

# Taking Charge

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## Implementation and Delivery Plan

Heppolette Warren

10/18/2016

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## **GREATER MANCHESTER**

This is the second update to the GM HSC Partnership team delivery plan (the first version was developed in June) and should be considered in the context of 'Taking Charge' along with the 10 locality and programme plans for the GM transformation themes and cross-cutting programmes.

Greater Manchester has published its STP – Taking Charge as a full strategic narrative and a public facing version. It has been extensively consulted upon with the residents of Greater Manchester, as this narrative outlines in later sections.

This document is the accompanying implementation narrative and this describes in more detail how we are implementing Taking Charge at a number of levels (Neighbourhood, locality, cluster and GM). It now has an accompanying delivery plan, which is attached as an appendix.

There are a range of significant developments that are emerging in the GM system; the development of the Single Hospital Service in Manchester; the stabilising of PAHT, the development of joint and single commissioning arrangements in all localities and emerging LCO models. The next steps for these will be understood in more detail in the coming months. As such our principles of transformation are well rehearsed, as our Healthier Together programme shows, which has moved into the implementation phase.

We have also undertaken significant financial and activity modelling through our Strategic Financial Framework (StFF), which provided clarity on our forecast 5 year 'do nothing' financial gap for health and social care. This has been translated into a 5 year finance and activity plan for the 10 GM localities (modelled intent and impact at the organisational level) and this will inform our approach to planning and contracting at the locality and GM level.

The Greater Manchester Health and Social Care system is comprised of:

- 12 CCGs
- 14 acute, community and MH Trusts & 1 ambulance Trust
- 500 GP Practices
- 450 General Dental Services
- 700 community pharmacies
- 300 community optometry services
- At least 300,000 carers
- 10 local Authorities
- 27 social housing providers
- 14,500 voluntary and community organisations
- GM Police
- GM Fire & Rescue Service
- And 2.8m residents

Across Greater Manchester (GM) we are working together on the radical reform of public services. Our ambition is to improve outcomes for our people, increasing independence and reducing demand on public services. The £6 billion we currently spend on health and social care has not improved the long term outcomes for people living in GM.

### ***Our challenges and the level of change***

GM faces an unprecedented challenge now, and over the next five years, in health and social care service provision. We know that if we don't act now, not only will our outcomes remain worse than the rest of the country, but by 2021 we will have a £2 billion gap in our public service finances.

Our response to this is to place health and social care reform at the heart of our city region reform and growth agenda; healthy and independent people play a key part in enabling us to achieve our ambition for a growing and sustainable GM in the future.

In order to achieve this, we know we need radical change at scale in how we provide health and social care and a new deal with people in GM. Our focus must be on people and place, not organisations. This is critical in helping us to achieve our vision 'to deliver the fastest and greatest improvement in the health and wellbeing' of the 2.8 million people living across GM.

We need to take action across the whole range of care services; upgrading our approach to prevention, early intervention and self-care; redefining how primary, community and social services become the cornerstone of local care; standardising and building upon our specialist hospital services through the development of shared hospital services; and creating efficient back office support.

Taking Charge explains how, as a system, we are going to approach and achieve this and how our transformation fund will help us change, to radically shift the nature of demand and reform service provision. This plan provides the detail for how we will do that.

The GM strategic plan (STP) – Taking Charge is built from a history of collaboration between health and Local Authority partners, and we are used to working together. It was built from locality plans, NHS provider plans and GM workstream plans.

This implementation plan builds out from Taking Charge and outlines how at a GM level, we will implement and deliver our vision, strategic objectives and as a result improve the outcomes for our population.

This plan is a live document, which will not have a final version. We will review it regularly, so that as a system we can identify what has been delivered and agree our next set of priorities, but also where there have been challenges to delivery, so that we can work together to resolve them.

At the end of our first year of devolved health and social care, this plan will be fully reviewed, along with all the constituent plans (transformation themes, programmes and localities) and refreshed to create a plan for 2017/18.

By the end of the 5 year planning period, we will have a full audit trail of what we planned to do and how and to what extent that was achieved. This will help us assess and evaluate the impact that devolution has had on Greater Manchester and its residents.

## **TAKING CHARGE – DELIVERY AND PROGRAMME PLAN**

### ***Delivery and programme plan***

Please see the GM HSC Partnership Implementation and Delivery plans:

- The 10 localities
- The GM Transformation Themes and Cross-cutting programmes

For the national STP submission, these are documents 4A and 4B

### ***Key deliverables year to date***

Please see the GM HSC Partnership 6 month review document. For the national STP submission, this is appendix 1.

# THE VISION FOR GREATER MANCHESTER HEALTH AND SOCIAL CARE

The vision for Greater Manchester health and social care is to deliver the fastest and greatest improvement in the health and wellbeing of the 2.8 million people living across GM.

## ***Strategic Objectives***

The 4 strategic objectives that we will pursue in order to deliver our vision and key outcomes are:

- Transforming the health and social care system to help more people stay well and take better care of those who are ill
- Aligning our health and social care system to education, skills, work and housing
- Creating a financially balanced and sustainable system
- Making sure our services are clinically safe throughout.

## ***Population Health Outcomes***

Our 7 population health outcomes that we want to secure as a result of realising our vision are:

1. More GM children will reach a good level of development cognitively, socially and emotionally.
2. Fewer GM babies will have a low birth weight resulting in better outcomes for the baby and less cost to the health system.
3. More GM families will be economically active and family incomes will increase.
4. Fewer will die early from Cardio-vascular Disease (CVD)
5. Fewer people will die early from cancer
6. Fewer people will die early from Respiratory disease
7. More people will be supported to stay well and live at home for as long as possible.

The 10 localities in GM have mapped their locality plan outcomes and deliverables to the 7 population health outcomes we agreed in the Taking Charge plan to ensure we are all contributing to the delivery of outcomes that improve the life course for our population.

As outlined in the June delivery plan, a headline Outcomes Framework to cover population, quality and economic/financial outcomes has been developed, which has a range of sub-indicators. This was developed through the use of a logic model that links the Health and Social Care Outcomes to the wider GM Strategy outcomes.

The next steps with this Framework are to finalise the proposed outcomes and key indicators with partners and then review with localities how their plans link to this work. The overarching outcomes will be a way to monitor the direction of travel of the plan as a whole; whilst a performance dashboard is being developed that will sit underneath this and be used in conversations with localities.

| Domain  | GM Headline Outcomes   | Headline Indicator (for Dashboard)   |
|---|--|--|
| <a href="#">Population health outcomes</a>    | More GM Children will reach a good level of development cognitively, socially & emotionally                                | A1 Percentage of children achieving a good level of development  |
|   | Fewer GM babies will have a low birth weight resulting in better outcomes for the baby & less cost to the health system    | A2 Low Birth Weight of Term Babies   |
|   | More GM families will be economically active and family incomes will increase  | A3 Children in poverty (under 16s)   |
|   | Fewer people will die early from: cardio-vascular disease (CVD); cancer; and respiratory disease                           | A4 Under 75 mortality rate (disease considered preventable) from<br><ul style="list-style-type: none"> <li>• cardiovascular disease</li> <li>• respiratory disease</li> <li>• cancer</li> </ul> A5<br>A6 |
|   | More people will be supported to stay well and live at home for as long as possible  | A7 Injuries due to falls in people aged 65 and over  |
| <a href="#">Quality</a>                       | Reduced non-elective hospital admissions / readmissions  | B1 Number of admissions Due to Long Term Conditions and as rate per 100,000.   |
|   | Reduced length of stay, emergency hospital admissions  | B2 Reduced average length of stay for emergency admissions   |
|   | Improved transition of care across health and social care  | B3 Number of Delayed Transfers of Care   |
|   | Reduced all cause mortality rates  | B4 Standardised mortality rates for all causes   |
|   | Increased cancer survival rates / reduced years of life lost from causes considered amenable to healthcare                 | B5 Cancer survival rates after one year and five years from diagnosis  |
|   | Increased proportion of deaths occurring in (patient / carers') place of choice  | B6 Proportion dying in preferred place of death  |
|   | Decreased variation in health outcomes across GM localities  | B7 Specific measures to be decided – measure gap   |
|   | Improved outcomes for people with mental health needs  | B8 Improved Psychological Treatment recovery rates   |
|   | Improved patient / carer experience of care and increased patient empowerment  | B9 Patients with long term conditions feeling more supported to manage condition.  |
|   | A healthy, happy workforce, fit for practice   | B10 <b>Place Holder</b> A workforce based survey to assess the barriers and engagement with service transformation.  |
| <a href="#">Economic / financial outcomes</a> | More people will be in employment, with an increasing proportion in 'good work'  | C1 Employment rate, resident population aged 16-64   |
|   | More people will be able to stay in work for longer  | C2 Employment rate, resident population aged 50-64   |
|   | Reduced sickness absence, lower staff turnover and increased productivity, contributing to increased economic growth       | C3 (no robust headline indicator identified - sickness absence measure might be appropriate - see the 'Related / subsidiary measures' column - but need to consider timeliness of reporting)             |
|   | Reduced demand for reactive health and social care services and a shift in spend to proactive provision                    | C4 (engage with finance colleagues to develop an appropriate headline indicator)   |
|   | Accelerated development and implementation of new health and social care innovations, leading to increased economic growth | C5 (engage with Health Innovation Manchester to develop an appropriate headline indicator)   |

Increased inward investment related to health innovation

C6

(engage with Health Innovation Manchester to develop an appropriate headline indicator)

**Draft Outcomes and Headline Indicators to form a scorecard for Greater Manchester Health and Social Care Plan**

## **PLATFORM TO DELIVER**

Our platform to deliver the Strategic Plan recognises;

- the leadership governance necessary to drive and oversee the changes;
- the capacity of all organisations in the system to engage on the individual programmes; and
- dedicated capacity in a single Partnership Team to support organisations locally and across GM.

### ***The GM Health and Social Care Partnership***

The Greater Manchester Health and Social Care Partnership is the body made up of the 37 NHS organisations and councils in the city region, which is overseeing devolution and taking charge of the £6bn health and social care budget.

Governed by the Health and Social Care Partnership Board, which meets in public each month, the Partnership comprises the 37 local authority and NHS organisations in Greater Manchester, plus representatives from primary care, NHS England, the community and voluntary sectors, Healthwatch, Greater Manchester Police and the Greater Manchester Fire and Rescue Service.

### ***Governance***

Since the June delivery plan, the GM HSC Partnership governance has been reviewed and proposals developed for how the sub governance that reflects the range of responsibilities of the Partnership.

