourth year of the delivery of the health and social care strategy Taking Charge.

1.3. In April 2019, as part of the NHS planning process, we agreed our System Operating Plan for 2019/20. The System Operating Plan described our priorities for the year ahead, including for the delivery of NHS Constitution Standards in Greater Manchester.

1.4. This Business Plan incorporates the priorities set out in the System Operating Plan as part of a broader plan for the Health and Social Care Partnership for 2019-20. This is the third Business Plan we have produced.

1.5. The Prospectus sets out the next stage of development of our Partnership. We aim to meet, and go beyond, the ambition in the NHS Long Term Plan. Given our devolved status, we want to create a comprehensive Population Health system in GM that spans all mechanisms of action from transport planning to housing policies, welfare design to educational curricula, and all actors – public, private and voluntary sectors, and crucially citizens themselves.

1.6. We will describe in more detail how we will meet this ambition in our second five-year plan that will be published in the autumn. This plan will chart our implementation path over the next five years in the context of the objectives set out in Taking Charge and reaffirmed in the Prospectus, the overarching Greater Manchester Strategy Our People our Place and the NHS Long Term Plan.

1.7. This Business Plan should be read alongside our third Annual Report, looking back on 2018/19, which we will publish in summer 2019.

2.0 DELIVERING OUR AMBITION

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

2.2. This third phase has an unrelenting focus on implementation of our plans. Our approach to delivery in 2019-20 remains firmly based on each of our 10 localities having its own commissioning function and an LCO that coordinates integrated care across neighbourhoods. On top of this, we want to see standardised hospital services and more person and community centred care closer to home.

2.3. As a devolved city region, our strategy goes beyond a plan to improve NHS services in Greater Manchester. Our vision is for a far-reaching improvement in our population’s health and well-being.

2.4. Our approach to this change has been guided by a core principle: identifying who contributes to health creation and how they can be better connected. We want our population to both demand better health and feel confident in changing their own lives.

2.5. Greater Manchester has a unique opportunity not only to integrate health and social care but to integrate health with all other policy areas – including early years, education, housing and employment. Our ambition is to have health at the heart of every policy. The evidence, from our Independent Prosperity Review, tells us that this is the only way we will unlock our region’s economic potential and secure the maximum health benefit for our three million residents.

2.6. The early part of 2019 has seen us, as a city region, accelerate our progress to meeting this goal. Greater Manchester’s draft Spatial Framework, 2040 Transport Delivery Plan and Local Industrial Strategy all point to a greener city region that recognises the health benefit that can flow from a high-quality public realm, more active travel and from fulfilling work.

2.7. The White Paper on the GM Unified Model of Public Service (launched in March 2019) is based on the fundamental principle that change is done with, and not to, people and that we build on what individuals, families and our communities can achieve rather than focusing on what they lack. The White Paper is clear that the neighbourhood of 30,000 to 50,000 population is the geographical unit through which our reform endeavour across all public services will focus.

2.8. The Health and Social Care Prospectus was launched in the context of these wider Greater Manchester strategies that set out a clear, confident path for our city region at a time of national uncertainty.

2.9. The Prospectus charts a bold and distinctive future for Greater Manchester as a comprehensive population health system. It reaffirms the recognition in Taking Charge that a vision for change that connects the whole of public service, the VCSE, the business sector, academia and civic leadership is the only way that we can meet the health and social care challenges that our city region faces.
2.10. Meeting these challenges requires a resetting of the health and care landscape in Greater Manchester. We need to move away from a system characterised by reactive services that respond to crisis or exacerbation and towards one that focuses on models to keep people well at home and in their neighbourhoods.

2.11. That means that we need to think about the home and the neighbourhood as the default setting of care. Acute hospitals will always play a vital role, but we need to make sure that we enable them to focus on what they do best: providing more specialist care to those who are most ill.

2.12. We are already seeing the potential of what a co-ordinated model of neighbourhood care and support can do in Greater Manchester. Through the Local Care Organisations, we are now providing a model of care that is characterised by early intervention and prevention and that recognises that we need connect individuals and families to all actors in a place that contribute to health and well-being. This includes support with housing, debt problems, loneliness, employment or access to leisure. Only through working in this way can we support people to sustained independence.

2.13. The LCOs therefore become a core part of a new system architecture in GM that also includes:

- Pooled health and social care resources managed through an integrated single commissioning function in all 10 localities offering a deep understanding of their interdependence and how investment in high-quality social care underpins the stability of both demand and finance in the NHS;

- New models of provision meaning Greater Manchester hospitals work together at a much greater scale than ever before to consistent quality standards;

- A Greater Manchester-wide architecture operates across the city-region where this makes sense, such as a commissioning hub, digital and workforce collaborative, a ‘one public service estate’ strategy and Health Innovation Manchester as a single innovation portal.

2.14. We will build the population health system in GM on these pillars – a system architecture unique anywhere in England. Our efforts in the coming year will be on delivering the work that brings us closer to this goal.

3.0 OUR 2019-20 PRIORITIES

3.1. This Plan describes our priorities for 2019/20 under three main headings:

- Improving the health of all Greater Manchester residents;

- Transforming care and support;

- Enabling better care.
3.2. Teams from across the Partnership have developed detailed plans for each of our priority areas of work for the year ahead. Each will contribute to the emerging system architecture in Greater Manchester set out below:

4.0 IMPROVING THE HEALTH OF ALL GREATER MANCHESTER RESIDENTS

4.1. Our transformation of the health and care system starts with Population Health. The Prospectus made clear our ambition to create a Population Health system in Greater Manchester.

4.2. As set out in the Health and Care Prospectus, we will work with GMCA, localities and the GM Mayor to develop a strategic approach to shaping places in GM so they are conducive to good health and will utilise system architecture to make this a reality. At the heart of this is the acknowledgement that good health is the cornerstone of inclusive, economic growth across the city-region.

4.3. We will focus on action across all the key pillars of Population Health: working as an integrated health and care system; the wider and social determinants of health; individual health behaviours and the places (including identity and people) and communities that we live in. This includes considering the extent to which our strategies in Greater Manchester on, for example, economic growth, transport or education are designed to deliver improved health outcomes reduce inequalities to mutually support each other

Best Start in Life

4.4. Improving school readiness is a key commitment for the Mayor of Greater Manchester and the GM system. Through the School Readiness Board, chaired by the Health & Social Care Partnership Chief Officer, we are implementing an
integrated early years’ offer across GM against agreed standards and backed up by best practice pathways in key areas such as speech and language and complex needs.

4.5. We will play our full part in increasing the number of Greater Manchester children who are school ready through, for example: developing a consistent, high quality preparation for parenthood scheme in all areas; offering new support for families with complex needs or where children are at most risk of not being school ready; and improving training and development across the early years’ workforce.

4.6. In 2019-20, we will implement pilots of new models of working to support children with long term conditions (Salford and Oldham). Rochdale will pilot the implementation of a community children’s hub. Oldham and Salford will pilot hub working as part of a package of measures to prevent avoidable admissions to hospital.

4.7. A focus of this work will be on increasing the confidence of children and young people and their families in self-managing diabetes, epilepsy and asthma more effectively. The programme to prevent avoidable admissions will support the implementation of the Children’s Health and Wellbeing Framework and Greater Manchester Children and Young People’s Plan 2019-2022. A core theme of our work will be a partnership between health and education.

4.8. Improving the safety of maternity services is a priority for Greater Manchester. We will develop a new Greater Manchester and East Cheshire Maternity Service Specification. This will incorporate changes in clinical best practice and national recommendations around clinical care and safety – in particular, those set out in the national document *Better Births: A Five Year Forward View for Maternity Care*. We will engage with the clinical community across Greater Manchester to develop the specification.

**Delivery of Population Health Programmes**

4.9. We are now firmly into the implementation of our Population Health Plan and have made major targeted investments to improve health and well-being and reduce health inequalities across the city region.

4.10. Our delivery plan for the year ahead will focus on fully implementing the Population Health Plan and evidencing the impact – including monitoring the ongoing implementation and impact of the GM Population Health programmes.

4.11. We will keep updating our plans to make sure we make the most of every opportunity to improve health outcomes and reduce inequalities. For example, we will work with the King’s Fund to review the conditions necessary to create a Population Health System; and we will play a major role in the refresh of the Marmot Review (a 2010 report on health inequalities in England) to develop a shared proposition for tackling health inequalities in Greater Manchester.

4.12. We will aim to make sure that health is a key consideration in each area of policy and decision making in Greater Manchester, for example in plans for: sustainable
development; air quality; spatial planning; education; employment and skills; housing and economic development.

4.13. In 2019-20, we will continue delivery of our programmes including, but not exclusive to:

- Preventing alcohol-related harm by implementing the Greater Manchester Drug and Alcohol Strategy 2019-21, which includes our plan to reduce Alcohol Exposed Pregnancies. We will build on the Big Alcohol Conversation by developing further our specialist alcohol care teams across Greater Manchester and exploring opportunities to improve services that cross alcohol, drugs, tobacco and mental health;

- Reducing smoking prevalence by continuing to deliver our Making Smoking History Strategy, which includes our Smoke-free Pregnancy pathway. We will also focus on putting in place the CURE (a comprehensive approach to treating tobacco addiction in hospitals) programme in a further six Greater Manchester sites following a successful pilot;

- Increasing physical activity by continuing the implementation of our GM Moving Strategy, commencing the ‘GM: A Walking City-Region’ programme, and putting in place a series of local delivery pilots funded by Sport England. Our aim is to reduce health care costs and to produce a cleaner, greener city by decreasing the number of adults doing less than 30 minutes of moderate activity a week;

- Supporting people to maintain employment and get back into work with the continued roll-out of the Working Well Early Help programme focused on a more preventative approach, which provides high quality early help for those in danger of dropping out of the workplace for health reasons;

- Publishing our new Health and Justice strategy with a focus on prevention and early intervention, particularly in the adoption of a population health approach to violence reduction and a public services workforce development programme that promotes insight of trauma, abuse and communication disorders;

- Continuing our ambitious Greater Manchester approach to ending all new cases of HIV within a generation as part of the international HIV Fast Track Cities network.

- Supporting our population to make healthier choices and build healthy habits into daily living, by testing app-based incentives that encourage healthy behaviour and the development of a supporting website offering self-help, advice and guidance;

- Moving from investment to implementation as we develop a unique health checks model in GM which offers increased support to those who need it the most;
• Implementing our recently funded programme to improve the mental wellbeing of the GM population, and with a particular focus on VCSE investment to support those at greatest risk of poor mental health;

• Continue our work to put in place a consistent, evidence based oral health improvement programme across the four localities in GM with the poorest child oral health. This includes supervised brushing in early years settings and reception and the distribution of free toothbrush and toothpaste packages through health visitors;

• Continuing our programme to develop a community-based, non-clinical approach to identifying and responding to dehydration and malnutrition amongst older adults in GM;

• Evaluating the impact of our Focussed Care programme which is aimed at supporting households with multiple and complex needs through an enhanced offer within General Practice and their local neighbourhood;

• Developing proposals to establish an integrated GM Sexual and Reproductive Health system with a stronger emphasis on prevention and early intervention, use of digital technology, higher quality integrated sexual health support in neighbourhoods and more consistent specialist services across localities;

• Confirming our approach to Social Value to ensure that we maximise the role played by health and care as anchor institutions in the heart of GM localities;

• Delivering the system reform that will form the cornerstone of establishing a GM Population Health System, with an emphasis on maximising the opportunities that are offered by devolution and by our increasingly integrated approaches to improving health outcomes.

**Acceleration of the Greater Manchester Cancer Plan**

4.14. In 2019-20 we will see a change in the system architecture of the governance and accountability of the Greater Manchester (GM) Cancer Plan (launched in 2017). The GM Cancer Board will be co-chaired by a commissioning Accountable Officer and provider Chief Executive.

4.15. A mid-point review of the financial implications of delivery of the GM Cancer Plan has been completed. This has included £10million of transformation funding to enact some of the national ‘must do’s’ outlined in the NHS planning guidance. This review has also quantified what is required in GM to deliver the NHS Long Term Plan, to ensure both are aligned and key priorities identified. The NHS Long Term Plan contains significant cancer related content, including some aspects for which plans already exist in GM and implementation has commenced, such as the Lung Health Check programme and the CURE tobacco addiction work.

4.16. Our aim is that these changes will accelerate the delivery of the GM Cancer Plan. Our delivery plan for the year ahead includes:
• Sustainable Operational Performance – we will develop a single approach to cancer performance improvement in line with new Cancer Waiting Time targets, particularly the 28-day standard and the 85% 62-day target;

• Prevention, Screening and Early Diagnosis – including creating at least one site delivering a ‘Rapid Diagnostic Centre’ for cancer in GM initially based on serious but non-specific symptoms and appropriate pathways;

• Personalised, Follow on Care – including full delivery of the national ambition of two thirds of women who have completed breast cancer treatment to be managed on a supported self-management pathway; and GM Cancer pathway boards will develop and agree follow up protocols for selected groups of patients who have completed treatment for colorectal and prostate cancer;

• High Quality Services – including delivery of the agreed CURE tobacco addiction programme to six localities; roll out of the Prehab for Cancer (designed to improve the quality of life for people living with and beyond cancer) programme to 1,000 patients; ensure the genomic test directory is delivered through the North West genomic lab hub; and commencing the implementation of the new radiotherapy service specification across the North West regional radiotherapy alliance.

Climate Change and Sustainable Development

4.17. We recognise that climate change and wider environmental degradation are unprecedented threats to the health and wellbeing of our population and can disrupt the ability of the health system to deliver services.

4.18. Health and care providers have a crucial role to play in climate change action and sustainable development. Critical to these efforts are outlining and documenting the public health benefits of sustainable development action. We have taken important steps in formulating our plans early in 2019 through the Greater Manchester Green Summit and the first Health and Social Care Partnership Sustainable Development event.

4.19. We will be working to support Greater Manchester Manchester’s environmental targets (including carbon neutrality by 2038) through the GM 5 Year Environment Plan and ensure we are meeting the environmental targets in the NHS Long Term Plan. A Partnership Sustainable Development Management Plan will be developed and clearly outline our deliverables and required actions. It is our goal to embed sustainable development in every aspect of our work to ensure we meet the pledges made at the Green Summit:

• Meet our NHS Long Term Plan targets: Reducing our carbon footprint by approximately 5% per year; Reducing air pollution from business mileage and fleet by 20% by 2023/24 and ensuring that at least 90% of the NHS fleet uses low-emissions engines (including 25% ultra-low emissions) by 2028;
• Engaging Staff: Engage our staff to make sure that teams and individuals are aware of how their actions can promote a low carbon culture and empower them to act. We will also work with staff and patients to reduce the use of finite resources such as single use plastic products;

• Building Partnerships: Work collaboratively with stakeholders to develop and implement environmental and social policies, including participation in governance arrangements where appropriate;

• Empowering our Patients/Communities: The NHS has the potential to reach tens of thousands of people every day with positive health and environmental messages. We will work to meaningfully engage patients and communities to take environmental action, including through environmentally friendly health and care choices;

• Building Evidence: Support the sharing/development of health evidence to support environmental action;

• Changing Travel: Engage with staff to reduce car use, particularly single occupancy car use, for travelling to and from their place of work – including playing our part as employers to provide facilities to promote green travel;

• Developing the Partnership as an Anchor Institution: Continue to develop the NHS as an ‘anchor institution' by working with others to promote an understanding of our contribution to the local economy, society and environment and how social/environmental value can be embedded.

5.0 TRANSFORMING CARE AND SUPPORT

5.1. In Greater Manchester there is a long-standing recognition that we must shift the balance of health and care services away from the predominant model of response to crisis and towards early intervention and prevention.

5.2. Our approach is to not only integrate health and care – but to join health up with a range of other services. We are changing this through transforming the way that care and support is provided across Greater Manchester.

5.3. The neighbourhood (30,000 to 50,000 population) is the cornerstone of this and is the focal point of the alignment with wider public services through the Greater Manchester Model of Unified Public Services. This approach is illustrated in the diagram below.
5.4. Our neighbourhood model based on the 30,000 to 50,000 population footprint is central to our work to tackle the causes of demand and to re-orientate the system to early response and prevention and away from reactive care. Recognising the broad causes of demand, this model is fully aligned with the wider public service model in Greater Manchester. A mature set of primary care networks in GM are at the heart of this model.

5.5. In 2019-20 we will need to increase the pace of LCO development so that across all 10 localities we see delivery at scale across all neighbourhoods. We will expect to see all LCOs firming up their leadership and governance arrangements to enable genuine accountability for the shifts in demand required.

5.6. This will include working with the LCOs to affirm the next critical steps and confirm LCO progress against the agreed GM core themes and checkpoints. We will agree steps to close gaps in 2019/20 on areas such as leadership, governance, the relationship to the Strategic Commissioning Functions in localities and new payment and incentive mechanisms.

5.7. Our approach to implementation in 2019/20 is structured on the four core themes of LCO development:

- Enable conditions to be managed at home or in the community;
- Secure the full contribution of public and voluntary sector partners;
• Support individuals and communities to take more control over their own health;

• Take responsibility for the management of the health and well-being of a defined population.

5.8. Some of the key steps we will take in 2019/20 are:

• The full establishment of a defined neighbourhood operating model covering health and care, and wider public services in all 10 localities;

• An agreed and established set of GM neighbourhood metrics;

• Formal partnership arrangements for primary care in place across all LCOs;

• Alignment of GM programmes to neighbourhood model – for example, Living Well at Home (LWAH) as part of the Adult Social Care programme;

• Setting up a new LCO Chief Officer group reflecting the LCOs’ status as a mature part of the GM system architecture;

• A prioritised LCO work plan, agreed by the Chief Officers Group with local LCO plans in place setting out the end stage state for each LCO – including organisational form and contract arrangements;

• Support offers from the Kings Fund, AQUA and other partners to support LCO development in 2019/20.