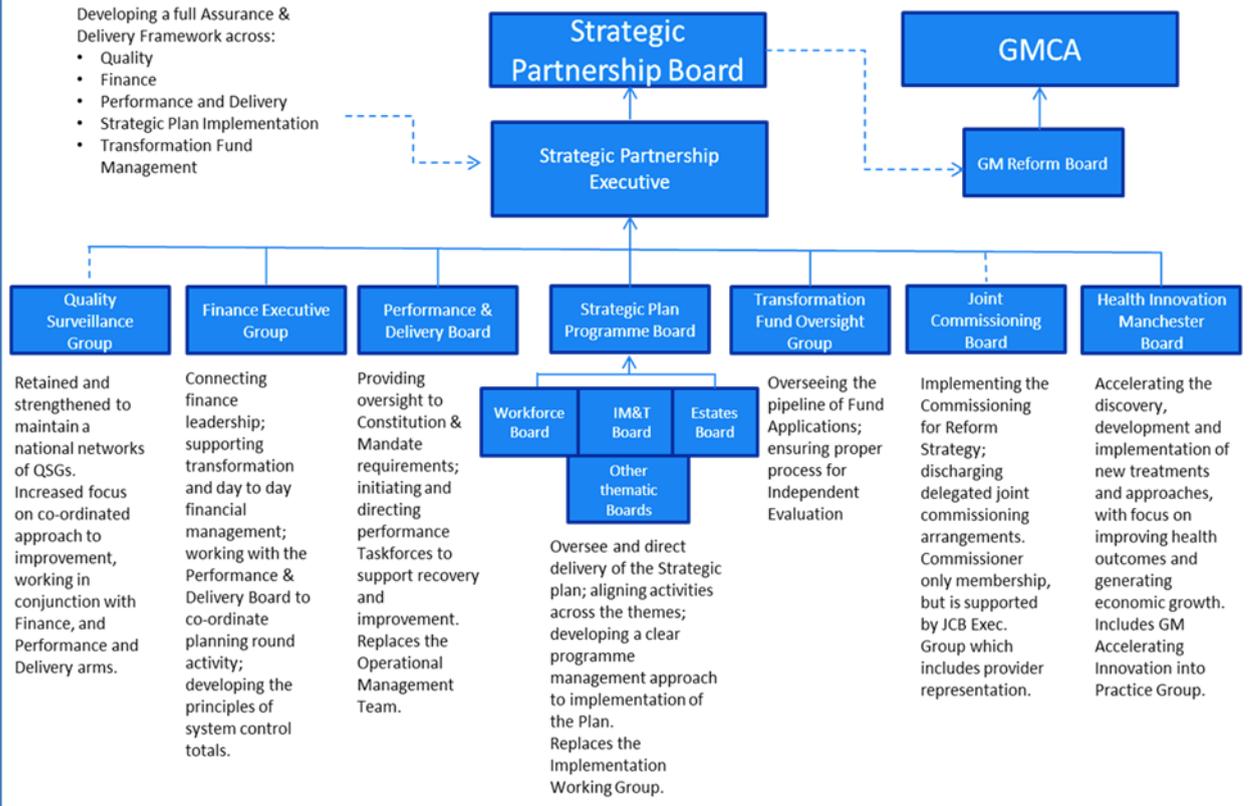
The aim of the governance revision is to:

- Ensure the Partnership is able to effectively direct transformation and connect effectively with enablers for day to day delivery
- Ensure the focus of the Partnership's leadership is appropriately balanced across all areas of its responsibility
- Ensure clarity on governance structures, supported by effective delivery mechanisms through focussed programme and delivery boards
- Avoid duplication of review and reporting on specific issues
- Support the alignment of the Partnership team's capacity across the full range of its responsibilities
- Ensure the Partnership has a clear line of sight on delivery and assurance issues across Quality; Finance; Performance and Delivery; Strategic Plan Implementation and Transformation Fund Management.

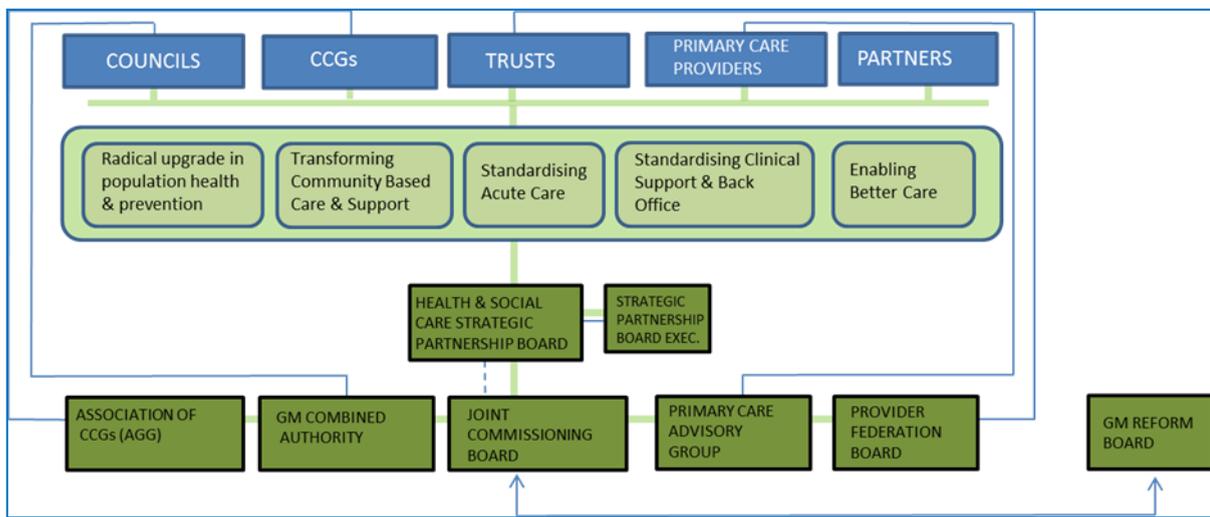
The Boards and groups in the sub governance will work together to provide effective assurance and delivery across the range of the Partnership's responsibilities. The proposed structures described in the diagram aim to connect the core decision making components of the Partnership with a wider and complimentary infrastructure which will ensure it is able to direct transformation and connect effectively with enablers for day to day delivery.

# Assurance & Delivery

- Developing a full Assurance & Delivery Framework across:
- Quality
  - Finance
  - Performance and Delivery
  - Strategic Plan Implementation
  - Transformation Fund Management



The relationship between the GM and locality governance has also been defined to ensure that the views of all key partners can contribute to the design and delivery of our work.



## Greater Manchester Health and Social Care Partnership Team

The Greater Manchester Health and Social Care Partnership Team is the group of people who came together on April 1, from the former Health and Social Care devolution team and the former NHS England Greater Manchester team.

The Executive team is now in place:

- Chief Officer – Jon Rouse
- Chief Operating Officer – Nicky O'Connor
- Executive lead Finance and Investment – Steve Wilson
- Executive Lead Quality – Dr Richard Preece
- Executive Lead Strategy and System Development – Warren Heppolette
- Executive Lead Commissioning and Population Health – tbc

A number of system leadership roles within the team have also been identified and work closely with the Partnership Team:

- NHS Improvement lead – Anne Gibbs
- Primary Care Lead – Dr Tracey Vell
- Adult Social Care lead – Richard Jones
- Acute Care lead – tbc

Work has taken place to map the team functions to the Director leads and capacity within the team is being mapped to those functions.

The team has identified resourcing gaps and has received approval through the GM governance to develop an approach to fill those gaps.

The GM Strategic Partnership Board has approved a proposal from the Partnership team for funding to expand in a number of targeted areas. This was in recognition of the need to make sure we have the right capacity and capability in place to deliver our important responsibilities across Commissioning, Improving population health, system performance and transformation. The proposals received broad endorsement from our partner organisations.

A process to commence recruitment to a number of new posts within the partnership team will commence in October across all areas – Finance, Commissioning, Strategy, Operations and Quality.

### ***GM Health and Social Care system leadership at a GM level***

As the diagram above outlines, there are a number of fora within GM, where staff and leaders from across the GM system can be involved in the design and delivery of work at a GM level.

Each of the GM work programmes has leadership and staff representatives from across the system to ensure that as work develops and is implemented, it aligns to and can be delivered through the locality structures.

Work is in progress to develop a role profile for a locality SRO and transformation theme SRO and this should be in place by end October 2016.

# THE PROGRAMME AND CAPACITY TO DRIVE THE TRANSFORMATION

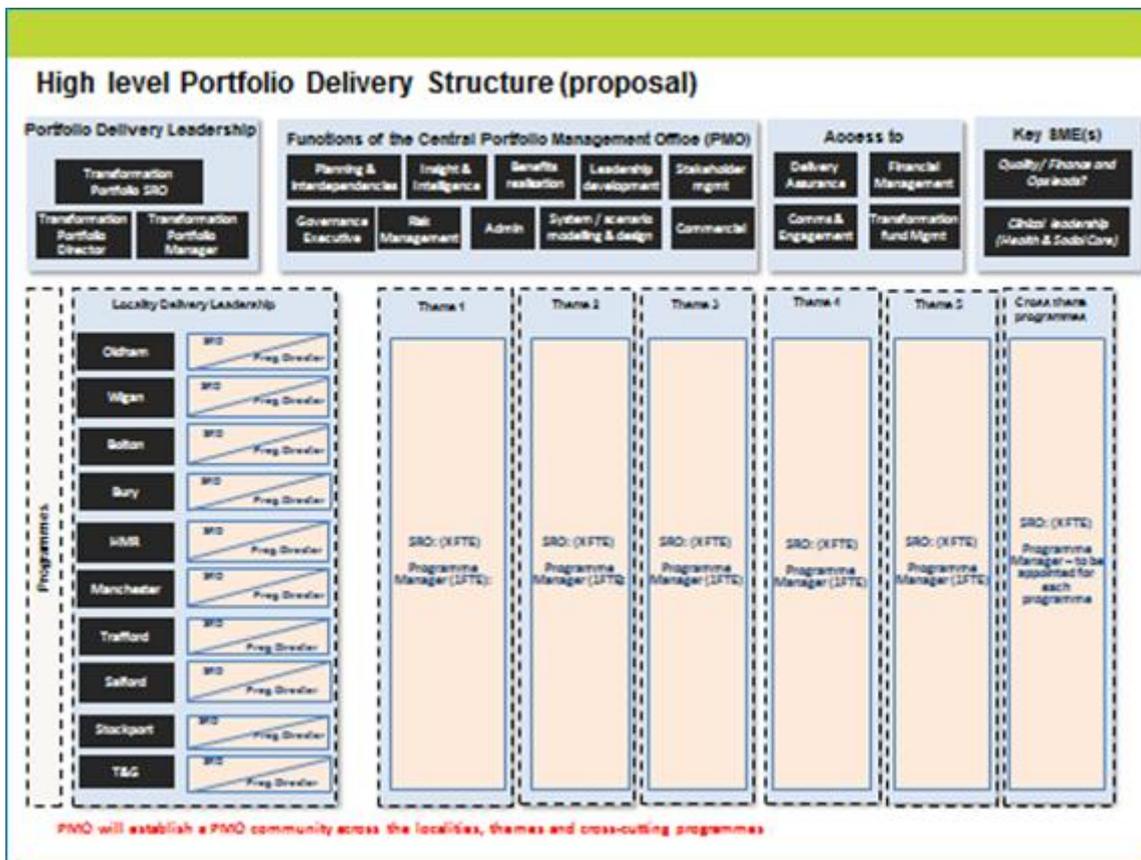
## GM Transformation portfolio

The range of transformation across GM is now described as the GM Transformation Portfolio, as it reflects the range of programmes that have emerged and are in development across our system.

The GM Transformation Portfolio comprises:

- The 10 locality plan programmes of reform and transformation
- The 5 GM transformation theme programmes
- The 5 GM cross-cutting programmes of mental health, learning disability, cancer, children’s and dementia

Included within this portfolio is the alignment to the wider GM PSR programme and work continues to ensure the approaches are complimentary.



## The Transformation Portfolio Board

The Transformation Portfolio Board will bring together locality leadership with the GM transformation theme and programme leads to oversee and drive delivery of the GM transformation portfolio, direct and prioritise key GM level programmes of work and resolve key delivery issues/risks that are GM wide.

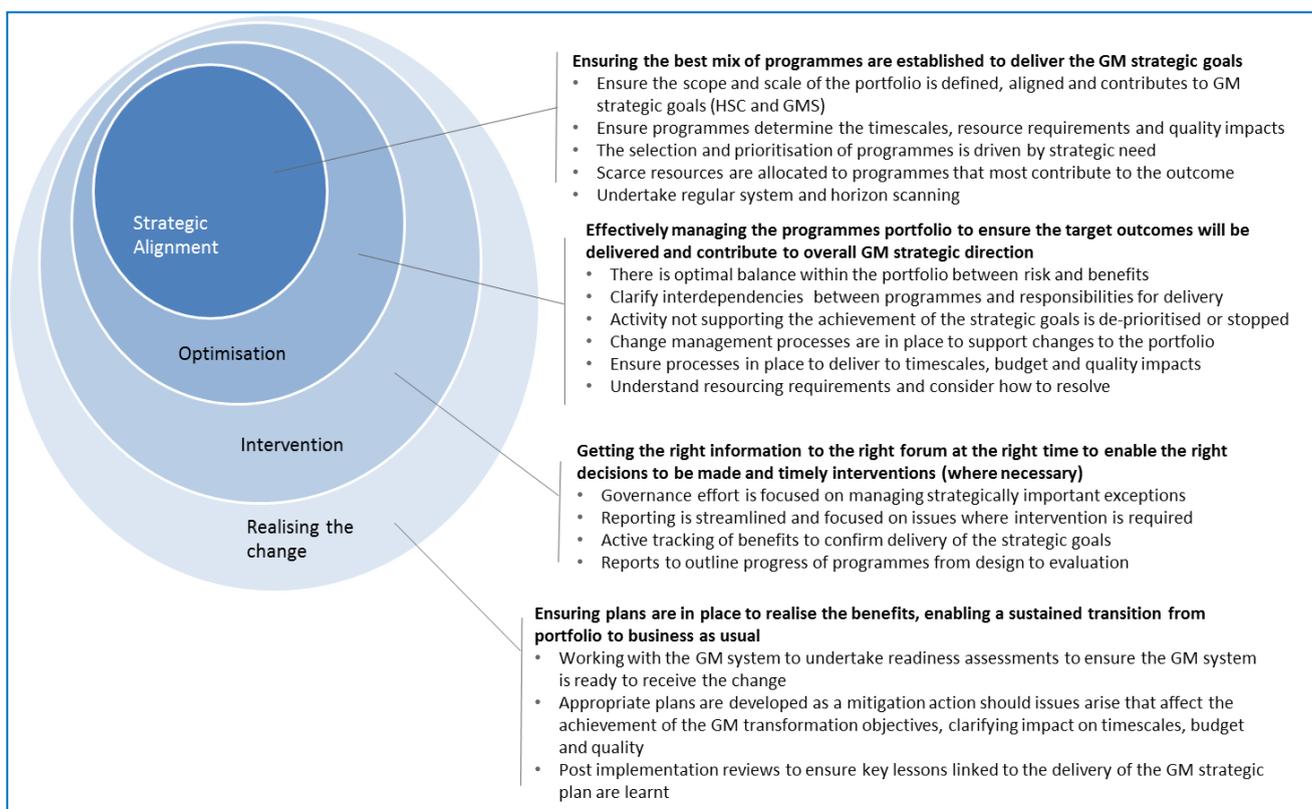
It will be responsible for overseeing the implementation, delivery, alignment and prioritisation of the transformation portfolio and ensuring progress is being made across all areas.

Each programme produces a monthly highlight report outlining the work delivered, next steps and risks for each theme and programme, which will be presented to the Transformation Portfolio Board.

In order to support the delivery of the Portfolio of Transformation, the HSC Partnership team will formally establish a PMO function within the team.

### ***The GM HSC Partnership team PMO***

This will be a small core team functioning as a strategic delivery vehicle in order to oversee and drive the delivery of the Portfolio of transformation.



The three primary objectives of the Portfolio Management Office will be:

- Objective 1: Support GM localities in developing and implementing locally appropriate ambitious, robust and viable solutions for achieving locality and also overall GM clinical and financial sustainability in line with the needs of their population; and all emerging local, GM and national priorities.
- Objective 2: Support the themes and cross cutting programmes to coordinate work with the GM system and broker discussions to develop and implement the right policies, strategies and infrastructure required to underpin the transformation portfolio and achieve target outcomes.
- Objective 3: Work closely with all other statutory and delegated functional groups/programmes and stakeholder groups in GM and nationally to ensure key

transformation activities are aligned; messages are shared and interdependencies are clarified and managed.

### ***GM Portfolio challenges***

There are a number of challenges that have emerged since April and as we have moved from the planning phase to the implementation phases for Taking Charge at both a locality and GM level:

- Alignment of approaches at a locality and a GM level
- Prioritisation and sequencing of work within the GM transformation themes and cross-cutting programmes and how localities can develop and drive delivery
- Resourcing the delivery and implementation of our plans within our localities and at a GM level
- A need to focus on the delivery of benefits realised as a result of our plans being implemented, especially as we start to allocate Transformation Fund resources into localities and GM level work.
- Understanding the impact of transformation across our system and on business as usual.

The GM HSC Partnership Team PMO will work through the Portfolio Management Board to manage these challenges.

The PMO will also look to establish a GM PMO community by connecting all the PMO support within each locality.

### ***Transformation Portfolio Approach***

During Q1 and Q2 2016/17 the GM transformation theme and cross-cutting programme teams have scoped out their programmes and constituent projects (some of the work was already in train and some is new), ensuring accountable leadership and co-design with the GM system, outlining deliverables, timescale, benefits and risks.

Each programme/ theme has a Programme Definition Document (PDD), a set of project briefs, a risk register and a set of high level deliverables and milestones. Since July, the teams have been completing their programme plans to provide the next level of granularity and how they will deliver each of their milestones.

The work for Q3 will be to prioritise and sequence the work at a GM level in consultation with the locality leads and then identify the interdependencies to ensure the portfolio of work is deliverable.

It will also be important to describe how the programme of reform outlined within the themes, programmes and localities is supported by and supports the delivery of business as usual – the delivery of safe and quality health and social care services for our population.

This will be undertaken by the Transformation Portfolio Board.

## ***GM Transformation Portfolio - Locality plans***

The 10 localities in GM have plans in place for the comprehensive integration of health and social care building on the approach undertaken to deliver the BCF.

The locality plans are the platform for integrated commissioning and provision of health and social care and the reform of the wider public sector.

Work continues to align the transformation of health and social care to the wider reform of GM public services and this will continue to develop over the coming months.

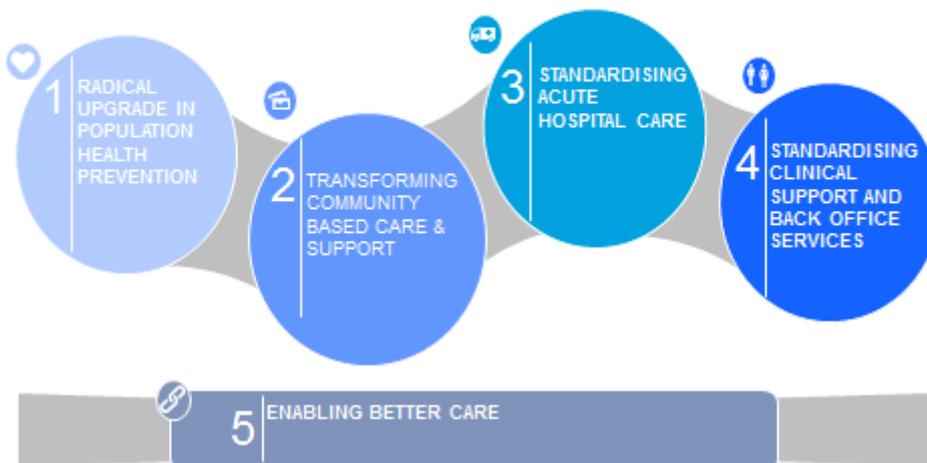
The initial priority is to align the place-based integration approach to the locality development of LCOs.

More detail on the key milestones for each of the locality plans is provided in the delivery plan.

## ***GM Transformation Portfolio - GM Transformation themes***

The GM Transformation Portfolio has 5 transformation themes around which Taking Charge is structured.

It is clear from our emerging and developing implementation narrative that we have followed the spirit of national transformation publications, such as the Five Year Forward View, the Dalton Review and the Carter review, as well as being driven to deliver a strategic approach that will serve the needs of the GM population, as described in the Greater Manchester Strategy.



## **Transformation theme 1 - Radical upgrade in population health and prevention**

This is a fundamental change in the way people and our communities take charge of – and responsibility for – managing their own health and wellbeing, whether they are well or ill. This will include developing and strengthening relationships between NHS, social care, voluntary and other organisations and the public who use services; finding the thousands of people who are currently living with life changing health issues and do not even know about them and investing far more in preventing ill health. We want people to start well, live well and age well.

The main sections of this programme of work are structured around 5 pillars: Start well, Live well, Age well, people-powered health and system reform. All of the projects of work are aligned to these pillars.

A detailed population health plan is in development and will be completed by end November incorporating the delivery of:

### **Starting well**

- New model for integrated early years services - an ongoing universal and targeted pathway based on consistent, integrated age-appropriate assessment promoting early intervention and prevention
- Reducing smoking in pregnancy - a simplified GM stop-smoking in pregnancy proposition

### **Living Well**

- Health and work - develop and test plans for a new Greater Manchester gateway into work and health support bringing together existing services and scaling up innovative approaches already being tested in localities utilising the involvement of Primary Care services
- New delivery models for multiple disadvantaged communities - a systematic and scaled approach to identify the missing thousands across GM (i.e. those who already have / at risk of developing disease) and determine how they might be engaged and through an enhanced condition management service, social prescribing, pathway into work, self-care and health literacy, underpinned by person-centred approach.
- Addressing the key drivers of ill health - new approaches to well-known problems such as tobacco, physical inactivity, poor diet, alcohol and obesity harnessing efforts across the whole system, local government, NHS, employers, the third sector and the wider community to tackle prevention

### **Ageing Well**

- Falls - maximising all our potential to reduce injurious falls and we collaborate where possible. Ensuring falls pathways are in place that link acute and urgent care services to secondary falls prevention will be key to intervening early and restoring independence. Work with care homes, where falls prevalence is much higher than in the general 65+ population, will also be needed and exploring how we can scale up relevant physical activity interventions will also be key.
- Housing and health – partnering across the NHS, Local Authority Strategic Housing and Housing providers to tackle fuel poverty, support housing options which sustain independent living and ensure housing support inputs to facilitate step down from hospital services.
- Nutrition and hydration – addressing the risk of malnutrition in the community to support good overall health, independence and avoidable deterioration in older age.

## People Powered Health

- Developing person centred and community centred approaches to health and wellbeing - to develop a whole systems approach to people powered health and self-care, to enable high impact person centred care at scale. This will entail driving changes in commissioning; organisational and clinical processes; workforce development and the support provided to individuals and communities.
- Health as a social movement - testing ways of shifting power to patients and citizens, strengthening communities to improve health and wellbeing and as a by-product helping to moderate rising demands on the NHS.
- Growing asset based approaches in new care models - to grow a culture of asset based care which is embedded in the development of local care organisations and create the enabling system conditions for asset based care.
- Radical Upgrade in lifestyle behavioural change support - greater use of behavioural insights to influence people to lead healthier lives in marketing campaigns, and also the design of systems, services and products e.g. screening invite letters. Behavioural insights can inform various actions to make positive choices/healthy behaviours more likely by changing the architecture of choice, through the careful design of incentives and disincentives, reinforcing positive social norms or reducing the friction we experience in changing patterns of behaviours.

## System Reform

- Unified system for population health - building a single public health leadership system across the GM economy – one which maximises both the impact and the capacities of a small and specialist workforce his requires.
- Commissioning for reform - developing proposals for embedding social value into GM commissioning and progressing specific proposals for GM level PH commissioning, priority areas include: sexual health, and early years (including smoking and pregnancy and oral health improvement).
- Cancer Vanguard - to develop new GM wide social marketing strategies for cancer to upscale prevention and earlier intervention, apply a multi-faceted approach to nurture a social movement across the entire cancer prevention spectrum, to improve access to and uptake of three national cancer screening programmes (bowel, breast, and cervical) among the eligible population of GM residents and tailor preventative approaches to reduce the chance of secondary cancer.

## Transformation theme 2 - Transforming community based care & support

In many parts of GM, local integrated care organisations have already started working better together. We want to take this further with GPs, hospital doctors, nurses and other health and social care teams, coming together with health and wellbeing groups and others looking after people's physical and mental health, to plan and deliver care – so when people do need support from public services it's largely in their community, with hospitals only needed for specialist care.

## **The development of Local Care Organisations (LCO)**

Work continues with a range of stakeholders to agree the LCO design principles and ensure that as the models develop within each locality, that they are aligned to the wider public service reform place-based integration agenda.

The service model is being developed based on the work in each locality and a stocktake has been undertaken of the scope of the LCOs in each locality to understand the impact and alignment to transformation theme 3.

The twelve stage process below will represent an outline common to all LCO development programmes.

- I. Identify target population
- II. Assess potential impact by area of spend
- III. Use 'logic model' to define reinvestment potential
- IV. Define core elements of delivery model
- V. Translate the core elements to activity
- VI. Identify and model the workforce requirements
- VII. Model the financial requirement
- VIII. Conduct segment level Cost Benefit Analysis comparing savings and investment
- IX. Systematically plan, schedule and manage the implementation of the changes
- X. Translate into payment mechanisms
- XI. Identify performance "dashboard" and approach
- XII. Commission and contract for the new model so that organisational forms and financial flows are supporting LCO goals.

GM colleagues will consider the value of consistent approaches at key stages such as:

- Risk Stratification and population segmentation approaches;
- Collaboration to secure relevant legal and consultancy advice and support;
- Consistency in the development and application of impact metrics tracking LCO performance; and
- Recognition of the collaboration already underway through the key Enabling Better Care workstreams on workforce, payment & contracting, estates, and IM&T.