5.9. As part of the core LCO operating model, we would expect to see the implementation of a highly-developed Intermediate Tier Service/High Impact Care model in each locality. These models will be key in driving improved outcomes and reductions in hospital activity across localities.

5.10. Local Care Organisations, charged with connecting all parts of the local system contributing to health benefit, are ideally placed to advance the High Impact Care model in GM.

5.11. High Impact Care offers the opportunity to accelerate a vital part of the LCO offer: the interface between specialist and generic services at a place level. We will support localities to develop these models through the LCO Network and Chief Officers’ Group – and will build on examples of existing good practice in localities such as those seen in Tameside, Rochdale and Manchester.

Delivery of Key GM Programmes as part of the Neighbourhood Model

5.12. In 2019/20, the importance of our neighbourhoods will be further enhanced as GM-level programmes transition to implementation at the 30,000 to 50,000 population level.
5.13. This will include:

- Our PCCA (Person and Community-Centred Approaches) programme is putting people and communities in control of their health and wellbeing. At the heart of this programme is a shift away from the medical model of illness towards a model that draws on the expertise and resources of people and their communities. In 2019-20, we will continue to work with the VCSE (Voluntary, Community and Social Enterprise) sector on how health and care ensures a viable range of community and asset-based support is available to support people's non-medical needs; we will continue our work with localities to grow social prescribing programmes now in place across all parts of GM; make further progress to roll out personal health budgets to those, especially people with complex needs, who could benefit most; and supporting more person-centred care conversations to form the basis of personal wellbeing and care and support plans;

- Our Housing and Health work programme has been developed in recognition of the impact good housing can have on our health and wellbeing – this includes tackling homelessness. In 2019-20, we will ensure that the NHS in Greater Manchester plays its part in the A Bed Every Night programme – including through investment. We will also explore viable models of cross Greater Manchester Home Improvement Agency (HIA) provision. We will aim to provide a consistent, cross tenure offer that ensures the home environment promotes independence, supports good health and enables the delivery of care and support in the home;

- We will continue with the work, led by clinicians in Greater Manchester, to improve care and support for diseases that affect large numbers of our population. This includes work to improve the model of care for respiratory disease, cardiovascular and diabetes;

- Clinical frailty is an area of growing importance in Greater Manchester. We have developed a Framework for Resilience & Independent Living in Greater Manchester ensuring that LCOs are supported to discuss guidance, share good practice and implement standards locally to improve outcomes for people living with frailty.

- It is vital that we support people to live well and with dignity, in the place of their choosing, during their last year of life. In 2019/20 we will focus on improving the skills of the health and care workforce to enable Advance Care Planning discussions to be offered to people approaching or within the last year of their life – wherever they are receiving their care and whatever the diagnosis they have.
5.14. Following the announcement of the NHS Long Term Plan and the agreement of the GP contract reform for 2019/20, we will continue to provide more joined up and co-ordinated care. There will be continued delivery of GM-wide programmes including 7-day additional access to primary care and neighbourhood development.

5.15. All GP practices in Greater Manchester are part of Network arrangements covering every neighbourhood, with leadership identified across all 10 localities. These networks bring the full range of health & care staff together with wider public service partners and the VCSE locally. A co-produced package of support has been developed to provide on-going support for Primary Care Networks across GM. A Primary Care Network Leads Group has been established to help develop and support the work.

5.16. In developing primary care networks, we aim to retain the very best of how primary care currently operates while finding improved ways to deliver care that offers benefits to residents, clinicians and wider primary care teams. Within this will be a strong focus on retention of current GP workforce and development of primary care nursing.

5.17. We have strong primary care professional leadership throughout the Partnership via active Local Professional Networks (LPNs) for Dentistry, Pharmacy and Optometry (Local Eye Health Network). Each LPN has a published strategy which collectively outlines the wider primary care contribution to the delivery of the overall Partnership strategy.

5.18. Our primary care provider leadership in the Partnership spans primary care providers (GP, Dentistry, Optometry and Pharmacy). This is brought together through the Primary Care Advisory Group which augments and supports local leadership through LCOs and neighbourhoods.

5.19. The roll out of the NHS app and other digital solutions will ensure that our residents have more choice in how they access care. We have invested in the development of a business intelligence tool, Tableau. The tool is currently available to all of general practice and CCGs, containing a number of data sources in order to inform continuous service improvement, identify best practice and learning from peers. Data is presented at practice level, neighbourhood level, locality level and at GM.

5.20. We have already made strides to support the development of the primary care workforce through our established training hub and enhanced training practices, which has enabled us to support development of several new roles working within primary care networks. Wider workforce development includes the roll out of Clinical Pharmacists and we will be expanding the role of Physicians Associates, first contact physiotherapists and paramedics across our networks.

5.21. The primary care workforce strategy aims to support the whole of primary care to become more sustainable, resilient and able to develop new ways of working across networks and within Local Care Organisations. The role of pharmacies,
optical practices and dental practices will continue to be developed across our Networks and neighbourhoods, particularly in their contribution to care home residents. The LPNs are leading the delivery of the workforce strategy for their respective primary care health professional groups.

Continued Implementation of the GM Mental Health Strategy and Dementia United

5.22. Parity of esteem between physical and mental health is paramount if we are to enable people to stay well and live independently at home and in their communities.

5.23. In 2019/20 the GM mental health programme team will facilitate the delivery of key ambitions that were set out as part of the £134m investment proposition made in 2017. We will also deliver on Greater Manchester’s commitments as part of the Mental Health Five Year Forward View.

5.24. We will need to deliver the 12 standards in the Mental Health Five Year Forward View by March 2021. We have put in place Greater Manchester governance to oversee their implementation here.

5.25. In 2019/20, we will deliver a number of key ambitions that were set out as part of the £134m investment proposition, including:

- Making sure that thousands more children with a diagnosable mental health condition can get support where and when they need it. This will be done through a redesigned care approach, shifting the focus away from accident and emergency departments as the first port of call;

- Supporting Greater Manchester schools and colleges in meeting the mental health and wellbeing needs of their students by rolling the GM Mentally Healthy Schools Pilot to a minimum of 10% of GM schools and colleges;

- Developing an innovative mental health service for higher education students in collaboration with all the universities (including Royal Northern College of Music) across GM;

- Helping new mums who experience significant mental health problems – as a minimum, an additional 1,680 women will receive evidence-based treatment each year;

- Further reduce the number out of area placements (OAPs) for Greater Manchester residents. The aim is to provide all hospital care for a mental health problem within GM and reduce out of area placements by a further 33% in 2019/20;

- Make sure everyone in a mental health crisis can get immediate support - and that no one ends up in a police cell when they are in mental health crisis;
• Better look after the physical health of people with serious mental illness – at the moment this group dies on average 15-20 years earlier. Our aim is for at least 15,000 people to have access to physical health checks;

• By 2020, ensure that 95% of those in need of eating disorder services receive treatment within one week for urgent cases and four weeks for other cases;

• Expanding the mental health promotion training programme to increase the confidence and core skills of front-line staff so that they can be more effective in having conversations about mental health and wellbeing. This will help people to manage mental health problems and increase their resilience and mental wellbeing through positive changes;

• Offer extra support to the long-term unemployed or people who have mental health problems and risk losing their job through our Employment Support programme;

• Significantly improve access to psychological therapies - 33,500 people in GM will benefit from access to psychological therapies (including those with accompanying physical health conditions) and 84,000 adults will get help from 168 new psychologists.

5.26. We know that dementia will be a growing challenge as our population ages. We have invested over £2m in Dementia United (DU) – a long term plan to improve dementia care and support in Greater Manchester

5.27. One of our key priorities for continued implementation in 2019-20 is on post-diagnostic support. We want to make sure that there is a standardised post diagnostic support pathway including a minimum standard pathway of care for people diagnosed with dementia and their carers.

5.28. We recognise that not everyone diagnosed with dementia is over the age of 65. We will begin work this year focused on rarer forms of dementia and early onset of the disease. The project will aim to identify how to support these groups by ensuring that services are consistently appropriate and relevant.

5.29. It is vital that we better understand the lived experience of those who have dementia and their carers. To that end, we are putting in place a Dementia Lived Experience Barometer. This will measure in real time the experiences of people who are living with dementia. This will ensure that we can be more flexible in adjusting pathways of care for individuals and offer greater precision of care and increased patient satisfaction.

Delivery against NHS Constitutional Standards

5.30. In meeting Constitutional Standards, we have demonstrated consistent improvement in some areas - for instance Mental Health; in others, for example
on Cancer and elective Referral to Treatment Times and maintaining waiting list size, we have started to see a downturn over the last 12 months.

5.31. We recognise that in areas such as Urgent Care, and A&E waits, we have struggled to deliver a reliable performance, and these are our absolute priority in 2019/20. We have a comprehensive plan for improvement in our Urgent and Emergency Care System and this is set out in the section below.

5.32. As well as improving our Urgent Care performance, we will need to ensure consistent delivery of elective and cancer standards and social care quality across Greater Manchester. In developing our operational plans for the year ahead, we have set clear expectations for performance trajectories; ensured alignment between commissioner and provider plans; and identified key delivery risks and mitigating actions.

5.33. More broadly, and to sustain our improvement, we want to work with the NHS England/Improvement regional office and national specialist teams to start the progress of bringing together all the GM improvement work into a more coherent offer based on the key principles of improvement science - and drawing on our already established Quality Framework.

Continued Reform of the Urgent and Emergency Care System

5.34. Given the performance challenges we have faced on Urgent Care, continued reform of the system is imperative for this year.

5.35. To plan for the year ahead we held a Greater Manchester Urgent Care Summit in February – attended by senior system leaders including the North West Regional Director.

5.36. We know that the challenges facing local systems in terms of UEC performance are different and we will tailor our approach accordingly. We also know that capacity planning – in and out-of-hospital – is critical to performance.

5.37. Our plans for 2019/20 have three key areas of delivery in our work with localities:

- Deliver a single GM Clinical Assessment Service (CAS) that is integrated with a community-based Multi-Disciplinary Team Urgent Care Response in each locality. Through this work; we want to put in place integrated locality-based services to provide a single coordinated response to patients presenting with urgent care needs;

- Implement a GM Streaming and Same day Emergency Care (SDEC) Model (which includes the GM Acute Frailty Standard). As a result of this programme, we aim reduce crowding in Emergency Departments to improve patient safety and performance against Urgent and Emergency Care standards;

- Delivery of Locality Reducing Long Length of Stay (LLOS) Delivery Plans - including implementation of GM Discharge & Recovery Standards.
Through this work, we want to reduce significantly the numbers of LLOS patients and delayed transfers of care.

5.38. We have also developed Greater-Manchester wide projects that will enable transformation in Urgent and Emergency Care. For 2019/20, we will:

- Undertake a GM Urgent and Emergency Care Demand and Capacity Review – and, where necessary, adjust local operational plans in preparation for winter 2019/20;
- Develop and put in place a GM Urgent and Emergency Care Workforce Plan in preparation for winter 2019/20;
- Implement a GM Service Finder (MiDoS) to improve the way patients access local NHS services; increase access to the directory of services for health care professionals including North West Ambulance Service (NWAS); and integrate social care and local authority services into the directory of services;
- Deliver the NWAS Paramedic Emergency Service 19/20 Contract Conditions – including full integration of the GM Operational Hub into NWAS;
- Put in place a High Intensity User Improvement Programme to improve patient safety and reduce the risk of exacerbation of long-term health conditions;
- Implement new Urgent and Emergency Care Community Standards with agreed locality ambitions. This will provide a wider view of how the whole Urgent and Emergency Care pathway is working across health and care services.

**Improving Specialist Care Programme**

5.39. The Improving Specialist Care Programme builds on previous hospital transformation work across GM and is responding to the changing needs of our population.

5.40. The programme complements the shift in how care is and will be delivered in the community and at a local level. It aims to make best use of resources and to ensure we sustainably address the variations in provision and standards of care that exist across the region in a number of key services.

5.41. The services within the Programme are: Benign Urology, Breast Services, Orthopaedics/Musculoskeletal, Cardiology, Respiratory, Paediatric Surgery, Vascular and Neuro-Rehabilitation.

5.42. The programme is comprised of a number of work streams which include:
• Developing new recommended Models of Care for the identified range of services;
• Defining the core minimum services which will be provided in most local hospitals;
• Modelling the proposed delivery of services from identified sites across GM that will enable us to assess the combined impact and benefits;
• Beyond modelling, we will support Joint Commissioning Board in their decision-making process and further stages leading towards and including business case preparation.

5.43. In each case, the solution is not a local or incremental change but the creation of a single shared service which is organised and delivered at a GM level. Each will deliver improvements in patient outcomes, access and productivity, and services will gain consistent and best practice specifications, enabled by the standardisation of information management and technology.

5.44. Priorities for 2019/20 will focus on the following:
• Development of a full business case for the GM Neuro-Rehabilitation Model of Care;
• For the remaining services in scope, the proposed site options are likely to emerge over the next few months. Defining the core minimum services which are provided in most local hospitals and the recommended outline Models of Care, along with other data (including travel analysis) are key inputs into the site options development work;
• During the coming year we will continue to work through Programme governance processes and external assurance and scrutiny processes with NHSE and the GM Joint Health and Care Scrutiny Committee;
• We will continue to engage extensively with staff, patients, carers and the public;
• The GM Joint Commissioning Board will lead the decision-making process and advise the Programme where to progress to a business case or consultation for any specific speciality.

5.45. The Improving Specialist Care programme is built upon the successful implementation of Healthier Together – our single system model for the delivery of urgent and emergency care services, including surgery, to improve clinical outcomes. Following the decision of GM commissioners to proceed with the programme and the award of capital funding, we have been working with clinical teams on the implementation process and developing the business case to secure release of the capital. It is crucial that we make positive progress on the delivery of this programme in 2019/20.
Elective Care Reform

5.46. A new programme for elective care reform was launched in April 2019. This significant piece of work will take a whole system approach to the reform of elective services across Greater Manchester and will be led through a new Board, jointly chaired by a CCG chair and acute trust chief executive.

5.47. The key themes of the programme will be:

- Transformation of outpatients focusing on assessment, diagnostics and follow-up. This element of the work will see priority given to challenged specialities for direct access to diagnostic services, digital options for assessment and follow-up, including making use of telemedicine and virtual clinics and exploring opportunities for digitally enabled care which build on our digital strategy;

- Enabling a focus on productivity and efficiency through a deep analysis of current use of imaging, endoscopy, outpatients and theatres and opening up opportunities for mutual aid and support across Greater Manchester;

- To build on previous demand management work programmes and recommendations to ensure there is a Greater Manchester model for high impact innovations and efficiency.

5.48. To achieve this the programme will adopt the methodologies of large-scale change and collaboration across all sectors, driven through the Elective Reform Board.

Adult Social Care Transformation

5.49. A transformed Adult Social Care model supported through sustainable funding is core to our plans in Greater Manchester.

5.50. At the centre of our adult social care transformation programme is Living Well at Home (LWAH). This is a new model of independent living and support to keep people well and independent in their own homes and communities of choice, as well as to ensure high quality support where needed. This programme will be delivered through neighbourhoods in LCOs. Key to this approach is working together across the system, including independent providers, partners, people and families.

5.51. Throughout 2019/20 we will prioritise an accelerated improvement approach to address some of the key challenges across the Living Well at Home programme. We will be seeking to develop a strong workforce offer, with careers in health and care that offers progression routes through education, training and apprenticeship opportunities.

5.52. LWAH is not just about formal paid care, but embraces innovative and alternative opportunities and support solutions, such as wellbeing teams and independent
living models, all underpinned by an asset-based approach, which first and foremost recognises individuals and communities’ strengths and resourcefulness.

5.53. Our aim is to incentivise independence and improved outcomes for people through payment reform. We will also build on the unique infrastructure in GM, with LCOs & SCFs presenting opportunities for wholesale reform. We will:

- Confirm a set of trailblazer initiatives to be tested within neighbourhoods – including new initiatives in relation to personalised support, improved nutrition, hydration & oral health, work on avoidable admissions, new support models and payment reform;
- Further develop and roll out our new personalisation training programme for homecare providers;
- Pursue opportunities for technology and innovation with Health Innovation Manchester;
- Develop a Quality of Life & Care Model as part of a GM kitemark for excellence in LWAH;
- Confirm a LWAH workforce plan to support ethical working & boost recruitment & retention;
- Put in place an aspiring manager programme; a minimum skills framework for care staff; and neighbourhood-based blended roles;
- Identify options for better, more efficient and effective commissioning and service provision for people with complex needs leading to improved outcomes and a better offer for people closer to home, with individuals supported by high quality providers;
- Work to develop a Memorandum of Understanding with the Greater Manchester Independent Care Sector Network to help ensure we are ‘doing with’, not ‘doing to’, and that the contribution of providers is valued and recognised across GM;
- Act upon the recommendations of the Independent Inquiry into Care at Home conducted through the Citizens Jury and explore new approaches to collaborative and participative commissioning and citizen involvement in health and social care.

5.54. The role of carers is vital to the changes happening in Greater Manchester. We will support carers to fulfil their educational and employment potential. We want to harness the wealth of expertise and knowledge carers can bring to ensure they are seen as expert care partners and actively involved in planning, shared decision-making and reviewing services.

5.55. In 2019/20 we will continue to pursue our Learning Disability Strategy for Greater Manchester to support a joined-up approach to improve the quality of life and
services for people with learning disabilities. We will continue investment in community support so that by 2023/24 every locality will have a 7-day specialist multidisciplinary service and crisis care system to support people with complex support needs in their communities.

5.56. We are proud that Greater Manchester’s first autism strategy was agreed in January 2019. The strategy was written by multiple stakeholders including autistic adults and family members of autistic people living in Greater Manchester. We will implement year one of the strategy in 2019-20 – primarily through the mechanism of the GM Autism Delivery Board.

5.57. We will also seek to support the ongoing work being undertaken in localities by providers and commissioners to improve quality in Care Homes and Home Care across GM. Our continued aim to improve the proportion of provision rated as good or outstanding, supporting improvement to the point where there is no remaining provision rated as inadequate.

6.0 ENABLING BETTER CARE

Continued Reform of Commissioning System

6.1. Our ten localities are implementing integrated commissioning arrangements through CCG and Council led strategic commissioning functions (SCFs). These will mature to include a step change in the scope and size of a formally pooled budget and a commitment to joint decision making over aligned spend. They will further develop in line with the GM Public Service Reform White paper to include a wider public service commissioning perspective.

6.2. Coming into 2019/20, Greater Manchester partners reviewed commissioning arrangements across the conurbation. The review committed to strengthening the integrated commissioning arrangements at the locality level and at a GM level in pursuit of the creation of a population health system.

6.3. Through new commissioning arrangements, Greater Manchester can both exploit economies of scale at a GM level where required and create a step change on our focus on prevention, early intervention, integrated provision, and demand reduction at a local level.

6.4. The review of commissioning arrangements at the start of 2019, identified five key priorities:

- Commissioning for Place Based Integration;
- Commissioning for Acute Service Reform;
- Commissioning for Population Health Gain;
- Future role and Function of the Joint Commissioning Board;
• Future role and function of GM Commissioning Hub.

6.5. Eleven recommendations were set out under these priorities and we will progress each of these in 2019/20.

6.6. The Joint Commissioning Board (JCB) is developing and maturing as a joint committee for decisions that of necessity require a single GM perspective and this will continue in 2019/20.

Digital and Health Innovation

6.7. Our ambition in Greater Manchester is to be a top-five European digital region. The Health and Social Care Partnership is playing a full role in this.

6.8. The GM H&SC Digital strategy published in September 2017 has delivered against many of its priorities and will be refreshed in 2019-20 bringing it into closer alignment with both the wider Greater Manchester Strategy Our People Our Place and the Local Industrial Strategy.

6.9. 2019-2020 will see the third iteration of the digital fund with the distribution of approximately £8M of public dividend capital.

6.10. Health Innovation Manchester (HInM) is an established part of our system with the clear objective to mobilise our capabilities to coordinate our innovation ecosystem. HInM is unique in the UK and operates as the city-region’s academic health science and innovation system.

6.11. The operating model introduced by HInM creates opportunities for system change and integration, by combining our scientific, research and digital assets to pioneer new models of care, products and services.

6.12. The digital infrastructure that supports this type of innovation is provided by the shared GM care record (part of the Local Health and Care Record Exemplar (LHCRE) programme); a single data exchange platform; emerging digital innovation hub and the legacy of shared data assets created by Connected Health Cities and City Verve.

6.13. Our plans for digital transformation in 2019-20 include:

• GM IM&T Connectivity Programme - This is focused on infrastructure projects to technologically enable and connect citizens, staff and organisations within GM. As part of this we are putting in place Govroam staff WiFi to enable staff to more easily work across organisations within GM to a set standard. We have also implemented NHS Patient WiFi. This allows access to the internet and associated online services across Primary (GP Surgeries), Secondary Care (provider trusts) and the majority of local authority locations;

• PCCA Digital – our work on Person and Community-Centred Approaches seeks to understand the strengths, motivations, goals of care and aspirations of an individual to share this information with those who deliver the care. This includes
Care Plans and an Electronic Palliative Care Coordination System that seek to understand the strengths, motivations, goals of care and aspirations of an individual and to share this information with those who deliver the care;

- Information Governance and Cyber Security - to maintain the confidence of our residents GM must be able to show that digital information is held securely, shared appropriately and its use is transparent to individual residents. To achieve this, we are putting in place a common, scalable and sustainable Information Governance framework, using digital tools and common processes;

- Integrated Digital Care Record - all ten localities across GM are implementing the Care Centric Graphnet system. This will ensure that localities are able to migrate to a single instance of Care Centric allowing sight of clinical records across boundaries. It will maximise use of the Graphnet clinical record, so that it can be used as a system of engagement, providing dashboards and analytics back to GPs. This project is also linked to the LHCRE (Local Health and Care Record Exemplar) programme as a critical enabler;

- Assets, Consolidation and Collaboration – we will carry out an Asset Review to identify the current and future states of an organisation’s infrastructure to leverage the best use of assets such as storage and computing power. This will help to identify applications and services which can leverage the public cloud to deliver digital services in the most cost effective and resilient manner.

Workforce

6.14. We want to make Greater Manchester one of the best places in the world to work in health and social care, whether in paid employment such as a doctor, nurse, clinician, social worker, manager or support staff or unpaid as a volunteer or carer.

6.15. We have taken some important steps to realise this aim, including:

- Implementation of a Greater Manchester Workforce Strategy – so that our four workforce priority areas are driven locally to address where we have workforce shortages and how we can attract people to come to and stay in Greater Manchester;

- Developed a programme to incentivise Nursing and Allied Health Professional careers to improve recruitment, retention and return to practice in Greater Manchester;

- Developed our Teaching Care Homes programme and Registered Managers pilot to continue to ensure workforce innovation is instrumental in driving forward quality improvements across adult social care;

- On-going engagement to enable workforce transformation and support to the current workforce, underpinned by new care models and redesigned pathways (responding to known supply issues), detailing specific staff group issues and how new roles / new ways of working are being used – for
example: Advanced Clinical Practitioners, Apprenticeships, and new and extended roles;

6.16. National and local workforce shortages continue to cause pressures across the health and care system in Greater Manchester. Specific Greater Manchester shortage areas include: nursing (district and practice nurses in particular); medical – GPs and non-training grade doctors (associate specialists, specialty doctors and staff grade); social workers. Effective workforce planning is necessary to support sustainable workforce transformation.

6.17. It is crucial that support is in place to develop the capacity and capability needed to meet the needs of new models of care. There is continued substantial activity around new roles, particularly within primary care and integrated care, as well as a focus on upskilling.

6.18. Priorities at a Greater Manchester level for 2019/20 will focus on the following:

- Supporting recruitment, retention and widening participation;
- Supporting new models of care and neighbourhood working e.g. through new employment models and the primary care networks of local GP practices and community teams as set out in the NHS Long Term Plan;
- Innovation – digital, new ways of working, new roles;
- Education transformation;
- Developing Greater Manchester as a centre of excellence for workforce development and working to drive up employment standards.

Estates

6.19. Greater Manchester has a single Estates Strategy that was submitted nationally in 2018. The Health & Social Care Partnership went through a rigorous process to evaluate capital bids against this plan. We also made clear at the time of submission that there was a priority case for major investment in the Pennine Acute FT Estate (particularly at North Manchester) that should be considered through the transaction processes and therefore was outside the scope of our bids.

6.20. We did not secure the outcome we were looking for through the national bidding process. Greater Manchester faces a growing backlog in terms of maintenance, but also a logjam in terms of schemes identified in our estates strategy that are fundamental to our overall transformation programme.

6.21. A robust and comprehensive capital pipeline is essential to the delivery of the GM estates strategy. A number of the transformation programmes across GM will be dependent on capital investment and new development. Alongside this, it is essential there is a clear understanding of the potential funding source for any
future investments. GMHSCP will need to maximise the opportunity to access appropriate sources of capital.

6.22. We are doing all we can to improve the way we develop business cases and construct bids for future NHS capital allocations. Current actions to progress this work include soft market testing with potential investors, exploring commercial options and building up estate’s expertise and capacity.

6.23. We will continue to support Greater Manchester localities to undertake Locality Asset Reviews (LARs). The reviews provide both neighbourhood specific and locality-wide options for primary care, health and well-being hubs, extra care, care homes, education (primary and secondary) and community space in each of the localities.

6.24. The Acute Masterplan Transformation programme of works will be informed by the LAR outcomes. The overarching aim of the programme is to drive the development of a more fit for purpose, flexible and cost-efficient estate. The outcomes from each locality must align with wider GM Master Planning objectives and strategic plans including the master planning of key Acute sites.

6.25. We will continue to implement our GM Mental Health Estates Strategy. Development of the strategy brought together the three main providers of Mental Health Services in GM (Greater Manchester Mental Health NHSFT, Pennine Care NHSFT and North West Boroughs NHSFT) to develop their own estates plans and to work together on the development of the GM Strategy. Locality reviews of community mental health services will be undertaken, building on LAR work and exploring ‘hub and spoke’ options as part of a place-based approach.

Quality Improvement


6.27. The Greater Manchester Quality Improvement Framework (QIF) was adopted in 2017. The framework focuses on the key components of health and care quality improvement that should be reflected at the whole system level and at unit level across all health and care.

6.28. At the heart of the GM Quality Improvement Framework is the premise that doing the right things creates the opportunity for success. It is used a mechanism to make sure that all plans have the ingredients to deliver success and quality improvement.

6.29. The QIF attributes are equally applicable to efforts to improve patient safety. In November 2018 Greater Manchester adopted a forward-looking approach to safety for GM health and care for Greater Manchester that must:

- Reflect the approach taken in the GM QIF;
- Take full account of the culture that will make care safer in the future;
• Transparently report and learn from adverse events;
• Build on evidence that care is becoming safer;
• Be built on the research evidence of leading practice;

6.30. The Greater Manchester Health and Care Safety Model takes account of both the positive contributory factors that build a safety culture as well as measuring the impact on service users. This is a systematic approach to safety based on work from the Health Foundation that focuses measurable efforts to improve and to learn from adverse events. It can be applied to any health and care setting. It comprises five dimensions:

• Past harm: this encompasses both psychological and physical measures;
• Reliability: this encompasses measures of behaviour and systems;
• Sensitivity to operations: the information and capacity to monitor safety on an hourly or daily basis;
• Anticipation and preparedness: the ability to anticipate, and be prepared for, problems;
• Integration and learning: the ability to respond to, and improve from, safety information.

6.31. There are four GM Patient Safety Collaborative work streams:

• The Deteriorating Patient
• Adoption and Spread
• Maternity and Neonatal
• Medicines Safety

Clinical and Corporate Services

6.32. We have identified several areas where we can do things more efficiently in Greater Manchester and free up resources for more direct care and support.

6.33. We have developed a Corporate Services programme to deliver higher quality, more resilient and less expensive corporate services across GM. The programme focuses on the functions of Finance, HR and Procurement and there is scope to widen this to other corporate support services in future.

6.34. Building on the recommendations of the Carter Review (a review on how hospitals in the NHS can work more efficiently), GM has launched a major programme to deliver efficiencies in Pathology. Through this programme, which will ramp up in 2019/20, we are aiming to reduce net costs of providing pathology clinical support services across GM. This will be supported by a single Laboratory Information
Management System (LIMS) and other information management and control systems, across all of GM pathology services.

6.35. For Radiology services, we have established the GM Collaborative Imaging Procurement Project (GMCIP) to deliver a procurement to provide seamless image sharing and 24/7 real time access to medical images from any GM Trust for all clinicians to allow clinicians to collaborate whatever their location.

6.36. We will continue our work to deliver a unified Hospital Pharmacy Supply Chain operating model across Greater Manchester. The most significant part of this is the implementation of a single consolidated Pharmacy Supply Chain ‘hub’ that delivers a significant reduction in inventory levels and reduces the materials handling requirement within hospital sites.

6.37. For procurement in Greater Manchester, we aim to put in place a unified procurement organisation and deliver a range of tactical and strategic initiatives which will deliver significant savings in goods and services. These initiatives are either in addition to local initiatives or to help accelerate/secure local plans.

6.38. Within HR, we are planning to agree a future model for HR in Greater Manchester, to deliver improvements in Occupational Health; to realise savings through a Collaborative Bank; and to deliver process improvements in Core HR.
1.0 FOREWORD

This is the Greater Manchester Health and Social Care Partnership’s third annual report. Our goal is to deliver the fastest and greatest improvement of the health and wellbeing of the people who live here. This Annual Report captures the steps we have taken in 2018/19 to achieve that vision.

All that we have achieved in Greater Manchester is a product of the hard work and dedication of people working in health and care across our city region. I would like to thank staff at all levels for their contribution to improving health and care for people throughout Greater Manchester.

2018/19 saw us publish our Prospectus for Health and Social Care in Greater Manchester Taking Charge – the Next Five Years. The Prospectus took stock of the first three years of our work; presented what we have learned and achieved; and set out where we want to go next as a Partnership. It did so in the context of the development of key Greater Manchester and national strategies, including: the GM Unified Model of Public Services; the Local Industrial Strategy – underpinned by the GM Independent Prosperity Review; and the NHS Long Term Plan.

Having developed our strategies, built up our partnership arrangements and governance and set out our major investments, the third year of our work saw us move firmly into implementation.

And we have made a great deal of progress. We have continued to close the gap on school readiness; met access rates for mental health care (and became the first area in the country to publish waiting time data for children and young people’s mental health services); improved the quality of care homes and domiciliary care; increased rates of physical activity; and continued to deliver strong financial results.

We also know that there are some areas of performance where we need to improve. In particular, we must secure consistent and reliable delivery of the NHS Constitution Standards in Greater Manchester – in some areas, for instance on Urgent and Emergency Care, our performance was not at the required standard in 2018/19.

Some difficult challenges lie ahead of us. We must accelerate the implementation of new models of care and support across all parts of Greater Manchester making sure that all our residents benefit. Our social care system remains vulnerable in the absence of sustainable, long-term funding settlement. We still face key workforce shortages in a number of areas across health and care.

However, we approach 2019/20 with a sense of optimism. This hope for the future stems from the unique opportunity that we have as a Health & Social Care Partnership in a devolved city region. That status means that we can not only lead the way in the integration of health and social care but integrate health with all other policy areas – including early years, education, housing and employment.

Our ambition, as set out in the Prospectus, is to create a Population Health System in Greater Manchester. This is the only way we will unlock our region’s economic potential and...
secure the maximum health benefit for our three million residents. In the coming year, we will describe how we will meet this ambition in our second five-year plan.

Lord Peter Smith - Chair GMHSC Partnership

2.0 INTRODUCTION

2.1. This is the third Annual Report and set of Annual Accounts produced by the Greater Manchester Health & Social Care Partnership.

2.2. It provides an overview of our work in 2018/19 and sets the scene for our delivery in 2019/20 – and further ahead.

2.3. We are now into the third phase of our operation as a devolved system. The first phase – lasting until April 2016 – was focused on establishing the devolved settlement for health and care in Greater Manchester; the second – broadly until autumn 2017 – saw us embedding our governance, strategies and programme structures as well as supporting the allocation of the majority of the Transformation Fund; the third has an absolute focus on implementation of our plans.

2.4. Through our programme of reform and investment we now see our way to the system architecture in GM that will be in place as a legacy of Taking Charge. This will comprise these recognisable and consistent features:

- The establishment of 10 Local Care Organisations (LCOs) integrating provision;
- Pooled health and social care resources into a single budget, managed through an integrated Single Commissioning Function in all ten localities;
- New models of hospital provision seeing hospitals working together in Greater Manchester at a much greater scale than ever before to a set of consistent quality standards;
- A Greater Manchester-wide architecture where it makes sense to do things at greater scale – including the GM Commissioning Hub, Health Innovation Manchester, a Digital Collaborative, a Workforce Collaborative and a ‘one public service estate’ strategy.

2.5. This report sets out our work and how we have performed in 2018/19 in four areas:

- Improving the Health of GM Residents;
- Transforming Care and Support;
- Enabling Better Care;
- Financial Performance and Accounts

2.6. Our transformation in Greater Manchester is built from the transformational changes happening in our localities. Throughout the document, we have highlighted examples of transformation in our 10 localities through Locality Profiles.
3.0 IMPROVING THE HEALTH OF GM RESIDENTS

3.1. We are now firmly into the implementation of our Population Health Plan and have made major targeted investments to improve health and well-being across Greater Manchester.

3.2. Our approach includes all the key elements of Population Health: working as an integrated healthcare system; the wider and social determinants of health; individual behaviours; and the places (including identity and people) and communities that we live in.

Population Health System

3.3. During 2018/19 we have continued our work to establish a Population Health system in Greater Manchester. We have strengthened the relationship between the Health and Social Care Partnership, Greater Manchester Combined Authority and the Mayor of Greater Manchester. Through this unified model, we want to improve outcomes for all our residents and reduce inequalities. Our approach seeks to influence all the core policies in Greater Manchester to be focused on improving health – with a clear connection between health and wealth.

3.4. We have developed wider relationships with new partners in agendas such as Health and Justice, Health and Employment and Food Systems so that this is increasingly seen as a city region endeavour rather than solely an NHS programme.

3.5. We have established a new strategic partnership with Sir Michael Marmot (the author of the 2010 report on reducing health inequalities in England). As part of this, we anticipate that Greater Manchester will become the first “Marmot city-region” committed to improving health and reducing inequalities at a truly system-wide level.

3.6. Alongside this, we have developed strategic relationships with the Kings Fund and the Health Foundation to support us in shaping our future ambitions for a Population Health system in Greater Manchester

Population Health Transformation Programmes

3.7. Our ambition is for all children to be given the best start in life. We share the Greater Manchester Mayor’s commitment to improve school readiness radically across our city region. By 2021, our aim is to meet or exceed the national average for the proportion of children in Greater Manchester reaching a good level of development by the end of reception.

3.8. Prior to this programme commencing, over 12,000 Greater Manchester children started school each year without reaching a good level of development. Through our school readiness programme, we are working with partners to transform
early years services, helping more children start school ready to learn and be able to realise their full potential.

3.9. We are starting to see the benefits of our work in this area. In 2018, approximately 200 more children started school ready to learn in Greater Manchester. Between 2016 and 2018, we narrowed the ‘good level of development’ gap with the England average for the most disadvantaged children from 3.4% to 1.4%.

3.10. We are targeting our oral health programme at some of the most deprived communities in Greater Manchester. Across our city region, 31,400 children are participating in an evidence based supervised toothbrushing programme within 722 early years settings.

3.11. We launched a new Children and Young People Health and Wellbeing Framework which will help thousands of boys and girls fulfil their potential. The four-year framework maps out how agencies in the region will work closer together to make sure local services offered from before birth through to adulthood will give every child across Greater Manchester the best possible start in life.