The HSCP Team is working with NHS England to develop a gateway and assurance process that will align to the GM Transformation Fund process and deliver the national assurance requirements.

Following the agreement of 3 Transformation Fund bids, 3 LCO models are in the process of being implemented in Salford and Tameside & Glossop (developing PACs), Stockport ( a developing MSCP working on a capitated contract for out of hospital care and urgent care and developing new provider vehicle to take the contract). Additionally, the city of Manchester will initiate the procurement of its LCO within the next two months.

## **Primary Care**

Building on the original Greater Manchester primary care strategy, the refreshed strategy for primary care aims to provide a bold vision and clear roadmap for key reforms to our primary

system in Greater Manchester. The strategy sets the direction of travel for primary care transformation and is aligned to the 10 Greater Manchester locality plans and was formally ratified by the GM Strategic Partnership Board in September 2016. It outlines the primary care contribution to the Greater Manchester Strategic Plan - particularly in the delivery of Transformation Theme 2 (Transforming community based care and support).

The strategy focuses on 5 main themes:

- People powered changes in health and behaviour - Creating a primary care system that more proactively supports people and communities to take charge - and responsibility for - managing their own health and wellbeing, whether they are well or ill.
- Population based models of care - Strengthening wider primary care provision to pro-actively manage patients in the community and see the shift in people attending hospital who could be better supported in the community
- Consistently high quality care- Ensuring high-quality care that is safe, effective, person-centred, accessible, inclusive and results in the best possible outcome for the individual
- Inter-professional working - Improving the way different health and care professionals work together to get the most from what each profession brings to primary care services and individual patient care. Ensuring seamless care for patients
- Research and Innovation - Connecting people with best practice to generate ideas, address challenges and to innovate at scale.

Plans are underway to develop a detailed implementation plan, co-produced with commissioners and providers of primary care from across Greater Manchester.

The original primary care strategy begun to address many of the challenges in primary care, but further transformation is necessary, including the effective integration of community, primary and secondary care.

Progress so far includes:

- Building on the success of the 2014 GM demonstrator programme, there are now a number of primary care hubs offering 7 day additional access across Greater Manchester
- NHS England and the 12 CCGs of Greater Manchester have collaborated to develop 9 Greater Manchester primary care medical standards, which will be implemented by December 2017
- A training pilot for the primary care workforce has been delivered, designed to be an introduction to asset based approaches to frontline staff (currently being evaluated by the University of Salford)
- In response to the 2014 national Improving Care through Community Pharmacy call to action, the Greater Manchester Local Professional Network developed a six-point transformation plan that recognises how pharmacy can contribute to transforming health and care services
- The Dental Local Professional Network's (LDN) Baby teeth DO matter campaign to encourage oral hygiene routine in under-fives, has led to better quality, more easily accessed preventative primary dental care
- National Basic Periodontal Examination (BPE) guidance has been updated in accordance with the LDN's Healthy Gums DO matter pilot
- The Local Eye Health Network has collaborated with Health Education England (HEE) to develop the first, funded, non-medical prescribers programme for optometrists to enable them to better manage minor eye conditions in the community.

### New care models

We want to strengthen wider primary care provision to pro-actively manage patients in the

community and see the shift in people attending hospital who could be better supported in the community.

Fully integrated Locality Care Organisations (LCOs) will be established in each part of Greater Manchester. These organisations, including all health and social care providers in a locality will work together collaboratively to provide care to a defined population with primary care at the centre, predicated on the GP registered list. Each area will develop and design their own delivery models however there will be core features of these new organisations.

The development of LCOs will see a fundamental shift in the delivery of care within the community and go beyond delivering primary care at scale. The establishment of LCOs will enable conditions to be managed at home and in the community. Through pro-active risk stratification and population segmentation, locality teams will identify patients who require community needs management. Services and care pathways will then be deployed based on the needs of these cohorts.

Greater Manchester has been identified as an early implementation area for the new national Multispecialty Community Provider (MCP) contract. The MCP contract provides a new care model based on the population and patient needs and backed by new arrangement for funding, commissioning and contracting.

Two localities have been selected to receive national 'intensive support' for the delivery of the new MCP contract, to ensure national policy supports local delivery, to expose any local issues that may require national support and to develop examples of local solutions to share more widely.

As referenced in the primary care strategy (appended to this document), Our ambitions for Greater Manchester which include building a strong and resilient workforce, full population coverage of 7 day additional access and the implementation of the GP Forward View, will be delivered through our localities.

## **Adult Social Care**

Adult social care has a significant role to play and contribution to make around the transformation of services across GM.

In recognition of this, the 10 Greater Manchester local authorities are developing a social care core offer (including new models of care) that will support a significant pan GM transformation programme.

This work, built out of an earlier exercise to identify an initial cohort of eight key lines of enquiry, will ensure that by early 2017 a coherent and comprehensive strategic plan will have been developed, with an accompanying resource and implementation plans developed.

As part of this, and out of necessity, a number of priority programmes (including Care at Home, and Residential/Nursing Care) have been identified ,with immediate work being taken to develop programmes of work that will be implemented at pace.

To support the work around ASC at a sub-regional level, significant leadership capacity has been mobilised. This capacity, a key part, of the GMSCP Team ensures that ASC has significant and tangible linkages into broader programmes of work including winter planning

processes, improved joint discharge processes, and commissioning reform.

In addition governance structure to support an ASC transformation programme have been developed, with key lines of sight into existing structure identified and codified.

Implementation planning around this emerging programme will be available in early 2017.

### **Transformation theme 3 - Standardising acute and specialist services to the best evidence**

Hospitals across GM are working together across a range of clinical services to respond to the way care is being transformed in localities; to deliver seven day services; and to standardise and improve the quality, safety and efficiency of patient care, so that everyone in GM can benefit equally from the same high standards that are already provided in some of our hospitals.

This programme of transformation has 3 main pillars:

- **Specialised services** and the delivery of IOG compliance.
- **Healthier Together implementation.** The sector business will be completed by December 2016 and the transfer of high risk elective patients to Hub sites as defined in the agreed models of care will commence in April 2017.
- The **development of GM clinical redesign priority areas.** The identification and prioritisation of 8 clinical areas (paediatrics, maternity and obstetrics, respiratory and cardiology, MSK and Orthopaedics, breast, urology, neuro-rehabilitation and vascular) has been undertaken. Project initiation documents and the cases for change are in development. Upon completion, this will be aligned with the emerging service scope for each LCO to understand the system level impact of the reform of services and integration of health and social care.

### **Transformation theme 4 - Standardising back office and support functions**

Changes are already happening locally, but we will continue to explore how we can share ideas, ways of working, buildings, technology, research and development and training -making sure standards are consistent and high across GM, as well as saving money.

The main sections of this programme of work are structured around 5 pillars: Procurement, Hospital pharmacy, Pathology, Radiology and Corporate functions.

For pathology and radiology a baseline data collection exercise is in progress to inform the next steps for the programme.

The Corporate Functions project is aligned to the national work to develop a case for change for submission to NHS Improvement following a baseline data collection exercise. The baseline exercise and the case for change have been developed in conjunction with all 37 health and social care organisations in GM.

### **Transformation theme 5 - Enabling better care**

The enablers of Taking Charge are Workforce, IM&T, Estates Commissioning and Incentivising reform through payment and contracting).

It is also proposed that medicines management and optimisation is added as an enabling work

stream.

## **Workforce**

The pace and scale of change required to deliver on our health and social care commitments has inevitably focused attention on our capacity to integrate the health and social elements of the public service landscape. However, reform and devolution present a broader range of opportunities to consider how we drive the principles of integration across a wider range of issues

The imperative to create, at scale, a health and social care workforce which is enabled to work within a 'place based' care system, across organisational boundaries will require a shift in the way in which we are developing the workforce for the future. The GM Strategy provides the health and social care system with a unique opportunity to review and reimagine the type of workforce we require for the future by adopting a parallel approach to educational reform supporting workforce transformation for the current and future workforce, at pace and scale. This will include the need to triangulate finance, activity and workforce requirements and a level of assurance that the plans deliver any required financial savings, activity requirements plus quality standards through the various workforce proposals.

The implementation plan therefore supports the case to rapidly progress work to:

1. Develop a GM Workforce Strategy and Workforce Transformation Programme for health and social care;
2. Finalise the Memorandum of Understanding with Health Education England to cement partnership working in a practical manner;
3. Take stock on the current size and shape of the health and social care workforce, including both public and private sector, and key challenges faced by employers identifying potential future mismatches in supply and demand for health and social care workforce
4. Understand the implications of the GM strategy and Locality Plans on the required workforce both in terms of numbers and in skills and ways of working;
5. Development of a wider set of new roles aligned to new and emerging service models;
6. Develop a strategy and implementation plan in partnership with employers and education providers to ensure provision of robust education programmes aligned to the needs of emerging new service models and which aligns to emerging workforce demands. This will need to connect to new articulations/developments of professions such as health visitor, social worker etc as well as the development of new roles such as key worker;
7. Understand the requirement for pan-GM workforce approaches which reduces duplication across Localities and promotes a consistent management approach.

The Strategic Workforce Board has been operational since July 2016 and reporting to the Strategic Partnership Board, it provides the governance structure to deliver the strategic workforce agenda through creation of a GM strategic workforce strategy. The Board will also be responsible for operational oversight of specific workforce challenges within the system and will work with partners to facilitate appropriate solutions. Additionally, agreement has been reached to incorporate the Local Workforce Advisory Board into the new governance infrastructure addressing GM education, commissioning and transformation requirements.

The GM Workforce Strategy will also establish a framework so that as Locality Plans develop, there is a defined process in place which both supports and enables delivery of the Locality Plans. This will be an iterative process which needs to be flexible and adaptive and which can

facilitate delivery of the workforce transformation programmes being driven by Locality Implementation plans. There will be an assessment of the current workforce supply and future demands measured against the need to flex skill mix requirements to support future models rather than reduce workforce numbers as a consequence of austerity measures.

This will be underpinned by the Memorandum of Understanding with Health Education England which articulates the partnership arrangements with the Health and Social Care Partnership and promotes collaborative working with Higher Education Institutions, Further Education, and Skills for Care. Work programmes are in development to address the emerging workforce challenges and which will build upon the early transformation programmes undertaken by HEE in conjunction with the wider system. The MoU will also ensure incorporation of nationally mandated programmes into GM Workforce programmes, for example Shape of Caring, developments in the Mental Health Workforce and Primary Care.

Each of the 10 Localities in GM has produced their first draft of their Locality Workforce Plans and a number of key messages are emerging for the health and social care workforce:

- The need to develop consistent workforce intelligence and planning systems for application by all GM organisations (for example, WRaPT and the population centric workforce modelling tool to ensure focus on the place). This also includes development of workforce metrics to monitor locality performance on issues such as agency usage, sickness and absence, workforce gaps/challenges and where necessary establishing GM standards to improve performance.
- The need to understand the totality of the workforce – paid, unpaid, voluntary, commissioned.
- The importance of leadership development programmes covering all levels of the workforce.
- The need to ensure inter-organisational mobility and flexibility recognising the importance of being able to recruit, reward and retain high calibre staff within the system. Also taking into account the impact and challenges of introducing the National Minimum/Living Wage.
- The emergence of new roles and new models of care aligned to transformed services including 7 day access.
- Emerging clarity about the requirement of education and training investment to support delivery of the new models and transformation programmes
- The development of the GM talent pool and career development including the introduction of a pan-GM Apprentice programme (across health and the broader public sector) and acting as a pilot site to develop the new Nurse Associate role.
- The benefits of developing a staff engagement and OD strategy to ensure involvement of staff and trade unions, in the co-design and co-production of future service models. Building on the newly established GM Workforce Engagement Forum established to ensure continuation of partnership working with Trade unions.
- Emergence of new models to deliver corporate services to reduce duplication and improve efficiency in areas such as development of a single payroll function and recruitment hubs in conjunction with local authorities.
- Development of the GM Workforce Deal to clearly articulate the benefits of working (and living) in GM and reflecting the importance of ‘difference’ in the 10 localities in GM. This will incorporate the GM Streamlining programme to reduce duplication in recruitment processes and introduce the GM Passport.
- Recognising and valuing the importance of the health and well-being of our Workforce through a programme of work focussing on the benefits of a robust psychological contract and aligning with the requirements of the plans to radically improve population health.