3.12. It is based on 10 key commitments that have been developed with children and young people themselves. They include better mental health, improved support for those with long term conditions, more integrated early years services and better support to schools and colleges to promote good health.

3.13. The immediate roll out of the framework will concentrate on three key priority areas: improving the mental health of all children; improving every child’s early years and ensuring that they are ready to start school and achieve their potential aged 5; reducing avoidable admissions to hospital for children with conditions such as asthma, epilepsy and diabetes.

3.14. We recognise the vital importance of increasing physical activity in schools both in improving health and in helping children concentrate in the classroom. 394 Greater Manchester primary schools have now signed up to the Daily Mile (where children run or jog at their own pace for 15 minutes each day) reaching an estimated 110,000 primary school children.

3.15. Through Greater Manchester Moving (our plan to increase Physical Activity) our target is for 75% of people to be ‘active’ or ‘fairly active’ by 2025. During 2018, GMHSCP invested in supporting GM to become a “Walking City Region” and we have also secured additional external investment consisting of £10million from Sport England to support this. We are already seeing positive results: the gap between Greater Manchester and the national picture for physical activity in adults has narrowed and 67,000 more people were ‘active’ or ‘fairly active’ in GM in 2017/18 than in 2015/16.

3.16. Our Making Smoking History programme is delivering significant results. Since devolution, we have narrowed the gap to the rest of England: in 2016, 18.4% of
the GM population smoked – much higher than the England average of 15.5%. The proportion of people who smoke is falling twice as fast here as it is across England as a whole. This has seen the gap between England and Greater Manchester prevalence rates fall from 2.9% in 2016 to 1.8% in 2018 with recently published official data showing the rate of GM residents who smoke had fallen to 16.2% in 2018 and the number of quit attempts in GM now over 10% higher than the national level (39.8% v 28.6%) and increasing. This equates to 46,500 fewer smokers in GM than two years ago. The graph below shows the progress we are making

### Smoking prevalence: Greater Manchester smoking toolkit study data in context

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3.17. During 2018/19 we invested in the roll out of our ground-breaking Working Well Early Help programme to test an effective early intervention system for people in work who become ill or are newly unemployed due to health issues.

3.18. This was complemented by an additional £4 million investment from the Combined Authority and Department for Work and Pensions for the Working Well (Early Help) Programme. This programme went live in March 2019 and will work with 11,000 people over the next 3 years.

3.19. More than 3,800 over 65s were assessed in the first eleven months of our programme to tackle dehydration and lack of nutrition. Almost 300 were found to be at risk and supported to improve their diet. Of these, almost two thirds reported weight gain and a further 25% stabilised their weight after 12 weeks.

3.20. Our GM Big Alcohol Conversation, the largest engagement of its kind ever undertaken in Greater Manchester reached over 700,000 people and led to an increase in awareness of the harms associated with alcohol, and an increase in the public appetite to reduce alcohol-related harm.

3.21. This was followed in March 2019 by the launch of the first ever GM Drug and Alcohol Strategy through which we will realise our ambition for Greater Manchester to be a place where everyone can have the best start in life, live well and age well, safe from the harms caused by drugs and alcohol.
3.22. To support this ambition, in 2018 we invested in a potentially world leading programme to reduce alcohol consumption in pregnancy with an ambition to ultimately prevent all new cases of foetal alcohol spectrum disorder in GM.

3.23. As we strive to lead the way, we have also invested in an ambitious plan to end new cases of HIV in a generation, and in 2018 we became the first northern area in England to become an international HIV fast track city.

Locality Transformation - Oldham

The Local Care Organisation, bringing together Oldham Council, the NHS and the community and voluntary sector was established as an Alliance in April 2018 with an agreement and memorandum of understanding.

Oldham’s development of Thriving Communities and an asset-based approach is a key factor in developing an integrated approach across the Borough. This focuses on building on the strengths of, people and groups that already exist within their communities and highlights how by using community resources they can tackle problems earlier, rather than dealing with the symptoms later.

Oldham Cares brings together the opportunities for;

- Self-reliance and self-care through health literacy and health checks
- Community support and activated communities including social prescribing, the Community Action Fund and the capacity of the VCSEF Sector
- Integrated universal and community services - Integrated Wellbeing Service, Early Help workers and community hubs, Place Based Teams, Placed Based Integration and Health and Social Care MDTs, PIP (Promoting Independent People) workers
- Targeted help - Positive Steps + in house early help case work, Focused Care, Complex Dependency, Poverty Proofing

Transformation proposals are being implemented via the five clusters (neighbourhoods). Cluster service development plans are being developed to include transformation pilots and have used the AQUA System Integration Assessment Framework as a guide to assessing, learning and developing their journey towards integration. The Start Well avoidable admissions pilot commenced in two clusters from October 2018, the primary focus is to mobilise staff and establish virtual and face to face environments. Social prescribing has become operational in two pilot clusters, intermediate care step up developments are underway across the borough and Mental Health pilots are being defined with clusters in preparation for implementation.

Public Health Commissioning and Screening and Immunisations

3.24. In 2016 it was announced that following a national procurement, HPV (human papilloma virus) primary screening would be implemented within the NHS Cervical Screening Programme by 2020. To ensure that a safe, high quality and resilient programme remained in place during a period of uncertainty, we worked with the existing provider, Manchester University NHS FT, to convert to HPV Primary Screening ahead of national timescales. 70% of samples were converted during 2017/18 with agreement to convert the remaining 60,000 samples by April 2019.
3.25. In 2018/19, we co-designed an innovative community-based cancer screening engagement service in partnership with key stakeholders from the public and voluntary sector. This service was successfully procured and awarded to a consortium of Voluntary Sector partners comprising of Salford CVS, Unique Improvements, Voluntary Sector North West and the Black Health Agency.

3.26. The service seeks to address unequal uptake in the three cancer screening programmes (bowel, breast and cervical). The service will utilise the knowledge and experience of the VCSE sector to stimulate a community-upwards approach where communities come together to improve the health of each other independently of formal service structures.

3.27. Greater Manchester continues to perform well in the delivery of flu vaccinations. We achieved the highest uptake nationally for the cohort of 6 months to <65 years in an at-risk group and the second highest for pregnant women and those aged 65 years and over. As well as delivering high quality core services, 2018/19 saw the implementation of a number of initiatives to address health inequalities including the delivery of flu vaccination pilots for homeless residents, within drug and alcohol services, in special schools and in secondary care.

3.28. We continue to support providers in response to routine queries and to incidents and outbreaks. Working in partnership across the system, we have ensured that GM residents were supported following national incidents in the breast and cervical cancer screening programmes and have supported the response to a large measles outbreak by enabling more people to access the MMR vaccine.

The Greater Manchester Cancer Plan

3.29. A comprehensive integrated cancer system is in place and is led by committed patients affected by cancer, clinicians, managers, voluntary community and social enterprise (VCSE) organisations and others. This approach has been instrumental in driving real change and providing leadership not just in Greater Manchester but nationally and internationally.

3.30. Through the collaborative efforts of the system, major achievements in 2018 include:

- The inaugural Greater Manchester Conference, the first of any cancer alliance in the UK to host a whole-system event with over 500 delegates engaged, including people affected by cancer playing a key role in the day;

- £10 million Transformation Fund investment to deliver a host of ground-breaking cancer improvement services;

- The opening and first treatments in the £120 million Proton Beam Centre at the Christie in December 2018, the first such NHS centre in the UK;
• The roll out of cervical cancer screening primary HPV testing across the region with 70% of women having access to this in December 2018 (and all localities by June 2019);

• Clinicians and researchers from Greater Manchester leading a national initiative to develop new targeted breast screening for women who have previously had radiotherapy to the chest (‘BARD’ screening programme);

• Cutting edge research undertaken in GM demonstrating it is possible to identify women at higher risk of breast cancer. This may lead the way to a more personalised breast screening programme in future, based on individual risk;

3.31. In October 2018, the CURE programme was launched at Manchester Foundation Trust’s Wythenshawe Hospital. This programme is the first of its kind in the UK. It aims to treat all smokers for their tobacco addiction when admitted to hospital for any reason, with initial stop-smoking advice followed up by access to ongoing support both while in hospital and after being discharged.

3.32. In its first six months, CURE identified 2,393 smokers admitted to Wythenshawe Hospital. 96% of these (2,297 people) were provided with brief advice and an initial intervention from the admitting team, and 61% (1,401 people) had a specialist assessment with the CURE team. 42% (589) of people supported by the CURE team had stopped-smoking four weeks later – significantly higher than the National Institute for Health and Care Excellence (NICE) performance target for specialist stop-smoking services of 35%.

3.33. Work to implement accelerated cancer pathways for lung, colorectal and prostate cancer has been developed and introduced in line with new national guidance. This should be fully implemented by 2020. The GM ambitions go beyond national targets. These projects will substantially cut cancer waiting times and standardise the way patients are investigated. GM clinicians were instrumental in the development of all these nationally mandated pathways.

3.34. The launch of the trailblazing Prehab4Cancer service which will support more than 1,000 patients per year undergoing cancer interventions through freely accessible preparation and recovery physical activity, nutritional and well-being packages over the next two years. This programme builds on existing Enhanced Recovery After Surgery (ERAS+) pathways available in most hospitals in the region. It is unique nationally in its broad remit, its offer to patients beyond those having complex surgery, and in its connections with the broader system (including our GM leisure system).

3.35. The delivery of the Cancer waiting time operational standards has been a key challenge for Greater Manchester and we have not met the standard since May 2018 after a period of full compliance since 2011. This is in keeping with the picture nationally. The latest figures from quarter 4 2018/19 show the national picture continuing to underperform at 77.3% on the 62-day main waiting time target. The GM & Eastern Cheshire figure for Q4 2018/19 was 81% (standard 85%). The main reason for this fall in performance is a huge growth in suspected
cancer referrals which has put pressure on the diagnostic services in providers. A plan has been put in place to move back to a sustained satisfactory operational performance in 2019/20.

**Sustainable Development**

3.36. We recognise that climate change and wider environmental degradation are unprecedented threats to the health and wellbeing of our population.

3.37. The NHS contributes 4-5% of carbon emissions so we have a clear role in carbon reduction. By embedding sustainable development principles in every aspect of our services and programmes, we can also secure the public health gains.

3.38. In response to these threats and opportunities, the Partnership initiated and has been engaged in several areas around sustainable development. Over the past year, we have been working closely with Public Health England and Transport for Greater Manchester to support the development of the Clean Air Plan.

3.39. We are supporting city-region goals around carbon neutrality and the environment by clearly identifying our own carbon footprint and reduction targets required in the NHS Long Term Plan. We identified actions for inclusion in the GM 5 Year Environment Plan including energy, transport and travel, estates, resources and the natural environment.

3.40. We also supported the organisation and delivery of the Greater Manchester Mayor’s Green Summit and made a range of environmental commitments at this event. To deliver these actions/commitments a Partnership Sustainable Development Leadership Group has been created and governance established with the Partnership Executive Board.
Locality Transformation - Bury

A joint Chief Executive was appointed for the Council and Accountable Officer for the Clinical Commissioning Group in July 2018. The Bury One Commissioning Organisation arrangements are being developed at pace between Council and CCG.

Through the LCO, since April 2018 there has been mobilisation of key priorities including:

1. Five Integrated Neighbourhood Teams
2. An integrated intermediate tier of services:
   - Green Car – providing local paramedic support to avoid the need for conveyance to hospital
   - Integrated Virtual Clinical Hub
   - Urgent Treatment Centre went live in November 2018
   - Support offer piloted for care homes
   - Bury Directory and One Community offering a greater range of opportunities for citizens

Developments from April 2019 will focus on:

- Continued developed of Integrated Neighbourhood Teams
- Continued development of the Integrated Intermediate Tier
- Single point of rapid response for the Borough
- Evolution of the early help offer
- Evolution of the integrated End of Life provision
- Health trainers in place delivering the integrated wellness service
- Falls pathway in place
- Support offer in place for all care homes New deal for carers and social prescribers tendered

From April 2019, the LCO has taken on full responsibility for the management of Community Care and Adult Social Care services which includes 600 staff and a budget of £27m

4.0 TRANSFORMING CARE & SUPPORT

Local Care Organisations

4.1. The LCO peer review process in 2018 described the maturity of LCO development across all localities in Greater Manchester against a set of four core objectives designed to drive outcomes and contribute to the delivery of Taking Charge:

- Enable conditions to be managed at home and in the community
- Secure the contributions of the range of public service partners to provide early help and intervention.
- Support individuals and communities to take more control over their health
- Take responsibility for the management of the health and wellbeing of a defined community

4.2. The review provided insight into the many examples across our conurbation of new locality delivery structures forming and being mobilised to manage populations at city, borough and neighbourhood level. There was evidence of
traction between health & social care and wider partners, between the VCSE, LCO and neighbourhoods with primary care at the heart of these models.

4.3. We identified as a result, where rapid progress was most evident; localities had taken action on a key set of critical checkpoints towards defining the operating model for their LCO:

- Agreed and settled on neighbourhood geographies between the local authority and local NHS;
- Agreed model for 30-50,000 populations - including permissions and accountabilities down to neighbourhood team level;
- Defined the operating model for integrated neighbourhood teams (INTs) and working arrangements;
- Connected the INTs into the wider LCO supported by an effective and binding alliance/partnership agreement and a clear direction towards informing new organisational form;
- New payment model in place supporting an outcome based contract;
- Established a single leadership/management structure for the LCO and SCF with integrated provider and commissioner board functions;
- Pooled budgets, established integrated commissioning and settling on strategic and tactical commissioning arrangements;
- Implementing a set of core transformational programmes together with confidence of impact;
- Extended the integration into wider public services and the VCSE sector;
- Early investment of time and resource into support programmes for organisational development for front line staff and teams to build relationships, trust and a deeper appreciation of roles as a key enabler towards culture shift and accelerating local progress

4.4. We acknowledged that much of the strength in developing new models lay in the recognition that different changes require action at different levels. There was an emphasis on what should be done ‘bottom up’ from within each locality, and what elements would benefit from a more ‘top down’ approach. The ‘top’ in this case being the Greater Manchester footprint, where some elements can be standardised to ensure consistency and allow economies of scale.

4.5. Crucially though, we recognised that also emerging was a third approach – middle out. Leaders from the LCOs working together to learn from their peers, adopt and adapt each other’s models and take collective action when this is the best route forward.
4.6. In 2018-19 this approach has been developed through the LCO network and by creating a programme of LCO masterclasses. These have provided a means for building from the middle out, sharing and spreading learning from those developing models of care locally, nationally and internationally. Topics covered included:

- Payment Reform and Incentivisation
- Population Health Management
- Organisational Form and Contractual Arrangements
- Mental Health in the LCO
- The Interface between New Care Models and Secondary care
- VCSE Engagement and Participation in LCO’s
- Housing Matters
- Learning from Medicaid – The New York System

4.7. Consequently, during the course of 2018/19 localities have been able to share, learn and dive into specific topic areas by pooling their collective talent and make connections across GM.

4.8. The White Paper on the GM Unified Model of Public Service (launched in March 2019) is based on the fundamental principle that change is done with, and not to, people and that we build on what individuals, families and our communities can achieve rather than focusing on what they lack.

4.9. The White Paper is clear that the neighbourhood of 30,000 to 50,000 population is the geographical unit through which our reform endeavour across all public services will focus. The LCOs are at the centre of this approach as we move away from a system characterised by reactive services that respond to crisis or exacerbation and towards one that focuses on models to keep people well at home and in their neighbourhoods. The diagram below illustrates this.
4.10. Localities have continued to move at pace in developing their LCO operating models in 2018/19. Further detail on each locality can be found in the locality transformation examples throughout this document.

4.11. As part of the core LCO operating model, we would expect to see the implementation of a highly-developed Intermediate Tier Service/High Impact Care model in each locality. These models will be key in driving improved outcomes and reductions in hospital activity across localities.

4.12. High Impact Care offers the opportunity to accelerate a vital part of the LCO offer: the interface between specialist and generic services at a place level. We have seen a number of localities (including Tameside, Rochdale, Wigan and Manchester) develop these models during 2018/19 and we will seek to build on these local examples so that we have coverage across all LCOs.
Locality Transformation - Rochdale

A joint Accountable Officer for the CCG and Chief Executive for the Local Authority have been in place since July 2018. Rochdale has a fully integrated Commissioning Directorate led by the Joint Director of Integrated Commissioning. The joint directorate includes Adult Social Care, Adult Health Commissioning, Children's Health and Social Care commissioning and Public Health, operating within a pooled budget. In addition, there is an integrated finance team working across the LA and CCG.

One Rochdale Health & Care (ORHC- is the partnership operating model for LCO) brings each of the local partners together to provide the full range of care and support for the population. ORHC is unique in that partners represent the sector as a whole, rather than their individual organisations. The partnership has sector representation for Care Homes/ Domiciliary Care, Carers and the Voluntary & Community Sector as equal partners to the statutory sectors such as Adult Social care, Hospital and community and mental health etc. The model provides for the integrated neighbourhood teams for the borough to ensure residents are:

- Supported to maintain independence at home
- Planned and urgent care response
- Integrated multidisciplinary core teams linked and supported by specialist teams
- Carer, wellbeing, veterans champion offer embedded
- Early access to support hubs/offer
- Healthy Rochdale Homes offer
- Trusted assessment and passport

These services are contractually linked through ORHC to unique locally commissioned primary care services and Primary care academy. Examples include:

- A suite of integrated services makes up the Integrated Intermediate Tier Services covering:
  - Urgent Community Care (Crisis Response and virtual bed pathway)
  - 24 Intermediate Care beds – Tudor Court
  - 24 Intermediate Care enhanced therapy and nursing beds – Wolstenholme Unit
  - Operationally integrated social care assessment and reablement service
  - Borough wide pharmacy, enhanced GP and Consultant provision
  - Care connector function
  - Home IV therapy
  - Transfer of Care (Discharge Facilitation)
  - HMR emergency assessment and treatment team
  - Care home trusted assessor
  - Care home extra support/chronic disease management nurses
  - Discharge to assess/home in a day
  - HMR emergency assessment and treatment team

The model has exceeded its target reductions for admissions, deflections and length of stay to secure Year 1 savings of £2m (enabling reduction in/shift in acute block contract).
Transforming Primary Care

4.13. In 2018-19 all localities in Greater Manchester continued to deliver 7-day additional access, providing 100% population coverage. This equates to circa 1,500 additional hours being delivered each week. These are pre-bookable appointments with the GP, Practice Nurse, Health Care Assistant or other health professionals.