## **IM&T**

IM&T is clearly recognised in the GM Strategic Plan as a key enabler to transformational reform across services.

In response to this we have developed a GM wide IM&T strategy that is focused on delivering the commitments within the STP.

The strategy has residents and patients at its centre, ensuring services support choice, control and independence.

It is built around five key pillars: Empower, Integrate, Connect, Collaborate and Understand.

The strategy was agreed by the GM Health and Social Care Partnership in June and we are now moving towards implementation.

A number of key priorities have been agreed within the strategy:

1. Delivering GM-Connect and the DataWell Programme: These two strategic initiatives are key elements of the GM-wide information and technology architecture. GM-Connect will support the transformation of GM public services. DataWell is an HSC informatics programme, designed to enable authorised health and social care professionals to appropriately share and view information about mutual citizens quickly and easily and is currently being piloted across a number of sites in GM
2. Implement the support systems needed to underpin all aspects of the GM information and technology strategy (as outlined in the diagram above)
3. Secure investment to support the development of place-based IM&T systems and architecture for integrated working at the locality level (i.e. not starting with a single top down system).
4. Accelerate the implementation of digitally based applications that deliver step improvements in productivity in the processes of care.

To oversee the delivery of the GM IM&T Strategy, a proposal is being developed for the establishment of an Architecture, Design and Commissioning Agency (ADCA). Although this proposal is currently being considered by GM, a single health and Social Care Architecture Design and Commissioning Agency (ADCA), with the appropriate governance arrangements and delegated authority in place would enable GM HSC to:

- Develop a consistent technical architecture for all health and social care related organisations in GM
- Take forward the GM level elements of the agreed GM HSC architecture through a single commissioning approach and implementation plan
- Develop consistent standards and understanding of requirements for the locally driven elements of the agreed GM architecture
- Advise localities on their strategies and proposed technology changes to ensure alignment with the GM IM&T Strategy
- Have a single point of contact for all HSC related issues with national and regional organisations, responding with a single partnership vice to consultation, proposals and requirements.

Provide a focal point for accessing and securing investment to deliver the required GM HSC architecture and for monitoring the benefits delivered as a result of that investment.

## **Estates**

The health and social care estate in GM is a critical enabler for the delivery of “Taking Charge”.

The significant quantum of estate from which care is delivered needs to be reshaped to respond to the planned transformation. The radical scale up of prevention, the delivery of integrated care in local neighbourhood teams and the standardisation of hospital based care will reduce acute hospital activity and length of stay for those that need to be admitted to hospitals.

The GM Strategic Plan will require a reconfiguration of the health and social care estate to ensure we can deliver our vision from a property base that is fit for purpose in terms of location, configuration and specification. The key features of estate changes necessary to deliver on the ambitions of 'Taking Charge' are that:

- through the combined effect of a radical upgrade in prevention, scaling up primary care, the integration of community health and social care and the standardisation of clinical support and back office services, there should be a reduced need for hospital capacity due to inappropriate demand; and
- there will be requirements for multi-purpose community based hubs accommodating integrated primary care, community health and adult social care services and enhanced provision of step down services preventing inappropriate demand for acute beds.

### **Estates Targeted Outcomes**

- Provide increased economic and social value through the re-use of surplus land and property for housing and employment opportunities
- Rationalise the surplus estate
- Use property as a catalyst for service transformation and integration
- Efficient management and utilisation of the public estate to reduce total property running costs
- Support improved health and social care outcomes

**An effective estates strategy is key to successful Devolution** - The MOUs, Governance and capacity we are putting in place are all designed to enable GM organisations to work more effectively together and deliver the estates changes required.

Devolution will enable us to manage the estate across Health and Social Care in a completely different way to facilitate the transformational changes required.

Maximising value from the public estate to underpin public service reform and economic growth requires new governance structures. New governance structures will enable public sector occupiers including providers, commissioners, local authorities and other local/national bodies to work together to make decisions in relation to land and property assets that are strategically co-ordinated and aligned to maximise benefit across GM.

Achieving the GM Estates vision is made difficult by both the complex structure of the health and social care system, and ownership of land assets, which can make the release of land for procurement, assembly, development and disposal challenging. The decision points and structures that are in place to govern the release and disposal of surplus estate are fragmented and provide a significant impediment for effective and efficient strategic planning purposes.

To address this fragmentation and ensure there is a more integrated approach to the use of the existing health and social care estate that can help enable transformational changes in the way in which services are delivered across Greater Manchester has developed a new Estates governance structure and developed two new MOUs, one with the DH and one between GM public sector bodies

**GM Estates Capital Investment Pipeline** - To enable Greater Manchester to deliver the service transformation required to implement its strategic plan a clear pipeline of capital estates projects is required. This will help to define the quantum of capital required for GM and will support the development of a Capital Financing Strategy for Estates.

The broad range of investment currently identified reflects the “top down” approach taken to date to estimate capital need. Further work to refine the overall extraordinary capital requirement for GM is ongoing via the development of Locality Implementation Plans, which will develop a “bottom up” project based estimate of need. A GM pipeline working group has been established with comprehensive membership from across GM public sector bodies. A GM wide spreadsheet to capture data on new transformational capital projects and consolidate data from existing sources has been developed. Strategic Estates Groups own the data at a locality level and are responsible for checking and updating the information. The spreadsheet excludes backlog maintenance.

A prioritisation exercise will be undertaken to clearly identify the essential Capital Estates Projects and the business case process will require robust justification for capital or revenue expenditure based on improving service provision, reducing demand and expenditure.

Given the lack of capital funding available across the public sector, work has commenced on a GM Capital Financing Strategy. This is required to enable the estate to be remodelled to better support new models of care and will include consideration of a Public Private Finance model for Greater Manchester.

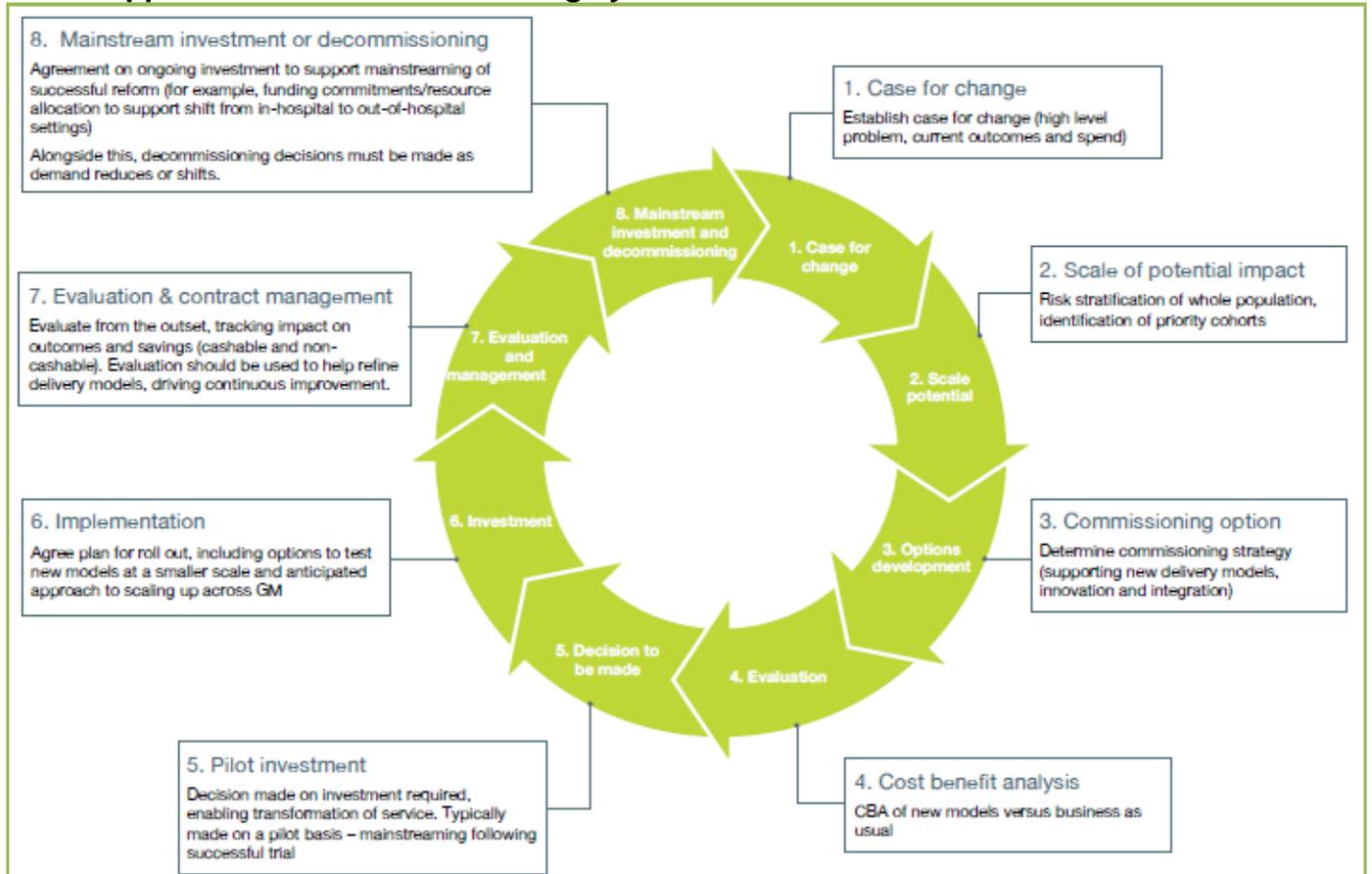
STP Estates Document submission – GM HSCP has completed the Estates Template which has been submitted as part of the October national STP submission. This provides details of GM Estates governance structure, plans, projects and key targets.

### **Commissioning for Reform**

With local services working together, focused on people and place, we want to transform the role of public services and take a more proactive approach rather than responding to crises. We want to transform the way we use information, empowering our frontline workforce to make more informed decisions about how and when they work with individuals and families. Building on the principles of early intervention and prevention, GM aims to deliver the appropriate services at the right time, supporting people to become healthier, resilient and empowered.

Our approach to commissioning must support this new era of GM public services. We must commission services at the right spatial level, in collaboration with one another, which support community resilience and wellbeing; and ensure a focus on the outcomes we are seeking to achieve for GM. Our immediate focus for jointly commissioned services during 2016/17 is specialised health services and primary care. But at the same time we aim to make significant progress on jointly commissioning other areas of activity.

## A new approach to the commissioning cycle



## Incentivising Reform

Both the GM plan and its constituent locality, provider and GM work stream plans describe the need to develop new models of care delivery and provision between primary, community, social and acute providers.

The successful delivery of new models of health and social care at locality, cluster and GM level will need to be driven through new, innovative, evidence-based contracting models and pricing mechanisms. The scope of these will need to be broad ranging covering all sectors and a wide range of providers.

Whilst there are a number of ways to contract for and pay for services, in GM we believe that there is a case to understand all the existing models and how they can be used to facilitate our new models of care, but also challenge our understanding of new and innovative models to ensure that we deliver a truly integrated health and social care service focused on outcomes and financial balance and sustainability.

The GM system in developing new models of care in each of our localities is looking to identify the contracting and payment mechanisms to implement those new models, but the approaches are currently not aligned.

This enabling work stream will support the implementation of our GM strategic and 10 locality plans, as we assert that the work to develop payment reform to align incentives and enable health and social care transformation is a key enabler to the successful delivery and

implementation of our GM and locality plans.

There are a number of approaches already in place and being developed across GM, for example:

- Bolton - A new contract between NHS Bolton CCG and Bolton NHS FT that combines activity and cost reduction incentives, with cost risk share and an agreed fixed income.
- Tameside & Glossop - High level outcome-focused cost & volume contract with floor and ceiling thresholds; risk sharing arrangements and high level outcome measures. The Tameside & Glossop locality will operate a single commissioning function under a single leadership to ensure resources are aligned. Tameside Hospital NHS FT became an Integrated Care Organisation (ICO) Foundation Trust on the 1<sup>st</sup> September 2016.
- Stockport - The development of a capitation based contract linked to an Outcome Framework for the Stockport locality. This will facilitate the commissioning of an MCP (Multispecialty Community Provider) as the key integrated provider of services in Stockport.