4.14. This year also saw the national announcement of the formation of Primary Care Networks (PCN). Greater Manchester was in a good position to make the most of the benefits of PCNs given our established neighbourhood structure (30,000 to 50,000 populations). 2019/20 will see us make further progress in putting PCNs at the heart of our neighbourhoods.

4.15. The GP Excellence Programme continued to support GP practices to help them to become more sustainable and resilient. The programme has provided GP practices with support packages, funded primary care diploma courses for over 100 practice managers and hosted leadership and working at scale courses for general practice teams that attracted over 500 delegates in total with uptake from all 10 localities.

4.16. Clinical pharmacists work as part of the general practice team to improve value and outcomes from medicines and consult with and treat patients directly. Having clinical pharmacists in GP practices means GPs can focus their skills where they are most needed and helps GPs manage demands on their time. There are currently 125 pharmacists in post across GM delivering clinical services to patients. There is now clinical pharmacist resource in all 10 localities across GM.

4.17. Of the ten English local authorities identified as a ‘national priority’ for oral health improvement in children, four are within Greater Manchester: Oldham, Salford, Rochdale and Bolton. As part of ongoing work to improve children's oral health 50 dental practices have been commissioned to take part in a refreshed version of the GM Baby Teeth DO Matter programme. The programme offers services to all children with a focus on those who are not currently visiting the dentist, including those under one year old. In addition, Dental Check By One services offer preventative advice regarding infant feeding, reducing sugar intake, improving oral hygiene and increasing the exposure to fluoride on teeth.

4.18. Each year community pharmacies participate in at least six national health campaigns to help improve health and wellbeing especially for those living with a long-term condition. In 2018/19, these campaigns focussed on bowel cancer screening, dementia awareness, oral health, physical health, Stoptober and cervical screening. Community pharmacies recorded almost 10,000 personal interactions with patients/customers during these campaigns.

4.19. A new GM Citizen’s Network was established this year to make a valuable contribution to the work of the Primary Care Provider Board in improving health
and social care services across Greater Manchester. The network is comprised of volunteers from across the 10 localities.

4.20. Following a series of visits to discuss the development of neighbourhoods within each GM locality, a Local Leaders Network was established to support neighbourhood clinical leads and emerging primary care network clinical directors. Quarterly meetings are being held to share good practice, facilitate shared learning and work through some of the issues that localities are currently facing.

Urgent and Emergency Care

4.21. This year we have made significant progress in the development of our Urgent and Emergency Care Transformation Programme. Building on the preparatory work undertaken in 2017/18 with all GM localities, we have built upon the four main areas of work:

- Stay Well
- Home First (attendance and admission avoidance)
- Patient Flow
- Discharge and Recovery

4.22. Additionally, we identified that broader work at system level was required to support these programmes, leading to the establishment of workstreams on:

- Digital interoperability and transformation
- Workforce development
- Systems measurement
- Systems leadership to support local delivery of the UEC transformation programme

4.23. We have updated the governance arrangements for the programme, forming an Improvement and Transformation Board, bringing together senior system leaders from across the area. The Board approved the detailed Improvement and Transformation Plan, which was co-produced with multiple stakeholders from commissioner, provider and third sector backgrounds.

4.24. As part of the Urgent and Emergency Care Improvement programme, Greater Manchester localities implemented long length of stay reviews in April 2018 using a quality improvement methodology. We have seen a downward trend in the number of patients with long lengths of stay (LOS); with a 30% reduction in patients with a 21 days and more hospital stay and a 15.5% reduction in patients with a 7 day and more LOS between Q4 2016-17 and Q4 2018-19.
4.25. GP Emergency Department streaming visits and workshops took place during the year. These have helped to share good practice and improve the numbers of patients with primary care appropriate needs to be managed sooner.

4.26. The GM acute frailty model has been developed. This will identify frail patients sooner in their UEC journey and stream them to the most appropriate area of acute care. This will not only improve their access to care, but also reduce the time spent in hospital, safely assisting them back home as soon as possible. This is vital in maintaining patient independence.

4.27. We worked across systems to develop a specification and test of change model for integrated urgent care. This is the first trial of this type of service anywhere in the UK. The test of change began in Quarter 4 2018/19 and over a 90 day pilot period over 6,000 lower acuity patients who had initially called 999 were managed within the service. A full evaluation of the service is now underway.

4.28. We have continued to deliver and develop the GM Operational Hub embedding it into daily UEC system management, forming a consistent link between Acute Trusts, NHSE/I and NWAS. The Hub has proven invaluable during a challenging winter period in supporting organisations and systems. Despite a significant amount of winter planning and preparation, we again saw increased demand on all parts of the GM system which negatively impacted on emergency departments’ ability to discharge or admit patients within four hours. Improving our performance in this area is one of our main priorities for 2019/20.
Improving Specialist Care

4.29. The Improving Specialist Care Programme aims to bring together a range of hospital services in Greater Manchester to ensure expertise, experience and efficiencies can be shared widely so that the residents of Greater Manchester (and neighbouring areas) can benefit equally from the same high standards of specialised care.

4.30. The programme builds upon the work of “Healthier Together” and is responding to the changing needs of our population. The programme aims to make best use of resources and complements the shift in how community care will be delivered in the community and at a local level.
4.31. Hospital trusts and commissioners worked together to develop a list of acute and specialist hospital services, which could potentially be improved and made more sustainable in the future. These are:

4.32. Implementation Stage:

- General Surgery
- Acute and Emergency Medicine
- Gynaecology Cancer
- Urology Cancer
- Oesophago-gastric Cancer
- Neuro Rehabilitation

4.33. Design Phase:

- Cardiology
- Respiratory
- Musculoskeletal/Orthopaedics
- Benign Urology
- Breast Services
- Vascular
- Paediatric Surgery
- Paediatric Medicine (In scoping phase)
- Critical Care & Anaesthetics (as a co-dependency)
- Aspects of Clinical Radiology (as a co-dependency)
- Aspects of Clinical Pathology (as a co-dependency)
- Ophthalmology (in scoping phase)

4.34. Eight clinical Models of Care have been developed from draft frameworks and reviewed by each of the Programme Reference groups. Following this, the Models of Care have been externally reviewed and signed off by Clinical Reference Groups before then being signed off through a robust governance process, which includes regular assurance processes. Additional specialisms within the future scope of the programme will also go through the same process.

4.35. Of the eight Models of Care completed in 2018/19, the Neuro-rehabilitation model progressed towards implementation having gained assurance from NHS England and the Greater Manchester Joint Health Scrutiny Committee. Approval from Joint Commissioning Board enabled the Programme to support progression of the model to a full business case in Quarter 1 of 2019/20.
4.36. Each Model of Care has different site options available from which eight different options have been shortlisted:

- Four alternative site combinations for GM Breast services
- Two alternative site combinations for GM MSK/Orthopaedics services
- One site combination for each of the other GM-wide speciality services

4.37. The shortlisted options were evaluated by the Programme’s Reference Groups, Provider Federation Board, and the Programme Executive Group against Quality of Care, Access to Care, Affordability, Workforce, Research, Innovation and Education, Delivery and Sustainability and Social Value criteria.

4.38. Following evaluation, the Programme Board undertook a full appraisal of all site options and concluded that revisions were required immediately in two clinical models (Cardiology and MSK/Orthopaedics). The Board also determined that additional development work would be required on several site options for services.

4.39. Stakeholder Engagement and Communications have been key to the progress of the development of the Models of Care for each specialism. We have enabled patient and Healthwatch representatives to participate in informing our models of care and this activity will continue to grow. We have also kept council leaders and MPs updated, and worked closely with clinicians, local Hospital Trusts and CCGs. Initial Equality Impact Assessments have been completed for each Model of Care.

4.40. The programme continues to develop the service model site options through 2019/20 with the future objectives of gaining assurance and scrutiny approval for a preferred option for each service Model, followed by progression to business cases in each case.

Adult Social Care

4.43 The Adult Social Care Transformation Programme has worked closely with partners and localities to bring about system wide change and transformation across Greater Manchester.

4.44 We have seen an improvement in the number of care homes and care at home agencies achieving a CQC rating of good or outstanding; with figures indicating that Greater Manchester is improving faster than national and regional comparators. The care at home figure (89%) is now also above the England benchmark (87%). Further, there has been a significant reduction in the number of inadequate rated services with currently only 5 of the 558 care homes and one care at home agency (out of 375) in the region noted to have this rating.

4.45 During 2018 we delivered a successful Registered Manager Leadership Development pilot programme with care home managers and are now further
delivering this for care at home managers as well. The programme has received positive feedback leading to the creation of a Registered Managers Best Practice Network.

4.46 We have seen the continued roll out of Enhanced Health in Care Homes Framework including the Red Bag Transfer Scheme – when a resident becomes unwell and is assessed as needing hospital care, a dedicated red bag is packed by care home staff that includes standardised paperwork, medication as well as day of discharge clothes and other personal items.

4.47 Care homes are aligning to local GP practices as part of the neighbourhood model in Greater Manchester so that weekly ‘home rounds’ can be offered to prevent residents becoming unwell and needing hospital admission. The Teaching Care Homes programme is underway with 17 care homes and a range of stakeholders co-designing the model. Technology is also playing a key role with NHS Mail being rolled out across all care homes. Live bed state capacity trackers are now operating, and an electronic quality assurance tool has also been put in place across Greater Manchester.

4.48 The Living Well at Home Framework is at the centre of our plans. This is a new model of independent living supporting people to stay well in their own homes and communities of choice. We are using an accelerated improvement approach with a set of trailblazer initiatives being tested within neighbourhoods across Greater Manchester.

4.49 Each trailblazer has identified the nature of the challenge it is seeking to address. The outcomes the work will demonstrate the benefits, the learning and extent to which that learning can then be applied across Greater Manchester. Trailblazer initiatives include

- A personalised care and support journey;
- A pathway and process regarding nutrition and hydration;
- A pathway to reduce admissions to acute settings for individuals who would be better cared for in their homes;
- Neighbourhood based blended roles;
- Technology enabled care tried and tested within individual’s homes,
- Payment reform

4.50 The role of unpaid carers continues to be vital to the changes happening in Greater Manchester. Following the launch of the Carers Charter and Commitment to Carers, with partners, we have developed the Exemplar Model for Carers Support. This brings together local, regional and national best practice models/standards. It will provide a comprehensive resource that localities can use to adapt local services and inform service design.
4.51 We have also developed the GM Working Carers toolkit. This major resource for all employers is already starting to make an impact on how employers are identifying and supporting working carers. In addition, support has been provided to the Ambition for Ageing Working Potential programme to help more older carers into employment.

Locality Transformation - Wigan

The Healthier Wigan Partnership (HWP) is the Wigan LCO. The HWP is an Alliance of the main health and care providers in the borough who are committed to integrating services on the ground and increasing provision of services in out of hospital care. The partnership has developed a place-based operating model and HWP care model that partners have signed up to. It segments the borough into seven areas, called Service Delivery Footprints (SDFs), with a registered population of 30-50,000 to connect people together across the breadth of public services. The Wigan Joint Commissioning Committee arrangements have been in shadow form since April 2018 and have been formally established from 1st April 2019, including a substantially increased pooled budget, following agreement by CCG Board and Council in February 2019.

The Wigan model is underpinned by an asset-based approach and identifying the strengths of the individuals and assets in the community to help residents stay independent and well. This philosophy is being adopted across all partners through the roll out of the ‘Our Deal for a Healthier Wigan’ innovative, interactive training experience.

General practice and schools are the cornerstones of reform in SDFs. The SDFs have created a common “currency” through huddles providing opportunities for public service staff, from whatever organisation or sector, to work together in the context of a shared approach. GP Clusters have been in operation for over two years, coterminous with SDFs with GP Leads sitting on the Healthier Wigan Partnership board.

As well as an active Executive Board, HWP has established a whole system leadership team from across the partner organisations, to drive whole system transformation in out of hospital care, from prevention to specialist support it seeks to join up health and care provision around the holistic needs of residents. The reformed health and care system is establishing:

- Community connectedness – asset based approaches, community knowledge and understanding, resilient and engaged communities and strengthened VCSE capacity
- Community based health and wellbeing services – through reformed general practice, integrated, place based health teams, working together to address the needs of high intensity users and risk stratified cohorts of patients, and a segmented care model including Complex, Rapid and Active care.
- Wider public services – to act on the social determinants of health, address complex dependency and establish a full population health approach

This establishes a new clinical model bringing together:

- Integrated clinical community and acute nursing and therapy teams to respond to patients needing rapid response, focusing on attendance and admission avoidance or complex care support.
- Co-location of clinical and care teams in three hubs - Ashton, Leigh & Wigan deployed across 7 SDFs
- Alignment of Community Mental Health services into SDFs.
- Daily huddles to discuss rapid response and complex care patients health & care professionals can refer patients to be discussed
- A major reconfiguration of SystmOne IT system for the Community Services is planned. This reconfiguration will include access for community acute teams and electronic referral implemented between services.
- Clinical staff attending MDT huddles with patient cases that need input from wider public services e.g. housing, police & others
- Integration of school nursing and Start Well Teams
- An asset based approach using Community Link Workers and Mental Health Link Workers to support the holistic needs of residents.

The Healthier Wigan Partnership has agreed a new set of transformation priorities for 2020 and beyond and is currently developing business case and proposals through the Healthier Wigan Strategic Leadership Team.
Learning Disability

4.52 We are supporting people with learning disabilities or autism or both to live in the community and move safely out of hospital settings. Greater Manchester is performing well against NHS England targets and compared to other areas in the North West of England our admission rates are significantly lower with many people resettled in new homes with the right support in place.

4.53 One of the major successes has been the development of the Greater Manchester Learning Disability (LD) Strategy. This was launched in the summer of 2018 to support a joined-up approach to improve the quality of life and services for people with LD in Greater Manchester. It was fully co-produced with people with LD and/or Autism and their families and sets out key priorities which reflect people’s needs and experiences.

Autism

4.54 Alongside the Learning Disability strategy, we are further proud that Greater Manchester’s first autism strategy was agreed in January 2019. This was again written by multiple stakeholders including autistic adults and family members of autistic people living in Greater Manchester. We will implement year one of the strategy in 2019-20 – primarily through the mechanism of the GM Autism Delivery Board.

Housing and Health

4.55 The Housing and Health programme has been developed in recognition of the impact good housing can have on our health and wellbeing and to provide a coherent offer which integrates housing into health and social care delivery within the Partnership. The programme is underpinned an understanding that poor housing, unsuitable housing and precarious housing circumstances affect our physical and mental health.

4.56 To date, the work has focused on developing a GM strategic approach to supported housing and enabling localities in delivery; working up a model for GM-wide Healthy Homes services to support vulnerable people to maintain their independence by improving or adapting their home; and ensuring health services are in place to assist people experiencing homelessness, including access to primary care and ensuring safe discharge from hospital. This included working with stakeholders to develop a proposition for health investment in the A Bed Every Night Scheme, which is tackling rough sleeping in the city region. We have also built and formalised our relationship with GM Housing Providers and the broader housing sector, ensuring they have a voice in our governance.

4.57 In 2018/19, we focused on how housing providers and services can be integrated into neighbourhood models of care through our Local Care Organisations. We have also ensured that housing and health priorities are acknowledged in key Greater Manchester strategies and plans including the Greater Manchester Strategy, Greater Manchester Housing Strategy, NHS Estates Strategy and the evidence base for the Greater Manchester Spatial Framework.
In July 2017, we committed to investing £134m in a coordinated approach to tackling mental health. The investment, which we believe is the biggest and most ambitious of its kind in the country, aims to put mental health on an equal footing with physical health. It also seeks to ensure that no child who needs mental health support will be turned away. Nearly 60% or £80m (of the £134m agreed for mental health) is dedicated to children, young people and new mums.

2018/19 saw mobilisation and implementation of the transformational programmes across Greater Manchester. One of the most significant achievements so far has been the continued success of the GM Mentally Healthy Schools Pilot.

Initially launched in March 2018 as a six-month pilot across 31 schools in GM, we have since moved into phase two of the pilot (December 2018), which has extended the reach to 64 schools and colleges. The pilot is being delivered by four voluntary sector organisations working with staff, children and young people to encourage the development of mental and emotional wellbeing.

Other examples of the progress we have made this year are:

- For Perinatal and Parent-infant Mental Health we aim to establish a Greater Manchester wide approach to identifying and meeting the needs of parents and infants in pregnancy and the first two years of life. Good progress has been made in 2018/19 with the model service specification, including service standards being agreed. We have also seen the development of the GM Parent-infant Mental Health training ladder and wide range of training. This is in addition to the full roll out of the specialist Perinatal Community Mental Health service across GM;

- Children and Young Peoples (CYP) Mental Health Workforce Development - through roll out of the iTHRIVE model (a programme to accelerate improvement for mental health services for children and young people) for delivery of CYP Mental Health services. As part of this programme we launched the GM Training Academy in early 2019 covering cross sector training in all thrive modules;

- Liaison Mental Health services - by 2020/21 no acute hospital in Greater Manchester should be without all-age mental health liaison services in A&E departments and inpatient wards. Progress to date includes: 1) Salford - all staff now in post; 2) Manchester - 96% of staff have now been recruited to; 3) Oldham - service launched; 4) Stockport - recruitment being progressed; 5) Bolton - Phase 2 recruitment has commenced; 6) Other sites are due to be phased in across 2019-21;

- Children and Young People’s Crisis Care Pathway. In 2018/19 the programme transitioned into full implementation phase with 1) Assessment Centre established; 2) 4x Rapid Response Teams established – phase 1 of service will be launched in May 2019;

- Mental Wellbeing and Suicide Prevention – to develop a suicide bereavement liaison service across Greater Manchester to support people affected by deaths from
suicide. The service was launched in 2018/19 and has started to provide support for those bereaved by suicide or suspected suicide.

4.62 In addition to delivering the transformational programmes, we are facilitating the GM system to deliver the national performance standards. GM are successfully delivering on several of the standards, including being one of the best performers in England on CYP access, eating disorders and physical health checks. We are also meeting the EIP (Early Intervention and Prevention) standard.

4.63 The chart below shows how GM has outperformed both the North West and the rest of England on CYP access rates in 2018/19.

4.64 The one standard that GM has struggled with is IAPT (Improving Access to Psychological Therapies), in respect of both access and waiting times. However, assurance has been sought from localities not meeting the standards and their main providers. There is confidence that via additional investment and resources these localities will deliver the standards before the end of 2019/20.
Local Transformation - Stockport

Eight integrated neighbourhood teams of health, social care and voluntary sector professionals have been established across Stockport as part of the Stockport Together transformation programme.

Formal governance arrangements have recently been revised in draft, with the Stockport Neighbourhood Care leads meeting on a fortnightly basis, with the 1st of the month being the Stockport Neighbourhood Care Board. The Board is established to seek assurance on all aspects of the Stockport Neighbourhood Care portfolio including: operational performance, financial performance and the planning and delivery of strategic change programmes associated with and in scope of Stockport Neighbourhood Care.

In addition, a Stockport Health Partnership Board has been established which includes the CCG as well as providers from across the Locality to provide overview and scrutiny of the Locality Investment Agreement plans.

New services are grouped under the following themes:

- Acute interface (Ambulatory ill & Ambulatory care units, ED and all assessment units)
- Intermediate Tier (Hub (single point access), Crisis Response, Active Recovery and Transfer to Assess
- Neighbourhoods (integrated Community Teams, GP seven day services, extended hours and acute visiting, Enhanced Case Management, direct access Physio, find and prevent, self-care, medicines review, health champions and social prescribing)

The first phase of the work focussed on adults, and the top 3,500 of this population (identified by risk stratification) who will be in receipt of Enhanced Case Management support.

The longer term plan to 2021 includes transformation of the delivery of outpatients, a focus on the 15% of the population with long term conditions, though will also benefit the wider population. A focus on self-care, GP support clinical decision making, clinical triage of referrals/investigations, alternatives to traditional appointments, stop unnecessary appointments, and LTC appointment coordination.

There is mature work on people and community centred approaches through the healthy communities' component of the Stockport Together programme which includes:

- Social prescribing – community navigation and self-care coaches being recruited to for each neighbourhood
- Self-care programme – including diabetes prevention – online resources developed
- Practice based health champions – pilot delivered in three practices and now being rolled out to all neighbourhoods
- Place based community resilience programmes implemented in the Heaton's Neighbourhood
- Patient activation programmes running in each neighbourhood with Life leisure
- Stockport Together Community Investment Fund - this has been set up and bids received.

Dementia

4.65 Dementia United, our dementia strategy, continued to develop partnerships within all localities in Greater Manchester. Strong pan-GM links have also been forged with key partners such as Transport for Greater Manchester, Health Innovation Manchester and the Alzheimer’s Society.

4.66 Greater Manchester continues to outperform England with a higher rate of dementia diagnosis – with a rate of 76.9% compared to 68.7% in nationally (March 2019). We have also successfully reduced prescribing rates for anti-psychotic medication from
9.5% in April 2018 to 8.4% March 2019, while the national rate remains static at 9.3%.

4.67 Lived experience of people living with dementia and carers is fundamental to our work. We have established an expert reference group for carers in conjunction with TIDE (Together in Dementia Everyday – a network that seeks to build a better future for carers of people living with dementia). A similar reference group for those living with dementia is being established in conjunction with the Alzheimer’s Society.

4.68 The key focus areas for Dementia United are shown below:

4.69 Key steps in 2018/19 include:

- The commencement of our work to standardise post-diagnostic support with a single GM Care Pathway and Plan;

- The goal of a dementia-friendly transport system has been included in Transport for Greater Manchester’s work on age-friendly transport;

- A partner for the development of the Lived Experience Barometer – an innovative tool to measure improvement in the lives of those living with dementia – has been selected and the Barometer is in the early stages of development;

- The introduction of a Mild Cognitive Impairment leaflet to improve levels of knowledge about the condition among those who have been diagnosed and their family.

- An End of Life framework to increase access to Advance Care Planning training for those working with people living with dementia. The goal is to ensure that more people living with dementia receive the care they want and need at the end of life;
Person and Community-Centred Approaches

4.70 Putting people and communities genuinely in control of their health and wellbeing requires an integrated response that focusses on preventative approaches and a shift away from the medical model of illness towards a model of care which considers the expertise and resources of people and their communities. The GM PCCA programme has focused on some key priorities with localities throughout 2018/19.

4.71 Person-Centred Conversations - which lead to a care and support plan that takes a holistic approach to health and wellbeing and is based on an individual's goals and motivations. Examples include: the 'Let's Talk' programme in Trafford; the Deal in Wigan; the Coaching for Person-Centred Care programme in Tameside & Glossop; and the Person, Partner, Place programme in Manchester. A GM person-centred care and support plan Digital Template has been developed to support work in this area.

4.72 Eight GM localities have now commissioned and are delivering holistic, locality-wide Social Prescribing programmes. The remaining two localities have developed social prescribing schemes which they intend to commission during 2019/20. Data from six GM localities shows that over 8,000 people benefited from social prescribing in 2018/19.

4.73 People are designing their own support – using Personal Budgets - where their needs are more complex or round the clock, to ensure they are tailored to the individual. A refreshed and integrated offer for personal budgets is being developed in several localities, and all areas are ready to deliver personal health budgets (PHBs) for people getting Continuing Healthcare (CHC) at home and planning to expand beyond this group. During 2018-19 there were almost 2,200 PHBs in GM - more than double the previous year.

4.74 Recognising the strength of communities – adopting Asset-based Approaches which help develop and sustain a strong and vibrant local voluntary/community/social enterprise (VCSE) sector is vital. This must be accompanied by a clear commissioning and investment strategy so that voluntary/community groups and organisations have the capacity to provide the support people need. Joint work is underway with the GM VCSE Devolution Reference Group to develop a framework and other support for localities to improve further their commissioning of and investment in the VCSE and community development.
Maternity Care

4.75 Work has continued to improve the safety of childbirth in our hospitals with the implementation in GM of the national programme, Saving Babies’ Lives Care Bundle, and the launch of the second version of the initiative.

4.76 Latest maternity figures in Greater Manchester show there were 17 fewer stillbirths in 2018 than 2017, and 32 fewer stillbirths in 2018 than in 2015. Many of the improvements are being driven by Saving Babies’ Lives Champion midwives, who each have a comprehensive action plan to address how their own maternity unit is going to meet the requirements of the bundle, working closely with the Greater Manchester and Eastern Cheshire Strategic Clinical Networks.

Locality Transformation - Salford

The overarching locality leadership structure remains with a separate Local Authority Chief Executive and Accountable Officer for the CCG. The Salford Joint Commissioning Arrangements are developing in terms of breadth and will from 1st April will expand from adults to include children’s services, public health and primary care.

Salford Together is the integrated Health and Social Care System (IHSCS) which bring together the Acute Trust, Local Authority, Primary Care, mental health and the CCG into one system. There is well established integrated commissioning governance in place which contracts with the integrated care organisation (ICO) through a prime provider model for health and care services. Primary care as an equal partner in neighbourhood delivery. Salford Together aims to deliver significant improvements in experience and outcomes for citizens by:

- Promoting prevention and independence
- Providing person-centred health and care services
- Delivering more care in our communities
- Supporting our staff through new models and integrated systems
- Using pooled resources more efficiently

This model supports five integrated neighbourhood teams, each with its own leadership arrangements in place to improve the health and wellbeing of local residents through a number of integrated initiatives:

- Social prescribing and community assets programme in partnership with the local VCSE
- Improved access to primary care and primary care streaming in A&E
- Intermediate care programme including crisis response, therapy services, care homes and home care.
- Population health and prevention programme including cancer screening, diabetes prevention, children and young people through the 0-25 programme, drug and alcohol services, antenatal parenting offer with an integrated delivery model, safeguarding, early development / learning needs, weight management for obese adults.
- Older peoples programme developed with local citizens
- Development of mental health liaison and all age Rapid Assessment Interface and Discharge (RAID)
- Housing and hospital discharge, mental health and homelessness, vulnerable resident support

Salford VCSE is at the heart of the local transformation, with strong representation and membership throughout the governance from neighbourhood level to health and wellbeing board.
4.77 A Local Maternity System (LMS) has been launched, which is a group of people who are involved in either receiving, providing or commissioning maternity care. Their aim is to improve and reduce the variation of care across the area, by making sure all stakeholders are able to help design services or identify where improvements can be made.

4.78 The LMS led the launch of the Greater Manchester Maternity Implementation Plan, which proposes how the national Better Births programme can be introduced locally, helping to ensure safer, kinder and more personalised services for women and their families. The plan, in line with national ambitions, aims to increase continuity of carer as well as provide genuine choice for parents and families using maternity and neonatal services.

4.79 We have been successful in Greater Manchester in ensuring continuity of carer for maternity: we achieved 21.5% of women booked on a continuity pathway (this exceeds the 20% national planning guidance aim for March 2019).

**Diabetes**

4.80 It is estimated that 150,000 people in Greater Manchester currently have Type 2 diabetes. The Greater Manchester Diabetes Best Practice Strategy was launched in May 2018. It articulates a vision of best practice for diabetes care in GM and proposes actions and interventions which aim to improve the quality and consistency of services.

4.81 We have been awarded £1m by NHS England and the Department of Health and Social Care to develop a digital toolkit to increase the ability of people with Type 2 diabetes to self-manage their condition. The project is called GM Diabetes MyWay. It will see the development of a website and apps which will allow people to upload glucose monitoring data, give them access to education and learning and view virtual consultations with clinicians on subjects such as lifestyle coaching.

4.82 It is expected the project will be launched in summer 2019. The National Diabetes Prevention Programme Healthier You continues to be rolled-out across GM, with hundreds more people at risk signing up to learn about healthy lifestyle choices and reduce their risk of developing the condition.

**Respiratory**

4.83 Respiratory disease causes enormous distress and can lead to early mortality. It makes a huge impact on hospitals, with unplanned admissions leaving them struggling to cope, especially during winter.

4.84 We have established a Respiratory Network within our Greater Manchester and Eastern Cheshire Strategic Clinical Networks, working with clinicians, commissioners and patients to identify where improvements can be made and drive change. A steering group will oversee the programme.
4.85 Work with our clinical partners is already seeing improvements to people’s health. A trial at North Manchester General Hospital offered flu vaccinations to people while they attended their outpatient clinic appointments for asthma or occupational lung disease. This resulted in significantly increased protection amongst the people attending the clinic – for asthma, 93% of people with outpatient appointments received the jab over winter 2018-2019, compared to 69% during the same period the year before. For occupational lung disease, 85% had the vaccination, compared to 72% in 2017/18.

End of Life and Palliative Care

4.86 We have developed the Greater Manchester Commitments to improve the standard of end of life and palliative care services. These were approved by the Health and Care Board.

4.87 The document was compiled following extensive consultation with the system including carers and patients and sets out what an individual needing this type of care should expect in Greater Manchester - to live well during the last year of life with dignity, in the place of their choice, regardless of disease, setting, age and circumstance. The aim of the Commitments is to ensure that the care delivered is individualised, skilfully and sensitively delivered, and of a consistently high standard.

4.88 The first 12 Commitments centre around the individuals journey in the last year of life and take account of the holistic needs of those close to them during this time and beyond. There are a further four supporting system wide commitments that will underpin the delivery of local services.

4.89 The document will be supported by an End of Life and Palliative Care framework, which will offer best practice guidance on how to meet the 12 individual commitments, which include proactive care, care after death and specialist palliative care.

Resilience and Independent Living

4.90 Clinical frailty is an area of growing importance in GM, as the population grows older and the need to reduce the demands on NHS services continues. We have developed standards to improve the quality of care and support for clinical frailty. These are set out in the GM Framework for Resilience and Independent Living. Around 60 stakeholders, including clinicians and patients – were involved in its development.

4.91 The standards incorporate best practice advice for supporting people living with clinical frailty to live well and age well in an environment that meets their needs. We plan to use the framework to support service improvement and a reduction in variation which will lead to improved experience and outcomes for people living with frailty.

4.92 We are joining up this approach with other work in Greater Manchester to develop system-wide initiatives that will take a comprehensive approach to addressing a
person’s psychological, social and biological, needs: for example, Ageing Well and GM Moving.

**Cardio Vascular Disease and Stroke Care**

4.93 Greater Manchester has an ageing population with an increasing rate of coronary heart disease (CHD), cardiovascular disease (CVD), heart failure and hypertension.

4.94 Although the prevalence of these conditions in the city region is similar to other comparable NHS areas nationally, three quarters of GM CCGs have significantly higher rates of premature mortality from CHD than the national rate.

4.95 The Greater Manchester and Eastern Cheshire Strategic Clinical Networks launched a CVD improvement programme to reduce the variation in care, improving people’s health and reducing the overall service cost of cardiovascular disease.

4.96 The programme’s achievements so far include the design and implementation of new pathways, the development of a training, education and implementation toolkit and the agreement of stable angina standards of care and primary care e-referral form.

4.97 The Greater Manchester Stroke Operational Delivery Network supports improvements in the stroke patient pathway. Our city region continues to provide ‘A’ rated hospital care to our residents (based on the national stroke audit), and recent evidence showed that our re-organisation of inpatient care in 2015 resulted in at least 69 lives being saved a year and patients spending on average 1.5 fewer days in hospital.

4.98 The highly effective surgical procedure to removes blood clots called thrombectomy is now a commissioned service in the region and was made available in office hours at Salford Royal Hospital for all patients, with plans to extend the time window for access in 2019/20. Significant progress has also been made in reducing mortality in patients with Intracerebral Haemorrhage and the quality improvement initiative is now being rolled out nationally via the NHS England Getting it Right First Time programme.

4.99 The vast majority of suspected stroke patients arrive at our hospitals by ambulance. Stroke can be difficult to diagnose and so it is vital that ambulance clinicians recognise stroke symptoms correctly and take patients quickly to the right hospital first time. The stroke network has worked collaboratively to develop and implement a mobile phone app for ambulance crews to help them convey patients correctly.

**Neuro-Rehabilitation**

4.100 Inpatient Neuro-Rehabilitation services have been identified as a priority for transformation (see also section on Improving Specialist Care). These hospital service improvements are dependent upon every area of Greater Manchestercommissioning and delivering neuro-rehabilitation in the community to a standard model.
4.101 Greater Manchester commissioners signed up to new service specifications for both community neuro and stroke rehabilitation, as these services are often delivered together by specialist community teams. These new models of community rehabilitation ensure that all residents receive the same high-quality care when they need it, and for as long as is beneficial. In the last few years, progress has been made in some localities to commission and deliver services as per these specifications. The ambition in 2019/20 is to eliminate variation, so that every resident receives appropriate and timely neuro rehabilitation when at home (including care homes).
Locality Transformation – Manchester

Manchester’s vision for improved population health outcomes, and a transformed health and care system, is described in ‘Our Healthier Manchester’. Delivery of the plan is overseen by the city’s Health and Wellbeing Board, chaired by the Leader of the Council and including the principal health and care organisations in the city as well as representatives from the local Voluntary, Community and Social Enterprise sector (VCSE) and Healthwatch Manchester.

In 2017, Manchester Health and Care Commissioning (MHCC) was established to oversee the commissioning of health, public health and adult social care services. This is a partnership between NHS Manchester CCG and Manchester City Council (MCC), led by the Chief Accountable Officer of the CCG. MHCC’s Board leads the work and includes membership from the CCG’s Governing Body and key MCC leaders – the Executive Member for Adults’ Health and Wellbeing, the Chief Executive, the City Treasurer, the Director of Adult Social Services and the Director of Public Health.

On 1 October 2017, the Manchester University NHS Foundation Trust (MFT) was established; the first step in the creation of a Single Hospital Service for Manchester. The Trust was formed following a merger of Central Manchester University Hospitals NHS Foundation Trust and the University Hospital of South Manchester NHS Foundation Trust. Significant improvements in services for local people have already been achieved through the integration and co-ordination of services which were previously under separate Trusts including Lithotripsy, Gynaecology, Imaging and Consultant recruitment.

The Single Hospital Service will be complete when North Manchester General Hospital (NMGH) is brought into MFT by way of a transaction process being led by Greater Manchester Health and Social Care Partnership.

The Manchester Local Care Organisation (MLCO) was established in April 2018. It is a partnership organisation of MFT, MCC, Greater Manchester Mental Health NHS Foundation Trust (GMMH) and the Manchester Primary Care Partnership, with oversight from MHCC. The MLCO is responsible for the city’s community health and adult social care teams and around 2700 staff have been deployed to it, ensuring a safe start to the operation of the MLCO, demonstrated by the achievement of a CQC good rating for community health services in Manchester in the recent inspection.