We will focus the work of this enabling work stream on a new model of care that all our localities are developing – the development of the Local Care Organisation / System (LCO / LCS)

Over the coming month's plans for the new care models, their organisational and contract form and incentivised capitation budget methods will develop. As they do we will increasingly utilise the flexibilities provided nationally to accommodate new models and develop appropriate approaches to contracting and payment. A significant degree of flexibility and adaptiveness will be necessary both within GM and nationally to ensure we avoid the risk of stifling the full establishment of the new care models by holding to the prevailing standard conditions.

The key deliverables for the work stream over the next 6 months are:

- Undertake a baseline exercise
- Develop a roadmap for the enabling work stream
- Develop a business case / MoU for the GM system
- Develop a repository of national and international good practice.

## **GM Transformation Portfolio - GM cross-cutting programmes**

There are also a number of cross-cutting GM programmes that are being orchestrated at a GM level, but delivered within and across localities:

- Mental Health
- Dementia
- Transforming Care
- Cancer
- GM Services for Children Review

The detailed milestones and delivery plans for each is in the appendix to this plan.

## **Mental Health & Wellbeing**

The Greater Manchester Mental Health and Well-being strategy takes a system wide approach to service delivery, focused on understanding the holistic needs of individuals and their families, within the context of the communities in which they live. The strategy was signed off

by the GM Strategic Partnership Board, following which GM has moved into the implementation phase.

A refreshed governance arrangement has been established led by a senior level Board, responsible for overseeing delivery and supported by an Implementation Executive which will take a programme management approach to delivery and benefits realisation. The Board also have responsibility for service user and family engagement, developing a multi-faceted approach that enables involvement.

Notable progress has been made in a number of areas including:

- System champions and leads for individual strategic initiatives within the strategy have been identified in the majority of cases
- Community, voluntary and faith sector conference held on 26 October
- Training provided in Salford, Trafford and Rochdale around the 24 / 7 telephone access to advice for GMP, NWAS and GMFRS
- Final stages of developing the Crisis Care Concordat Dashboard
- Developing approach to street triage
- Begun to develop a GM Mental Health Commissioning Framework
- Draft suicide prevention strategy and implementation plan
- Suicide prevention conference planned for 4 November
- Acquisition process for Manchester Mental Health and Social Care Trust undertaken
- Common standards for eating disorder and ADHD services and single specifications developed for children and young people
- Development work towards a system wide understanding of the Dementia United offer / model

Further detail on the GM approach to mental health is provided as an appendix to this document.

The detailed delivery plan is included within the GM delivery plan.

In developing the implementation plans for the strategic initiatives within the GM Strategy links will be made to the ambitions within the 5 Year Forward View for Mental Health launched in February of this year:

- A 7 day NHS – right care, right time, right quality
- An integrated mental health and physical health approach
- Promoting good mental health and preventing poor mental health – helping people lead better lives as equal citizens.

## **Children and Young People’s Mental health**

Progress to date:

- Review of current provision for 24 / 7 crisis provision and 7 day community provision has been undertaken to identify best practice and potential opportunities for GM wide approaches. Links with the wider GM Crisis Care Concordat work have been established
- GM wide workshop held to understand proposals for models of care for eating disorder services. In addition to which a self-assessment tool has been developed and completed by providers to determine levels of current provision. This has led to common standards for GM

being established to be delivered through service specifications across three clusters of localities which jointly cover all of GM

- ADHD clinical best practice guidance developed and used to benchmark current provision across localities. A single specification and proposals for commissioning of ADHD services is underway.
- A North West conference on Thrive has been held to understand the potential for a graduated response to need and the benefits this would bring.

## **Dementia**

Development work has taken place in Spring/summer to help the wider system understand the Dementia United offer/model. This focuses on 4 key outputs:

- Set of GM standards, which have been agreed in principle;
- Locality profiles highlighting variation;
- Proposed implementation model and
- Financial model.

In addition the more recently published implementation plan for the 5 Year Forward View for Mental Health identifies the potential investment required to deliver against the priorities within the strategy.

It is anticipated there is a need to invest an additional £1bn at the national level by 2020/21. The national implementation plan also breaks down potential investment requirements and savings to specific objectives which provide a useful start point for us to be able to pull together the cost benefit analysis for the GM strategy and therefore understand the potential requirement for support through realignment of existing organisational budgets and the GM Transformation Fund.

A national Mental Health Assurance Audit has been developed by NHS England to establish an assessment of the work taking place in 2016/17 to deliver existing planning commitments and work on preparing for future years. It focuses on areas where there is currently no national data available to measure progress and on areas where significant service development is being undertaken.

GM is participating in the audit to help us identify areas of good practice and areas where further improvement and support is required. The information gained through the audit will support the establishment of a mental health investment proposal to the GM Transformation Fund, which will provide resources to enable the delivery of the strategic initiatives within the GM Strategy and the implementation of new service delivery proposals, resulting in improved services to Greater Manchester residents.

## Transforming Care

In summer 2015 NHS England announced five '*fast track*' sites that would receive financial support specifically focused on transforming services for people with a learning disability and/or autism, challenging behaviour, or a mental health condition. Greater Manchester was successful in its application and was awarded £3m to initiate the delivery of a programme to significantly reduce the level of in-patient use and provision, and replace it with much strengthened community based services.

GM committed £3m of match funding from CCGs to support the initial transformation activity and a further £1m for the Calderstones redevelopment programme (in which there is an additional investment of £1m from Lancashire) as part of the National Transforming Care Plan. Greater Manchester's ambition for Learning Disabilities and Autism services is predicated on four key objectives:

- Improving in / out reach intensive support
- Expansion of community based accommodation - Key Achievements to date
- 60%+ reduction in non-secure beds
- 40%+ Reduction in the number of secure commissioned beds

So far we have achieved:

- Collaborative working actively in place across GM commissioners, providers and service users/families
- Positive trajectories being maintained for supporting people to leave hospital through reducing reliance on in-patient beds (excluding appropriate admissions for mental health in-patient treatment)
- Secure admission numbers already in line with National 'Building the Right Support' Plan ambition
- Since April 2015, more than 50 individual service users (previously admitted to both secure and non-secure services) have now been supported out of in-patient beds to community based placements or supported homes.
- Calderstones/Mersey Care Steering Group and new clinical model plans initiated
- GM Fast Track Board Governance model/TORs revised and integrated with new GM Devolution Partnership Joint Commissioning Board / Plan priorities
- Work stream action plans in place with detailed initial programme plans for all priority areas across 12 CCGs, 10 LAs and Specialised Commissioners

Building on the GM Fast-track, the Greater Manchester Strategic Plan identified learning disability/and or autism as a priority. In response to this GM is looking to take an integrated, whole system approach to addressing the needs of the whole population with LD and/or autism. The priorities for an integrated programme have been determined as:

- Building on and consolidating the initial success of the Greater Manchester Fast-track Plan Transforming Care work streams and ensure that the necessary links are made with wider key GM Devolution programme priorities.
- Alignment of existing LD and/or Autism service improvement programmes with the new broader joint GM Health and Social Care Governance arrangements, now led through Greater Manchester Health and Social Care Partnership and Joint Commissioning Boards. Importantly, this presents a significant opportunity to achieve greater benefits, improved patient outcomes and economic efficiencies only derived from commissioning services at scale on a broader footprint to common agreed standards, while still allowing for variation in locality delivery models

- Supporting the development of locality learning disability and action service development and improvement plans that inform and link to wider GM programmes
- Resolving the identified lack of robust detailed data across the GM system on existing investment on LD and Autism cohorts, where individuals/services are located and how they should be shaped over time to enhance quality outcomes and efficient resource use. This is essential as learning disability and autism support services can be expensive relative to wider adult social service costs - and thus a small increase in demand can generate significant costs for individual localities
- Developing collaborative value-based commissioning and provision across localities
- Support the transformation of the commissioning and provider landscape to deliver: better outcomes, integration, responsive services and needs-based care pathway models; aligned and pooled budgets; and community-based models of support that reduce the dependency of service users by looking at how other universal mainstream services can be strengthened
- Strengthening and embedding the active engagement with service users and their families in the all GM programmes
- Support the development of senior and focused expert leadership in learning disability and autism commissioning and provision across Greater Manchester

## Cancer

The GM cross cutting programme for cancer is built upon three key pillars:

- Reducing the number of people dying early from cancer, one of the seven population health outcomes identified in **Taking Charge**
- Taking opportunities to transform cancer services, as identified in the report of the Independent Cancer Taskforce **Achieving world-class cancer outcomes: a strategy for England 2015-2020, published in July 2015**
- The establishment of the National Cancer Vanguard, in which Greater Manchester is one of the three partner areas (along with the Royal Marsden Partners and University College of London Hospitals Partners)

A refreshed governance arrangement has been established via the GM Cancer Board. Following the dissolution of the separate cancer commissioning and provider boards, the new board integrates representation from people affected by cancer, commissioners and providers of cancer services, public health, primary care and cancer education and research. The GM Cancer Plan is being developed for the Cancer Board, with domains reflecting Taking Charge and Achieving World Class Cancer Outcomes. The aim is for this plan to be approved in January 2017, providing the required focus, priorities, objectives and outcomes for the transformation of cancer services in Greater Manchester.

The domains within the GM Cancer Plan, cross-referencing the Taking Charge themes comprise:

- Prevention
- Earlier and better diagnosis
- Improved and standardised care
- Living with and beyond cancer and supportive care
- Commissioning, provision and accountability
- Patient experience
- User involvement
- Research
- Education

Within the National Cancer Vanguard, the Greater Manchester team has developed a series of projects that will test innovative approaches supporting cancer commissioning and provision. Following successful evaluation, the learning from projects will be shared for replication in other parts of the country.

The projects comprise:

- Prevention
  - Raising awareness and changing behaviour
  - A citizen-led social movement
  - Enhancing cancer screening
  - Lifestyle based secondary prevention
- Cancer education

- Online education and information platform
- Earlier diagnosis
  - Query Cancer – rapid diagnostic clinics
  - Faster diagnosis
- GM cancer clinical standards
- Living with and beyond cancer and supportive care
  - Seven-day palliative care advice and assessment
  - New approaches to aftercare
  - Enhanced supported decision making
- Commissioning, provision and accountability
  - Reforming the commissioning landscape
  - Effective use of cancer budgets
- Cancer intelligence including patient experience and outcomes feedback
- Medicines optimisation projects

The GM Cancer Vanguard projects relating to reforming the commissioning landscape and the effective use of cancer budgets are addressing services to be commissioned and provided at GM, sector and locality level and the mechanisms to incentivise prevention and early detection / diagnosis of cancer, with the dual aims of reducing the incidence of cancer and improving cancer survival. This work includes making proposals for the establishment of an Accountable Cancer Network (ACN) that will be responsible for ensuring the delivery of the plan.

Following the establishment of the new board and in parallel with the proposals for an a ACN the current cancer pathway boards will be reviewed to ensure that the board focuses on the whole pathway, increasing the emphasis on early detection and diagnosis and living with and beyond cancer.

A significant development in the last year has been the establishment of the Macmillan User Involvement Programme. Within this programme recruitment and training has taken place for 20 members of the People Affected by Cancer Steering Group and recruitment and training of a further 100 people. Actively engaging with people affected by cancer is a key enabler to improving the experience and outcomes of cancer assessment, treatment and aftercare and this programme places GM in a strong position to realise this outcome.

Further detail regarding GM Cancer Vanguard is provided in the scope document produced in May 2016 as an appendix to this document.

## GM Services for Children Review

In the summer budget of 2015 it was announced that Government and Greater Manchester Authorities would undertake a fundamental review of the way that all services for Children are delivered in the region. Alongside Health & Social Care the Greater Manchester Review of Services for Children is a significant priority for the GM devolution agreement and the wider work on reform across Greater Manchester. The review looks at how to make best use of existing resources and transform services to focus on delivering the best outcomes and life chances and drive down variation across the ten boroughs. GM's aim is to develop a financially sustainable plan for services for children in the context of the current and future challenges and opportunities facing LAs and wider public services.

Since the announcement a set of proposals have been developed structured around interdependent key pillars each led by a GM Director of Children's Services. These are:

- Early help & Integrated health
- Education
- Youth offending
- Looked after children
- Complex safeguarding
- Quality assurance

These proposals for a 'whole system' transformation of services for children have been developed within a framework of locally accountable leadership, delivery and commissioning arrangements. Central to the proposals are the opportunities presented by undertaking commissioning and delivery at different spatial levels in GM whilst creating a different accountability model that can genuinely drive performance across the region. The proposals are based on a set of core principles.

- Whole system and whole family approach
- Providing services from pre-birth to 25 years, encompassing transition
- Built upon the foundation of a systematic early intervention and prevention capability, that is fully integrated with healthcare
- Children and families can access support early, with clear pathways to access increased support if needed
- Services commissioned based on outcomes and strong supporting evidence base
- Working with partners in collective responsibility to improve life outcomes for children drives up standards across GM and reduces variation
- Supports the work and skills agenda, and is fully aligned with the wider devolution agenda

There are inevitably strong links between the proposals within the GM Services for Children Review and the GM Health and Social Care Strategic plan priorities not least around Early Help and Children and Young People's Mental Health. In order to ensure that appropriate links are being made and that there is alignment in ambitions/proposals two GM Directors of Children's Services are actively working alongside the Health and Social Care programme including sitting on the Joint Commissioning Board and Children and Young People's Mental Health Board.

Progress

- Proposals have been formally submitted to DfE including a financial ask to support implementation - GM is currently waiting for confirmation of the funding envelope.
- A draft GM Early Help Strategy has been developed that supports the wider GM Health and Social Care transformation plans (Start Well, Live Well, Age Well strategy) including joint commissioning, mental health provision and population health strategy. Consultation with a full range of services and partner organisations is due to start during October.
- Three of the CYP strategic initiatives outlined above are being delivered through the review of Children's Services with progress updates being given at each CYP Mental Health Board meeting. These include 24/7 mental health crisis service and 7 day community provision, Eating Disorders and ADHD.

# MAINTAINING HIGH QUALITY SERVICES TODAY

## *Delivery of national priorities and guidance*

This Implementation plan outlines the means by which GM will progress confirmed national clinical priorities such as parity of esteem for mental health, improving cancer outcomes, transforming learning disabilities services and 7 day primary care services.

Through our deliverables and milestones, it confirms how GM will deliver the national requirements of the STP and the planning guidance. These include confirmation of how GM will secure progress against the nine 'must dos' described within the national guidance. In particular those relating to:

- Getting back on track with access standards for A&E and ambulance waits;
- Improvement against and maintenance of the NHS Constitution standards that more than 92 percent of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment, including offering patient choice;
- Deliver the NHS Constitution 62 day cancer waiting standard, including by securing adequate diagnostic capacity; continue to deliver the constitutional two week and 31 day cancer standards and make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.
- Achieve and maintain the two new mental health access standards: more than 50 percent of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within two weeks of referral; 75 percent of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within six weeks of referral, with 95 percent treated within 18 weeks. Continue to meet a dementia diagnosis rate of at least two-thirds of the estimated number of people with dementia.
- Develop and implement an affordable plan to make improvements in quality particularly for organisations in special measures. In addition, providers are required to participate in the annual publication of avoidable mortality rates by individual trusts.
- Confirmation of how, in relation to specialized services, GM will connecting to neighbouring STP areas to ensure clarity of approach to those services planned according to a footprint beyond GM; and
- Confirm the local ambitions to secure seven day services.

Within "Taking Charge" the GM Health & Social Care Partnership recognises the need to maintain high quality services and the direction of travel for urgent & emergency care transition. There are two specific work streams that jointly will allow us to maintain services whilst improving the urgent and emergency care services of tomorrow.

## *Improvement, Recovery and Delivery*

Within existing GMHSC partnership governance arrangements the Performance and Delivery Board is the monthly forum where constitutional mandate standards are reviewed along with the partnership outcomes, this includes the CCG IAF metrics. The emphasis of the meetings is to evaluate performance and delivery at a GM level, whilst providing a forum for GM to work as a collective system to achieve the common goals and ambitions of the partnership

and provide peer support and challenge. The Performance and Delivery Board have the option of initiating and directing performance taskforces to provide support where appropriate such as the Urgent & Emergency Care Task Force as outlined below.

Members of the Performance and Delivery Board are nominated system representatives from within each sector of the partnership to enable a genuine multi-sectorial approach, the members act in an advisory capacity and make judgements in relation to system challenges and risks.

A GM Assurance Framework has been created which outlines how the CCG Assurance process will be undertaken within the context of locality planning by holding quarterly meetings with the executive leads of GMHSC and the leaders of the localities. These meetings signal how we do assurance differently in GM, providing the opportunity to take a holistic approach that is cross-sectoral and covering all the bases of the Locality Plan, whilst still enabling the discharge of statutory functions. All partners have joint responsibility for helping each other transform and sustain the GM health and social care systems. The purpose of engendering mutual assistance and taking timely action where needed, should be as valuable as the formal act of annual assessment.

The assurance process will support conversations with other boards and allow for co-ordinated conversations to take place and avoid the need for multiple conversations, it will allow for a holistic approach whilst still enabling the discharge of statutory functions. Under the new GM arrangements NHS Improvement are involved in these meetings, along with support and input from other national bodies as required in order to prevent contradictory support/guidance.

The process recognises the Partnerships' duty to provide accountability to the population of Greater Manchester that transformation is being carried out on their behalf.

### ***The establishment of the Urgent & Emergency Care Task Force***

The establishment of the Urgent & Emergency Care Task Force has secured senior leadership from across GM health & social care and provides a clear statement of the importance of changing the way we deliver focused and efficient modern healthcare.

The Task Force is supported in maintaining high quality services by the work of the Urgent & Emergency Care Network and the 7 local A&E Delivery Boards. Greater Manchester has aligned with the National A&E Improvement Plan and is working to deliver the 5 key focus areas within that work stream:

- introduce primary and ambulatory care screening in A&E;
- increase the proportion of NHS 111 calls handled by clinicians;
- implement the Ambulance Response Programme;
- implement SAFER and other measures to improve in-hospital flow; and
- implement best practice on hospital discharges to reduce Delayed Transfers of Care

The development of the Urgent and Emergency care taskforce is a delivered example of how we are addressing our challenges as a health and care system to drive performance improvement.

We will mirror this approach for how we ensure improvement, recovery and delivery of services.

## ***Impacts of the Transformation***

The development of the governance components relating to delivery and assurance aims to ensure a coordinated approach towards improvement, performance and delivery.

The Strategic Partnership Executive will have a comprehensive and timely overview of issues.

The Performance and Delivery Board will have ownership of the assurance framework which will provide a shared source of intelligence to drive the work of the related assurance and delivery groups, this will be supported by a balanced scorecard which will focus on the key areas of system performance, finance, transformation and quality.

A performance dashboard is being developed to provide oversight to the Performance and Delivery Board. The dashboard is intended as a focal point for joint work, support and dialogue between the Partnership and localities.

The dashboard will encompass the four elements of system performance, quality, finance and transformation. It will cast across public health, NHS and social care.

The performance dashboard must flow from the agreed outcomes framework and plans are in place to broadly align the outcomes with the performance metrics. The outcomes framework will be a value measure to the progress and impact of transformation schemes and act as a longer term indicator of the success in achieving the ambition of improving the health, wealth and wellbeing of the population of Greater Manchester.

The metrics agreed and documented within each Investment Agreement will form part of this wider GM performance and delivery process.

## ***The 2017-2019 planning approach***

The GM Sustainability and Transformation Plan (STP) is Taking Charge and this was approved by the GM governance and NHS England (through the Programme Board) in December 2015. The accompanying Strategic Financial Framework was the basis upon which we have agreed a Transformation Fund of £450k with NHS England, in order to accelerate our system reform plans.

The Strategic Financial Framework is our top-down modelling of our forecast 5 year financial challenge and a breakdown of the types of interventions that we would look to take forward to close that gap.

The Framework was used to develop a template for the localities to describe from a bottom up perspective how they would address those challenges and in the main the bottom up and top down align.

The starting point for the GM approach to the 2017-2019 planning round will be Taking Charge and the 10 5 year Locality financial plans ('roll-ups).

The roll-ups detail the locality forecast 5 year do nothing financial challenge (or gap) as a whole. It is then broken down by organisation (CCG, NHS acute provider and LA). The plans then outline the interventions that will take place (via POD) to close that forecast gap by organisation in finance and activity terms.

This is demonstrated on an annual basis.

In response to the national planning guidance, the GM Health and Social Care Partnership Team has issued a letter to our 37 organisations confirming how as a system, we will approach the planning round.

Taking Charge is the plan for GM as a place. Implementation of that plan cannot be progressed solely through the NHS Operational Planning process and this will affect the detail of assumptions feeding the returns. The timeline for full confirmation of agreements recognises council budget setting processes and alignment to new care models to which local government will be a partner commissioner and provider. Operational Plans will increasingly reflect on the GM expectation of new models of joint commissioning arrangements in each locality, a theme that is reflected in each one of the locality plans. Operational Planning will be used to support the progress at pace and scale of new place based commissioning arrangements. Furthermore given that such arrangements are a cornerstone of the GM plan, GM will actively encourage and enable such arrangements to develop, including through the targeted deployment of the transformation fund;

A key planning assurance test will be the alignment and consistency of the five year finance and activity plans (as per locality roll ups once finalised in October to the HSC Partnership Team) with the two year operational plans submitted in December.

The two year operational plan will be considered to have been built out of the five year finance and activity plan which we are currently finalising, and that both sets of submissions are consistent, demonstrating the robustness of the locality and GM plan.

GM has an approach in train now to implement the Strategic Plan at both Locality and pan-GM level. This is robust, connected to the Transformation Fund and GM's formal governance. It increasingly deepens the clarity of investment, action and impact required to realise the objectives of GM's plan. The NHS Operational Planning process is a necessary contribution which allows us to be informed by the national picture and confirm the alignment through organisations, localities and the aggregate GM picture but needs to be undertaken in a way which serves, and does not unpick, locality plans and GM's strategic objectives. The alignment of process is illustrated in headline terms below.

For clarity, the two year operational plan will be considered to have been built out of the five year finance and activity plan which we are currently finalising, and it is critical that both sets of submissions are consistent, demonstrating the robustness of the locality and GM plan.

The HSC Partnership team have developed a process to ensure a triangulation between our strategic and operational plans during October and December. However, Greater Manchester will fully commit to the key national timelines and objectives as per Taking Charge and this operational narrative, such as:

1. The nine 'must do' priorities for 2017-19:
  - Produce a **sustainability and transformation plan** for the local area
  - Return to **aggregate financial balance**
  - Address the **sustainability and quality of general practice**
  - Deliver standards for **A&E waits** and **ambulance response times**
  - Improve performance against **18-week Referral to Treatment** standard
  - Deliver **cancer waiting times** standard and **one-year survival rates**
  - Deliver on the new **mental health access** standards and **dementia** diagnosis rate
  - Improve care for people with a **learning disability**

- **Make quality improvements**, including publishing avoidable mortality rates (providers)
- 2. The deadlines for submissions to the Strategic Plan/STP national process
- 3. The deadlines for Operational Plan submission
- 4. National business rules (although GM is encouraged by NHS England to be a trailblazer for those rules to apply only at aggregate level within a System Control Total).
- 5. The deadlines for contract sign off
- 6. Compliance with NHS requirements as part of the current Government Mandate to NHS England.

### ***Risk management***

The GM Health and Social Care Partnership Team has a comprehensive risk register that describes the scale of the transformation (strategic risks) alongside the business as usual delivery (operational) risks.

All GM localities have a locality strategic risk register alongside the individual organisational risk registers that are in place - the locality risk registers can be accessed through the locality plans.

The next step is to align the Partnership Team risk approach with the locality risk approaches to create a GM approach to understanding and mitigating our system level strategic and operational risks.

A Board Assurance Framework is in development for GM to identify the strategic risks for delivery of the locality plans and the GM programmes / themes and the operational risks across Greater Manchester.

This will include controls, assurances, positive assurances, gaps in control and gaps in assurance providing overall assurance of the management of the risks identified. Where gaps in assurance and control are identified these will be mitigated appropriately through actions, with overall risk position and progress reported through the GM Strategic Partnership Board.

There will need to be a place where there is oversight, scrutiny and challenge on the Board Assurance Framework and a clear set of actions to manage and mitigate the risks.