From October 1 2019, MLCO will be responsible for £270m worth of services in the city covering:

- Community health services for adults
- Community health services for children, young people and families
- Community dental services
- Community health inpatient services
- End of life care
- Adult social care

The key delivery model for the LCO is the creation of 12 Integrated Neighbourhood Teams (INTs), consisting of INT lead, GP lead, nurse lead, social care lead and mental health lead. They work at a local level with voluntary and community sector organisations, involving local people, and driving the development of MLCO’s new care models which include:

- High Impact Primary Care - wrapping health and care support around residents at greatest risk;
- Manchester Community Response - providing support in the community for those who need it to come out, or stay out, of hospital;
- 20 Neighbourhood apartments – supporting a range of older people with needs such as a hospital discharge and step up from community;
- Health Development Coordinators - building local connections and identifying and building of community assets;
- Providing one coordinating point for health and social care support to help hospitals with patient flow; and
- Establishing a Memorandum of Understanding between MLCO and the local VCSE with the aim of hardwiring the VCSE into the operation of the MLCO.
5.0 ENABLING BETTER CARE

5.1 We will only be able to achieve the radical changes we are seeking with the right supporting infrastructure in place. This includes research and innovation, digital, and most importantly a skilled workforce.

Research and Innovation

5.2 Through Health Innovation Manchester (HInM) we have established a single innovation pathway for the entire Greater Manchester health and care system that stretches from research through to adoption and spread. Health Innovation Manchester represent Greater Manchester’s wider health research, innovation and life sciences system.

5.3 HInM works collaboratively with innovators to discover, develop and deploy new solutions that improve the health and wellbeing of Greater Manchester’s 2.8m citizens and stimulate economic growth and raise the profile of the life sciences sector in Greater Manchester.

5.4 In 2018/2019 HInM initiated and/or delivered around 50 health and social care innovation programmes in partnership with providers, commissioners, life sciences industry, and academia. These spanned areas such as maternity, cardiovascular, cancer, respiratory, mental health and frailty, as well as the cross-cutting themes of patient safety, medicines and precision health. These projects ranged from establishing ‘proof of value’ to adoption and spread of proven innovation. Examples include:

- The Rainbow Clinic at St Mary’s Hospital (part of Manchester Foundation Trust), a specialist antenatal service for families going through pregnancy after previously experiencing a stillbirth. The clinic has now cared for more than 700 families helping to reduce the stillbirth rate by 34% and delivering 20% less expensive than routine antenatal care for this group of women. HInM are now supporting the scale-up across Greater Manchester maternity units with the aim of reducing the rates of maternal deaths, stillbirths, neonatal deaths and brain injuries that occur during or soon after birth by 20% by 2020 and by 50% by 2030;

- Through the PReCePT project (Prevention of Cerebral Palsy in Pre-Term Labour) Greater Manchester has increased the take-up of magnesium sulphate from 58% to 76% for eligible mothers in pre-term labour, helping to prevent babies potentially developing cerebral palsy. This £1 treatment reduces the risk of their baby developing cerebral palsy by 30%;

- Distribution of 500 medtech devices called Alivecor across 9 Greater Manchester localities. 2,072 readings have been taken to date identifying 153 previously undiagnosed patients with atrial Fibrillation (AF) – a heart rhythm disorder that is a common contributing factor for stroke;
• 237 patients have received extra support taking their prescribed medicines through TCAM (Transfers of care around medicines) to avoid the 30-70% increased risk of adverse effects linked to unintentional changes to their treatment of errors following transfer of care;

5.5. By building digitally-enhanced public services across Greater Manchester, we are enhancing care, improving services and saving lives. This is a key area of focus in terms of innovation. HInM were awarded £338,000 from Health Data Research UK to deliver an innovative heart failure project. This will see around 1,000 patients with heart failure across Greater Manchester monitored by a new digitally-enhanced service that uses data from their existing implantable devices to transform care and better meet their needs.

5.6. Working effectively with life science industry is critical to introducing innovation into services with the potential to transform the health and wellbeing of the population as well as growing the local economy. HInM works with the full spectrum of the life sciences industry ranging from SMEs to global corporations, targeting innovations that align to the needs of the Greater Manchester’s health and social care system.

5.7. Examples of delivery in 2018/9 include:

• Capitalising on the relationship with the Association of British Pharmaceutical Industries (formalised through a Memorandum of Understanding) to initiate and deliver ground-breaking programmes and raise the profile of Greater Manchester as a destination of choice for life sciences industry on an international stage. In 2018/2019 we received 174 enquiries from the pharmaceutical organisations keen to work in Greater Manchester and progressed 16 projects. These ranged from becoming the first city region in the UK to eliminate Hepatitis C to the Implementation of a new holistic approach to COPD management. Following the success of this model we subsequently signed a similar Memorandum of Understanding with the Association of British Healthtech Industries;

• Established a ground-breaking partnership between Greater Manchester’s academic, NHS and industry organisations and global diagnostics firm QIAGEN to create a world-leading precision health campus in the heart of the Oxford Road Corridor. This joint initiative will create and support up to 1,500 jobs – adding almost £150m to Manchester’s economy over a decade. This will bring fast-tracked real health benefits to Greater Manchester residents, and ultimately people nationally and internationally, through access to new tests and targeted treatments developed through pioneering research;

• Provided assistance and support to over 130 industry innovators (20% increase compared to 2017/18) through the Innovation Nexus and distributed upwards of £263,000 to support market ready or almost market ready products and services to accelerate innovations that align to the priorities of the Greater Manchester.
## Locality Transformation - Trafford

The overarching locality leadership structure features a Local Authority Chief Executive and Accountable Officer for the CCG. A number of senior leadership joint appointments have been made - supporting an Integrated Commissioning Function.

Our commissioning is driven by public health intelligence and is led by a partnership approach, which is built on the aim of achieving a place-based model built upon our community and its assets. By working in this way we believe we can improve outcomes for Trafford people by:

- Having a strength based approach - focusing on people and their communities to use our combined assets to co design solutions.
- Commissioning and delivering coordinated care closer to home, in the best place for the individual – neighbourhoods, locality, locality and GM.
- Working with partners to positively influence the wider determinants of health and wellbeing.

The Local Care Alliance (LCA) is the fundamental building block for transforming the system in Trafford. In practice, the alliance partners represent a formal agreement and commitment of health and social care commissioners along with a range of key providers and other organisations working together in partnership to commission strategically for outcome focussed services and care models, co-designing place based delivery models and creating alliances for better health and care.

The LCA was formally established in April 2018 with a Memorandum of Understanding and has continued to develop, growing in maturity and scope during 2019. The current alliance partners are NHS Trafford CCG, Pennine Care Foundation Trust, Manchester Foundation Trust, Greater Manchester Mental Health, Thrive (our third sector partners), and Mastercall Out of Hours Provider. Primary care is represented in part by Trafford Primary and through identified clinical leads for the winter work programmes and will be refreshed once the Primary Care Networks are fully embedded (Q2 2019). Trafford and Salford Local Medical Committee Healthwatch join in an advisory capacity.

The immediate focus has been on the implementation of several pilot projects to impact on the system wide pressures for winter 18/19. These were:

- Implementing GP/Advanced Nurse Practitioner streaming at the front door at Wythenshawe Hospital;
- An enhanced offer in primary care for smoking cessation for a risk stratified group of patients (COPD) supported by a public health funded e-cigarette pilot;
- Further work to improve our position to the 3.3% target for DTOC;
- Extend the current TECHT (Trafford Enhanced Care Home Team) offer into all homes in Trafford by March 19. Each of these areas is in the mobilisation phase with ongoing monitoring and evaluating impact.

Work is now has focused on the next phase and testing with partners through development workshops. This has included - a) building the alliance (vision, strategy, work programme, governance arrangements and relationships), b) developing the operating model (processes and systems needed to promote integrated working; and c) the LCA’s role in overseeing service redesign and change across health and social care in the context of place based model of care built upon social movement for health creation and wellbeing and all age delivery system reform.

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### Digital Transformation

5.8. **Our ambition in Greater Manchester is to be a top-five European digital region. The Health and Social Care Partnership is playing a full role in this.**
5.9. We have established The Digital Collaborative Portfolio and Implementation Plan. This strategy is in the process of being refreshed to highlight the evolution of digital progress within the region including:

- We have secured over £18m of digital funds over the last two years. These have been critical for delivery of programmes such as: GM wide integrated digital care records; multiple community health digital systems and devices; digital collaboration tools across localities; unifying out of hours services across GM and a GM wide business intelligence solution;

- 25 of 28 GM organisations are now live with a single Wi-Fi standard Govroam, giving Health and Social Care staff easy access to WiFi in other organisations;

- 100% of GM Primary and Secondary care organisations are live with the NHS Digital standard Public WiFi;

- GM completed one of the first regional health and social care network procurements as a foundation for the N3 replacement.

- All 10 localities have or are in the process of implementing Graphnet Care-Centric providing a GM wide instance of an Integrated Digital Care Record and additional powerful Business Intelligence functionality

5.10. In Greater Manchester, we are working together to transform public services through digital technology and joining up vital data. In July 2018, Greater Manchester was awarded £7.5m to become a Local Health and Care Record Exemplar. This work has progressed at pace, promoting additional collaboration between the GHMSCP and the GMCA Digital programmes.

5.11. A suite of new technologies will be developed and tested to improve care for people living dementia or who are frail by enabling critical information to be shared between patients, carers and professionals. The new technology will support more robust integrated care planning, help people maintain their independence and detect changes in their condition to avoid hospital admission.

5.12. It will also be used to digitise the paper-based assessments used to review a child’s development up to the age of five. Parents and guardians will be able to complete and review the tests online, which will directly feed into the child’s health record and help identify children who need additional support. It will also free-up valuable clinical time for health visiting teams, equating to around £10m per year in productivity once rolled out across the city-region.

5.13. Once developed and tested, the technology platform can then be adopted by other service areas to drive rapid improvements into the health and wealth of Greater Manchester’s 2.8m citizens.

5.14. By building digitally-enhanced public services across Greater Manchester, we are enhancing care, transforming services and saving lives. This is a key area of focus in terms of innovation. Health Innovation Manchester was awarded
£338,000 from Health Data Research UK to deliver an innovative heart failure project. This will see around 1,000 patients with heart failure across Greater Manchester monitored by a new digitally-enhanced service that uses data from their existing implantable devices to transform care and better meet their needs.

**Workforce**

5.15. The second year of the Greater Manchester Workforce Programme has gained much momentum, driving forward delivery in a range of areas to support workforce transformation across Greater Manchester.

5.16. Building on the work carried out in 2017/8, which focused very much on scoping, engagement and initiation; the 2018/19 programme has moved into full implementation, continuing to support the four key strategic priorities identified in the GM workforce strategy:

- Talent Development and System Leadership
- Grow Our Own
- Employment Offer
- Filling Difficult Gaps

5.17. This has led to a number of key achievements in 2018/9 including:

- First region in the country to take a coordinated approach to tackling workforce race inequality across the public sector;
- The introduction of the continuous service commitment to support mobility of our workforce across the public sector;
- Launched the Workforce Futures Centre, an online platform for the Workforce Collaborative to support localities to deliver their workforce plans;
- Supported ambitious overseas recruitment programmes;
- Delivered the first ever region-wide awards to recognise the contribution of our paid and unpaid health and care workforce as part of our commitment to support the improvement of staff morale and workforce retention;
- Developed a Working Carer Toolkit to help and encourage employers of all sectors and sizes across Greater Manchester to adopt employment practices that support their working carers.
- Established dedicated Medical workforce Programme Management Office;
- 19 Registered Care Home Managers completed pilot leadership programme;
• Launched Nurse recruitment campaign, with over 30,000 video views;
• Held primary care careers event with sessions for school pupils and for those looking for jobs and careers in primary care;
• An Additional 136 students commenced nursing programmes in the academic year 18/19 in comparison to programmes of education in 16/17 - which was prior to the removal of the bursary.

Estates

5.18. Greater Manchester has a single Estates Strategy that was submitted nationally in 2018. The Health & Social Care Partnership went through a rigorous process to evaluate capital bids against this plan. We also made clear at the time of submission that there was a priority case for major investment in the Pennine Acute FT Estate (particularly at North Manchester) that should be considered through the transaction processes and therefore was outside the scope of our bids.

5.19. We did not secure the outcome we were looking for through the national bidding process. Greater Manchester faces a growing backlog in terms of maintenance, but also a logjam in terms of schemes identified in our estates strategy that are fundamental to our overall transformation programme.

5.20. Within this operating context, progress has been made on a range of projects and programmes in 2018/19 to support the delivery of the estates outcomes:

• Development of a GM Capital Pipeline and GM Capital Financing Strategy: A robust and comprehensive capital pipeline is essential to the delivery of the GM estates strategy. A number of the transformation programmes across GM will be dependent on capital investment and new development. Alongside this work, it is essential there is a clear understanding of the potential funding source for any future investments;

• Locality Asset Reviews: Greater Manchester Combined Authority and the Greater Manchester Health and Social Care Partnership adopted Locality Asset Reviews, as an integrated place-based approach to understand community performance and needs, public services delivery and service transformation, taking a holistic view across all public sector organisations and their combined asset base;

• Place-based Master Planning of Acute Sites: The GM Health & Social Care Strategic Estates Board and the GM Land and Property Panel endorsed the use of a place-making approach from which the future shape of the health estate can be modelled. The overarching aim of the programme is to drive the development of a more fit for purpose, flexible and cost-efficient estate.
Additionally, we have developed a single mental health estates strategy, developed a comprehensive database to drive a one public service estate model and maximise utilisation, and taken a creative approach to alternative financing models.

5.21. Our Estates Strategy is predicated on delivery of public service capital and Greater Manchester’s priorities being respected through whatever allocation process is used. Through the forthcoming Spending Review, we hope to see a significant settlement and a reformed distribution process for capital resources.

Commissioning Reform

5.22. A vital part of our work is the conversion of strategic intent into prioritised and affordable commissioning action. An independent review in 2017 prompted new integrated commissioning arrangements in Greater Manchester between CCGs and local authorities at the level of each of the 10 localities (Strategic Commissioning Functions (SCF)) and at a Greater Manchester level through the creation of the Joint Commissioning Board (JCB) consisting of mandated clinical, political and managerial representation from each of the 10 localities.

5.23. At a time where CCGs elsewhere are joining together, Greater Manchester is pursuing a different model through integrated commissioning at locality level and creating opportunity to secure the necessary economies of scale and governance for commissioning arrangements requiring a conurbation wide perspective. The diagram below summarises our approach to commissioning in GM.

5.24. At an SCF level the arrangements are maturing rapidly – and 1st April 2019 represented a step change in the formality, depth and breadth of many of the SCF arrangements. It is key that these integrated commissioning arrangements create the conditions for development of models of community-based care and support and improvements in population health. They will further develop in line with the GM Public Service Reform White Paper to include a wider public service
commissioning perspective. In this the role of political and clinical leadership working together in each of 10 places and across GM to secure improved services and outcomes is central.

5.25. In 2018/19, the Joint Commissioning Board (JCB) continued to develop and mature as joint committee for decisions that of necessity require a single GM perspective. This was illustrated by its ability to secure approval for the Greater Manchester Neuro Rehabilitation model of care to proceed to full business case.

5.26. We recognise that the work of the SCFs and the JCB, and wider GM Public Service Reform Board needs to draw on GM level capacity and expertise, and such capacity should be timely, efficient, of good quality, and felt to be owned by the system. To that end, the Greater Manchester Commissioning Hub continued to develop in 2018/19 and we will bring proposals next year for the next stage of its development.

5.27. In the last quarter of 2018/19 Greater Manchester partners reviewed the commissioning arrangements across the conurbation. We will begin implementing the recommendations from this review in 2019/20 The review of commissioning arrangements at the start of 2019, identified five key priorities:

- Commissioning for Place Based Integration;
- Commissioning for Acute Service Reform;
- Commissioning for Population Health Gain;
- Future role and Function of the Joint Commissioning Board;
- Future role and function of GM Commissioning Hub.

5.28. Eleven recommendations were set out under these priorities and we will progress each of these in 2019/20.

**Medicines Optimisation**

5.29. Medicines optimisation looks at the value which medicines deliver, making sure they are clinically-effective and cost-effective. It is about ensuring people get the right choice of medicines, at the right time, and are engaged in the process by their clinical team. The Greater Manchester Medicines Strategy Implementation Plan has been agreed through governance. We have a Medicines Dashboard in place with agreed indicators which were introduced at the assurance meetings for all Localities in the last quarter of 2018/19. The dashboard will enable us to have a greater focus on variation of prescribing across the localities which improves quality and outcomes.

**Clinical and Corporate Support Services**

5.30. Clinical and Corporate support services are instrumental in joining up systems and services to deliver the best possible care.
5.31. GM Pharmacy has led the way on collaborative pharmacy work across the region and significant developments and progress have been made on the unified Hospital Supply chain model. A single consolidated pharmacy ‘hub’ with added direct medication provision to wards will reduce double handling and will release efficiencies across hospital sites.

5.32. Building on the recommendations of the Carter Review (a review on how hospitals in the NHS can work more efficiently) Through this programme, we are aiming to reduce net costs of providing pathology clinical support services across GM. This will be supported by a single Laboratory Information Management System (LIMS).

5.33. In Radiology, we are working collaboratively to procure a GM PACS (Picture Archiving Communication Systems) imaging solution that provides seamless 24/7 image reporting, multidisciplinary workflow and care pathways, leading to ‘any appropriate imaging record, in any appropriate location, for any appropriate clinician’.

5.34. Work has continued to progress with the Finance Workstream over the last 12 months. Finance systems/ Payroll solutions and Transactional financial services have been baselined across most of the GM providers and work continues with CCGs which will be concluded shortly. Work developing a ‘Future Finance Function’ progresses at pace into developing future finance workforce.

5.35. A new GM NHS Procurement Board has been established with representatives from all providers trusts across GM and other stakeholders including both NHSI and NHSC and local authorities to help drive the financial benefits from collaborative procurement. By building on the plan agreed for 19/20 resources have now been aligned to projects with the majority of trusts leading on at least one project for the region.

5.36. Work has continued the key 18/19 procurements with excellent progress being made on orthopaedics, wound care and procedure packs. These projects are now starting to deliver real savings for GM.
Locality Transformation - Tameside and Glossop

There has been joint Chief Executive of the Local Authority and Accountable Officer for the CCG since 2016 and the single commissioning function and fully integrated management structure has been in place since April 2017. There is now a fully integrated budget of £1bn. The local economy, working alongside partners has agreed a single comprehensive plan for the place and is developing a Public Sector Reform approach driven by the Chief Executive of the Local Authority/CCG and Chief Executive of Tameside and Glossop Integrated Care NHS Trust.

Examples of innovative pieces of work being delivered in Tameside and Glossop include:

**Living Life Well Collaborative.** One of four national pilot schemes for improved delivery of mental health services. The Collaborative is a group of stakeholders who have experienced mental health issues or have come into contact with mental health services. Crucially, it is built on the concept of co-production of services, with stakeholders meeting on a regularly basis to drive forward change in the way mental health support is designed and delivered.

The Collaborative have three clear desired outcomes – that people are connected and able to participate equally in society; people are able to recover and live life well; and people have control over their lives.

To help achieve these outcomes, a new neighbourhood mental health model is being established by bringing together existing staff alongside additional investment of £1m to create a new multi-agency team who will work together to provide a range of advice, guidance and interventions.

**Military Veterans.** There are some 7,500 ex-armed forces personnel living in Tameside and Glossop. Veteran Friendly Approach to Primary Care aims to increase the number of veterans identified in primary care records to allow them better access to services they need. These veterans will now be able to access more specific services and care and benefit from reduced waiting lists. 17 GP Practices signed up to the Covenant as a result of the project, demonstrating their commitment to supporting the armed forces community.

**Support at Home Services.** Tameside is fundamentally changing the way support at home is delivered – assisted by £3.1m of investment from the Greater Manchester Transformation Fund.

The new model is an asset-based approach which will see homecare staff take on more duties, to support service users with aspects of their life that go beyond day-to-day care. For example, homecare staff will become involved in a practical approach to review how users can best be supported, how their family or friends provide support, and whether technology can play a part.

The benefits of the new model are twofold – new duties handed to homecare staff will be reflected in their salary. It is thought that providers will attract high calibre staff with ambition to move on to social work, nursing or up the ladder within the care providers. Secondly, it is anticipated that by giving extra support to help people thrive, there will be fewer people moving into residential or nursing care and fewer hospital admissions.

The development of the Tameside and Glossop model for an integrated health and social care provider continues with continual improvements and transformation of services delivered by the Tameside and Glossop Integrated Care NHS FT.

Some key service development highlights in 2018/19 include:

- Continuation of the roll out of Digital Health - A single virtual door into the many doors of the health service bringing together a team of Nurse assessors and clinicians based in the Digital Health Centre at Tameside Hospital. The service allows the community response service, individuals and their carers and nursing home residents and staff to contact the digital health service using SKYPE and undertake remote, visual consultations on health conditions as they arise.

- Integrated Urgent Care Team (IUCT) - Supporting people who are in crisis situations or are experiencing a rapid deterioration with their health and/or social care needs.

- Extensive Care Service – providing support for people who have two or more long term conditions or have had one or more A&E attendances and/or unplanned hospital admission in previous three month period. The service has shown significant impacts on avoidable admissions.

- Integrated Neighbourhood Pharmacy Team - Neighbourhood Pharmacists service working across the five Tameside and Glossop neighbourhoods in an integrated way with relevant primary and secondary care services.
6.0 FINANCIAL PERFORMANCE AND ACCOUNTS

Finance and Annual Accounts

6.1. The 18/19 financial year was the third of GMHSC Partnership as a devolved system. In line with the Accountability Agreement, we are accountable to NHS England in delivering financial performance in line with agreed system control totals for GM.

GM System Planning

6.2. The 18/19 NSHE/I Financial Framework required organisations to agree to a ‘Control Total’ (CT) which was aggregated to form a ‘System Control Total’. As part of the agreement to a CT, organisations would be able to access a prescribed level of ‘Provider Sustainability Funding’ (PSF) dependant on in-year delivery against urgent care and financial metrics. Due to the financial gap between the required CT and the organisation’s plan, some GM organisations were unable to agree CTs and therefore would not be able to access the PSF.

6.3. GMHSCP constructed a system-wide deal to agree a ‘System Operating Plan’ (the aggregation of all GM’s organisational plans) which included financial mechanisms for upside gain and downside risk. Dependant on performance, this allowed GM access to the PSF that would have otherwise not been available.

Commissioner Budgets

6.4. Control totals were agreed for NHSE GM local office budget, CCGs and NHS Providers in accordance with the Business Rules set out in the NHS Operational Planning Guidance 2017-2019 jointly published by NHSE and NHSI. Local Authorities are not subject to the NHS business rule requirements although are statutorily required to set a balance budget and deliver a break-even position at year end. All GM Local Authorities planned for a balanced budget for the elements of their budgets which fall within the remit of health and social care.

6.5. It is the responsibility of GMHSC Partnership to ensure effective financial management is maintained across all sectors in managing financial performance and robustness of assumptions used in forecasting at an individual organisation, locality and a GM level.

6.6. During the year, the financial performance of all sectors within GM was routinely monitored and reported to the Finance Executive Group (FEG) in discharging their oversight role of the financial performance of GM against its control total, expressed as a surplus/(deficit) plan. A suite of financial dashboards and indicators are routinely presented to FEG setting out financial performance at an organisational level, locality, sector and consolidated at a GM level.
6.7. GMHSC set an opening control total target of £66.0m deficit for Greater Manchester against which the financial performance of GMHSC would be measured in line with the Accountability Agreement with NHS England. To help mitigate the rising financial pressures on 18/19 budgets nationally, some of our GM CCGs and Providers were able to support the national incentive schemes offered in August 18 and these are reflected in our revised Plan agreed September 18. The table below sets out the original Plan and the revised Plan agreed in Sept 18 which has improved by £30.9m to a £35.1m deficit plan against which our financial performance is now being measured by NHS England:

<table>
<thead>
<tr>
<th>2018/19 GM PLAN</th>
<th>Opening Plan 18/19</th>
<th>In-Year changes</th>
<th>Revised Plan Sept 18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Surplus / (Deficit)</td>
<td>Surplus / (Deficit)</td>
<td>Surplus / (Deficit)</td>
</tr>
<tr>
<td>Sector</td>
<td>£m</td>
<td>£m</td>
<td>£m</td>
</tr>
<tr>
<td>1. GM CCGs</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>2. NHSE / GMHSCP</td>
<td>0.0</td>
<td>12.9</td>
<td>12.9</td>
</tr>
<tr>
<td>3. GM Providers (Acute &amp; MH)</td>
<td>(66.0)</td>
<td>18.0</td>
<td>48.0</td>
</tr>
<tr>
<td>4. GM Local Authorities</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>GM Consolidated</td>
<td>(66.0)</td>
<td>30.9</td>
<td>(35.1)</td>
</tr>
</tbody>
</table>

6.8. In accordance with 18/19 Business Rules, all CCGs were required to plan for a break-even position and to maintain a 1% cumulative underspend. Access to the cumulative underspend by CCGs is subject to approval each year by NHS England and is limited to (i) the amount in excess of 1% level and (ii) national affordability.

6.9. GM has faced many significant financial challenges in 18/19 across all our health and social care sectors ranging from increases in unplanned/emergency admissions into hospital, delivery of savings/efficiency targets and increased demands on Children’s services.

6.10. Given the many financial pressures that have challenged our Greater Manchester health and social care system in 18/19, most of which are in line with those impacting at a national level, it is a great reflection on GM working together as both Localities and wider GM system that all sectors have met or improved on their Plan position. Since devolution came into place in April 2016, GM has maintained a good track record in delivering a surplus in excess of the GM Planned level which is due to the robust financial management arrangements and good working relationships at Locality level.
**Year End Position**

6.11. GM has delivered an outturn position significantly better than Plan in 18/19 which is excellent performance in context of the financial challenges faced across all sectors throughout 18/19. The table below shows the financial performance against Plan for each of the sectors within Greater Manchester.

<table>
<thead>
<tr>
<th>Sectors</th>
<th>Plan Surpl / (Def) £'m</th>
<th>Draft outturn Surpl / (Def) £'m</th>
<th>Better/(worse) than plan £'m</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHSE (excl Spec Comm)</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>CCGs</td>
<td>12.9</td>
<td>12.9</td>
<td>0.0</td>
</tr>
<tr>
<td>Providers (48.0)</td>
<td>(48.0)</td>
<td>79.4</td>
<td>127.4</td>
</tr>
<tr>
<td>Local Authorities</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>GM Total</strong></td>
<td><strong>(35.1)</strong></td>
<td><strong>92.3</strong></td>
<td><strong>127.4</strong></td>
</tr>
</tbody>
</table>

6.12. GM has delivered a surplus of £92.3m against a deficit Plan of £35.1m which represents an improvement of £127.4m against Plan. The NHS Provider sector is the main contributor to this improved position and reflects the improvement in performance by a number of Trusts which has attracted additional funding from the national Sustainability and Transformation Fund of c£77.7m. This surplus is retained by Trusts to support investment in capital schemes in future years.

6.13. Despite the in-year challenges faced by our CCGs, financial performance has also been pleasing given the collaborative nature of managing in-year pressures both within the CCG sector and also with Locality partners. As a result, some of our CCGs have been able to support the national position in 18/19 and importantly secure access to their cumulative surplus in 19/20 which will provide much needed additional resource to support GM priorities.

6.14. It has also been a challenging year for our Local Authorities given the increase in client numbers and increasing demands generally on social care budgets. It is pleasing therefore to report that Local Authorities have been able to manage significant in-year pressures which have been mitigated through a combination of delivery of saving measures and increased access to reserves.

6.15. Looking ahead into 2019/20, GM is again required to deliver against national business rules, at a GM level and NHS Providers are required to agree to a control total set by NHSI in order to be eligible to receive Provider Sustainability Funding. Whilst CCGs welcomed the c5.5% increase in 19/20 allocations, the financial outlook in 19/20 remains challenging given the stretching levels of hospital activity alongside investments in Mental Health, Primary medical and Community services which are growing faster than the 19/20 funding settlement.

6.16. As a result, a key area of risk remains around the deliverability of savings targets amounting to c£136m within CCG sector, £177m in Acute & Mental Health Provider sector and c£100m in Local Authorities. However, the GM system has well established governance in place around financial performance and close working between all sectors of the GM system.
Taking charge
looking back, looking ahead

Our 2018-19 Annual Report and our Business Plan 2019-20

Warren Heppolette
Executive Lead – Strategy & System Development
Annual Report 2018/19

• Our third Annual Report looks back at the steps we took in 2018/19 to achieve our vision of delivering the fastest and greatest improvement of the health and wellbeing of the people of Greater Manchester;

• 2018/19 saw us publish our Prospectus. It sets out where we want to go next as a Partnership - in the context of key GM and national strategies, including: the GM Unified Model of Public Services; the Local Industrial Strategy and NHS Long Term Plan;

• We made a lot of progress: continued to close the gap on school readiness; met access rates for mental health care (became first area to publish waiting time data for children and young people’s mental health services); cut smoking rates; increased rates of physical activity; and continued strong financial results;

• We are upfront about the challenges we still face: our performance in some areas - for example on Urgent & Emergency Care - needs to improve; we still face key workforce shortages; and still await a long-term financial settlement for social care.
IN 2018/19 WE ...

- **Making Smoking History** - official figures show that the percentage of our population who smoke has dropped to 16.2% in 2018; it had been 18.4% when devolution started. This equates to 46,500 fewer smokers in GM than two years ago.

- **394 GM primary schools now signed up to the Daily Mile** (where children run or jog at their own pace for 15 minutes each day) reaching an estimated **110,000 primary school children**.

- **More children starting school ready to learn** - between 2016 and 2018, we narrowed the ‘good level of development’ gap with the England average for the most disadvantaged children from 3.4% to 1.4%.

- **GM Mentally Healthy Schools Pilot** - started in March 2018 as a pilot across **31 schools** in GM and has now extended to **64 schools and colleges**.
IN 2018/19 WE ...

- Over 96% of GM GP practices are rated good or outstanding by the Care Quality Commission (CQC) - well above the national average;

- In 2018-19 all localities in GM continued to deliver 7-day additional access to primary care providing 100% population coverage. This equates to circa 1,500 additional hours being delivered each week. These are pre-bookable appointments with the GP, Practice Nurse, Health Care Assistant or other health professionals.

- The opening and first treatments in the £120 million Proton Beam Centre at the Christie in December 2018, the first such NHS centre in the UK;

- Mental Health – we are one of the best performers in England on access for Children and Young People (although a lot more to do), eating disorders and physical health checks. We are also meeting the Early Intervention and Prevention national standard.
IN 2018/19 WE ...

• Greater Manchester continues to outperform England with a higher rate of dementia diagnosis – with a rate of 76.9% compared to 68.7% nationally (March 2019);

• We have seen an improvement in the number of care homes and care at home agencies achieving a CQC rating of good or outstanding - Greater Manchester is improving faster than national and regional comparators;

• Eight GM localities have now commissioned and are delivering locality-wide Social Prescribing programmes. The remaining two localities have developed social prescribing schemes which they intend to commission during 2019/20. Data from six GM localities shows that over 8,000 people benefited from social prescribing in 2018/19 – and this will continue to grow;

• We continue to manage our finances well as we have done throughout Devolution. We generated a surplus of £92m in a very difficult financial environment – and this has helped to support the national NHS financial position.
Key Challenges

- We have not secured reliable delivery of NHS Constitutional Standards in all parts of GM - on our A&E performance and growth in elective waiting lists

- We still have too much variation in progress of localities in reducing demand for acute services

- There is insufficient workforce capacity in some key areas

- There also variation in the development and maturity of Local Care Organisations

- Social Care remains vulnerable in the absence of a long-term funding settlement.
LOC ALITY TRANS FORM ATION

The Annual Report has profiles of transformation in our 10 localities. These include:

- Joining up commissioning between councils and CCGs and pooling budgets;
- Neighbourhood care and support joining up with wider public services and VCSE Sector;
- New ways of working with care homes – including digital;
- Development of models of care that connect generalist and specialist services – intermediate tier.
...poor health in some Greater Manchester communities, creating a barrier to work and to progression in work, provides an important explanation for why overall growth has been slow in the last decade. It explains why some communities have been unable to contribute or benefit more.

Health needs to feature far more prominently in discussions of human capital, labour market participation, and productivity.
Greater Manchester has a unique opportunity to integrate across all public services...The Greater Manchester Model sets out how we plan to do this.

We want to change the way in which public services work to support people to achieve their potential and ensure nobody is left behind. That means integrating around people, places and their needs, focussing on prevention, developing new models of support and sharing information across the public service.

Devolution holds the key to breaking down the silos between public services and moving from 'picking up the pieces' to a preventative model which is truly place-based and person-centred.

In Greater Manchester ‘public services’ means all services to the public, regardless of sector or funding, and recognizes the role of citizens in this.
THE GM HEALTH AND SOCIAL CARE PROSPECTUS

- A long-held ambition: Greater Manchester taking greater control of its own destiny
- Almost 3 years in; most plans in place, Transformation Funds being invested.
- Devolution is unlocking fresh thinking and breaking down the silos between public services
- Our Prospectus brings our story up to date and sets out our ambitions for the next phase of our work
- It will do so now because we want to contribute to respond and/or contribute to:
  - The NHS long-term plan;
  - The Social Care Green paper
  - The model of GM public services;
  - The Government Spending Review in 2019;
  - The national and local Industrial Strategies.
FOCUSING ON THE BIG KILLERS

Half of all premature deaths are still linked to preventable factors, including unhealthy diet, inactivity, tobacco, alcohol and drug use, obesity and high blood pressure. Premature mortality is twice as high in more deprived communities.

HEALTH CREATION IN EVERY POLICY

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

A UNIFIED MODEL OF PUBLIC SERVICE DELIVERY

Our public service model principles are leading our development of integrated neighbourhood services for populations of 30-50,000 residents. Neighbourhoods will encompass primary care, schools, social care, mental health, community care, policing, housing and homelessness support, environmental health, employment and skills support, VSC E provision, community safety advice, substance misuse, early years and early help.
Local care organisations coordinate delivery of integrated care in each borough.

Boroughs are made up of smaller neighbourhoods - GP practices working with other health and care professionals as part of the GM model of unified public services.

Standardisation across hospital sites and more care in the community, closer to home.

A single local commissioning function in each borough plus a GM Commissioning Hub.
Established Health Innovation Manchester - single organisation that brings together all research and development work under one roof including digital, genomics, medicines and assistive technology.

Unique strengths in health informatics, advanced materials and as a global centre for clinical trials.

Can harness the potential of the health and care system to contribute to innovation and productivity across 2.8m conurbation - governance and pan public service approach.

Single GM digital strategy and LH C RE.

Precision medicine (predictive, preventative, personalised and participatory).

We seek Government backing for Greater Manchester, as part of the UK and Local Industrial Strategy, to become a global leader for innovation in digital and life sciences tested at pace in real world environments.
Business Plan 2019/20

• Our Business Plan for 2019/20 sets out our priorities for our fourth year as the Health & Social Care Partnership;

• It incorporates the priorities that we set out in our System Operating Plan in April as part of a broader plan for the Health & Social Care Partnership;

• It describes the work that we will do in the year ahead to move towards a population health system in GM. Each of our programmes supports the emerging system architecture in GM;

• The Business Plan builds towards the 5 year Implementation Plan that we will complete by November covering the Prospectus and our responsibilities under the NHS Long Term Plan. This will include 10 updated locality plans.
Our Priorities 2019/20

- Delivery of Population Health Programmes
- Ramping up of the GM Neighbourhood Model through Local Care Organisations
- Continued Development of the Intermediate Tier (High Impact Care)
- Improving Specialist Care Programme
- Continued Reform of the Urgent and Emergency Care System
- Continued Implementation of the GM Mental Health Strategy and Dementia United
- Delivery against NHS Constitutional Standards
Our Priorities 2019/20

- Elective Care Reform
- Adult Social Care Transformation
- Acceleration of the Cancer Plan
- Continued Reform of Commissioning System
- Climate Change and Sustainable Development
- Digital and Health Innovation
- Workforce