### ***Specialised Commissioning***

GM has developed clear governance arrangements for collaboration with regional and national colleagues on specialised services with specific local responsibilities for GM Specialised Services ('basket 1 services')

The GM HSC Partnership team is working alongside the national specialised commissioning team to ensure approaches are consistent and aligned.

In order to ensure the specialised commissioning that is commissioned at a GM level is aligned to the standardisation of our acute and specialised services programme, the governance for the specialised commissioning work will be aligned to transformation theme 3.

## GM FINANCIAL PLANNING

### *Update from September*

Following the 16th September submission, STP footprints have been required to submit a further iteration of the STP including the financial and activity return. Provider control totals and commissioner drawdown limits have been issued within this timescale, where appropriate, plans have been amended to reflect these control totals.

### *GM health and social care financial bridge update*

Following the resubmission of locality plans the individual GM organisation 'do nothing' and 'do something' plans have been amalgamated within the STP return; a summary of the figures is given below:

|   | £000s             |                |                 |
|---|-------------------|----------------|-----------------|
|   | Do Nothing        | Solutions      | Do Something    |
| Commissioner surplus/(deficit)          | -241,272          | 279,822        | 38,550          |
| Provider surplus/(deficit)              | -655,739          | 602,873        | -52,866         |
| <b>STP NHS surplus/(deficit)</b>        | <b>-897,011</b>   | <b>882,695</b> | <b>-14,316</b>  |
| <i>Potential STF Allocation 2020/21</i> |                   |                | 170,000         |
|   |                   |                |                 |
| Social Care surplus/(deficit)           | -176,350          |                | -176,350        |
| <b>STP surplus/(deficit)</b>            | <b>-1,073,361</b> |                | <b>-190,666</b> |

Health gap: The health-only gap at 2020/21 is forecast to be £897m deficit; after solutions, this is forecast to be a £14m deficit in 2020/21.

Health and Social Care gap: If the social care financial challenge of £176m is included in the position then the GM Health and Social Care gap at 2020/21 is forecast to be a deficit of £1,073m.

The social care gap is the same in the 'do nothing' and 'do something' scenarios. This is due to limited information being available to identify solutions to the financial pressures within social care. The 'do something' includes additional protected social care funding but does not address the efficiencies required to close the social care gap.

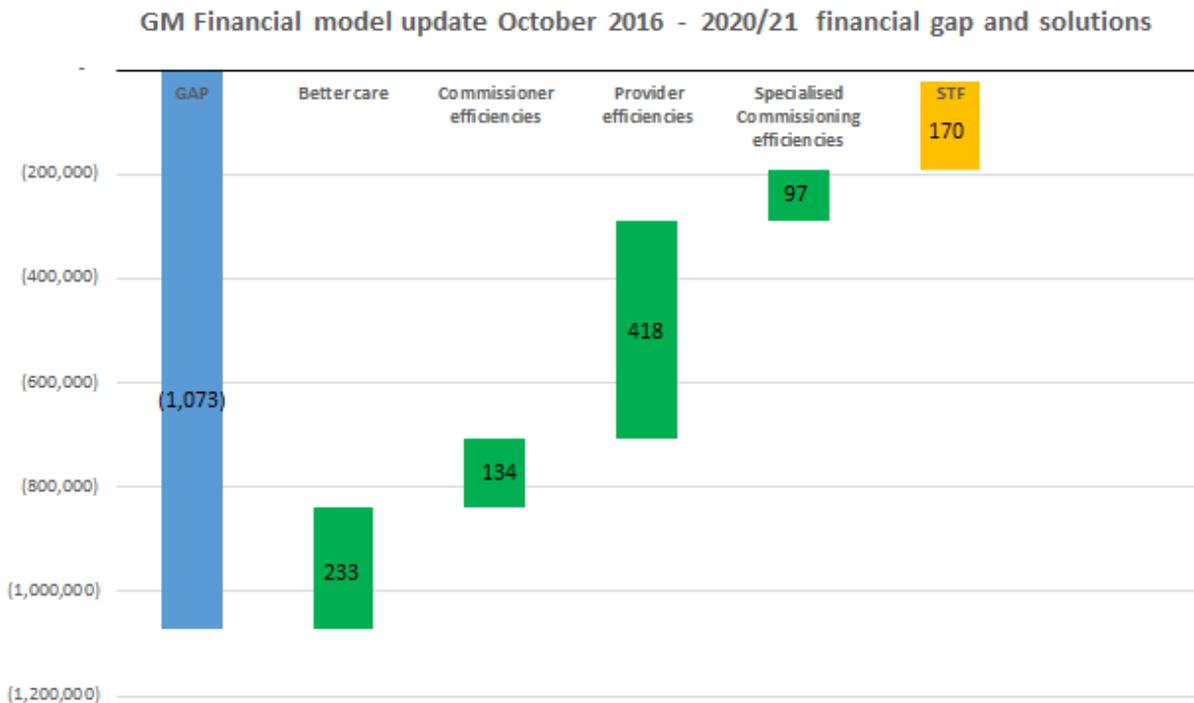
As described in 1.4 above, the financial challenge of £2bn described in "Taking Charge" is reduced to the £1.1m detailed above due to the different assumptions underpinning the modelling.

GM has been allocated STF of £170m in 2020/21. This additional funding would potentially generate a GM NHS surplus by 2010/21, however, given the level of risks and uncertainty in assumptions this funding should be considered a contingency. There remain significant issues with Social Care including the profiling of the Social Care gap and the mechanism by which Social Care precept and Better Care Fund (BCF) will impact. These factors could undermine GM transformational efforts over the next 18 months and potentially jeopardise the achievement of NHS savings over the four years.

## LOCALITY PLANS

The solutions to the financial challenge submitted have been entirely drawn from locality plans. This results in a financial bridge that is composed of ‘bottom up’ locality solutions with no solutions overlaid on a ‘top down’ GM basis. Whilst it is important to note this progress with locality ownership of solutions, it is still acknowledged that there is a variety of maturity in locality financial plans and some of the solutions within locality plans are not yet fully worked up.

The below bridge diagram illustrates the revised GM health and social care financial gap and solutions to bridge the gap. The solutions are derived directly from locality plans, hence are generated and owned by the health and social care organisations within the locality. The £170m STF referred to in 2.6 above has been included but should be considered a contingency amount only.



### GM transformational themes

In the original bridge there were a number of solutions to the financial gap which were described as ‘transformational themes’. These include acute reconfiguration (Theme 3) and pan-GM provider efficiencies (Theme 4). These themes remain the key building blocks of financial and clinical sustainability within GM; however these have now been subsumed within provider savings along with the ‘business as usual’ (BAU) efficiencies.

The additional savings previously identified at a GM level which have been removed from the STP submission however work needs to continue to ensure the maximum benefit can be derived from GM level efficiencies over the next 5 years. These will provide an element of mitigation to the risks identified within current locality plans.

### Phasing of the solutions

The phasing of the GM solutions is per the below table:

| <b>Solution</b>                        | <b>2016/17</b> | <b>2017/18</b> | <b>2018/19</b> | <b>2019/20</b> | <b>2020/21</b>    |
|--|----------------|----------------|----------------|----------------|-------------------|
| Better care                            | 0              | 199,102        | 256,730        | 267,718        | 233,259           |
| Commissioning efficiencies             | 0              | 32,151         | 65,160         | 99,056         | 134,066           |
| Provider efficiencies                  | 0              | 99,208         | 202,057        | 308,218        | 418,335           |
| Specialised commissioning efficiencies | 0              | 22,700         | 46,390         | 71,107         | 97,035            |
|  | <b>0</b>       | <b>353,162</b> | <b>570,337</b> | <b>746,099</b> | <b>882,695</b>    |
|  |                |                |                | <b>GAP</b>     | <b>-1,073,361</b> |
|  |                |                |                | <b>Deficit</b> | <b>-190,666</b>   |

With regards to the above table, solutions are being delivered in 2016/17; however as noted in 1.4 above, the STP required that the 'do nothing' and 'do something' plans for 2016/17 were both equal to the organisational plan submitted to the regulator, i.e. both contained solutions so the incremental impact is zero.

### ***Risks and mitigations***

The following risks and mitigations have been identified:

- A number of GM providers are currently in discussion with NHS Improvement regarding their control totals and STF for 2017/18 and 2018/19. The current provider plans included within the STP do not include £42m of the £93m STF available for GM as the control totals for these providers represent a material difference from current locality plans. Where the receipt of STF has been assumed in the STP this has not yet been confirmed by individual organisations agreeing to control totals. However in these cases the NHSI control totals are broadly aligned with the locality plans. GM continues to work with providers and NHSI to agree control totals for the next two years. It is our intention through these discussions to:
  1. Maximise the opportunity for GM to access sustainability funding for local providers;
  2. Allow for alignment between locality plans (including Transformation Fund investment agreements) and locality control totals for providers and commissioners;
  3. Allow in year flexibility to protect draw down of STF monies agreed for GM and to allow for local management of service changes.
- The STP submission required the estimated investment required to deliver the five year forward view requirements ('national must dos') in order to estimate the level of transformational funding required to deliver these priorities. GM has already secured £450m of transformational funding as part of the Devolution agreement.

As part of the investment agreements that localities are required to sign to access this funding, they must also sign up to delivery of these priorities. Where localities have not yet submitted applications to the Transformation Fund, they have not included transformational funding in their plans and may not have included the full cost of delivery of these national priorities. As locality plans mature and transformation funding is agreed, the GM financial model will need to be updated to reflect any further costs. Until all localities have agreed Investment Agreements there is a risk that the cost associated with the delivery of these 'must dos' have not been captured in full in the locality submissions and therefore the STP. The £170m recurrent funding added to the GM solutions in 2020/21 represents the expected value of the national sustainability and transformation funding of £3.8bn following the end of the STP period

- Recurrent delivery of the 2% BAU efficiency requirement by GM providers will present a challenge due to the previous work on efficiency that providers have undertaken. Whilst there is variation in the level of efficiencies that providers have been required to achieve in previous years, it is acknowledged that future years efficiencies will need to be transformational in nature in order to deliver savings.
- Alignment between provider and commissioner plans is variable with some specific areas (e.g. NE sector) not currently aligned in terms of commissioner expenditure and provider income. GM is working with the NE Sector Board to aid resolution of these differences.
- There is also the risk that the STP is not consistent with operational plans that organisations are currently in the process of submitting. Where there are areas of significant misalignment, this will need to be revisited as operational plans are submitted (and reconciled to Investment Agreements for localities that have been funded).
- There is likely to be an element of double count within all solutions contained in locality plans. This is likely to manifest within activity where activity flow increases and decreases have not been consistently modelled between providers; Healthier Together is an example where this is likely to occur.
- As described in 4.2 the solutions identified in the STP are solely those contained within the locality plans. Whilst this is a significant step forward from a plan predicated on GM level top down assessments of savings from Theme 3 and Theme 4. It will not include the opportunities presented by pan GM work in those two themes. This represents an opportunity to mitigate the risk described above.

Work continues to further quantify these risks and mitigations to ensure the financial plan is as robust as possible.

### ***Capital***

The level of capital included within the return remains at £1.6bn as per the previous submission; this comprises of £900m BAU capital and £700m capital required for transformation. It is acknowledged that this figure does not take into account the expected impact of efficiencies made from improvements in utilisation of existing estate; this is one of the issues that will be addressed by the GM estates strategy along with flexibilities for off balance sheet funding.

Consistent with GM's requirement to access their share of the digital integration fund and transformational funding, we will ultimately expect to gain control of a delegated GM share of national capital and Capital Departmental Expenditure Limit (CDEL) – i.e. the ability to spend capital funds, for local allocation.

### ***Transformation Fund***

The GM Transformation Fund became operational in April 2016 following the successful delegation of transformation responsibilities to the GM Health & Social Care Partnership. A process was set out to govern how localities, themes and programmes across GM access this funding to drive the delivery of their respective Locality or transformation plans.

A number of proposals have been received and are being progressed through this process:

- Salford Together – awarded £18.2m over 3 years (July)
- Stockport Together – awarded £15.8m over 4 years (July)

- Tameside & Glossop Care Together – awarded £23.2m over 4 years (Sept)
- Manchester – awarded £2.9m development funding for their Single Hospital Service (Sept)
- Wigan Integrated Care Organisation – proposal currently under assessment

Other Localities and Themes are continuing to develop and finalise their respective plans and the partnership team is continuing to provide support and guidance as needed.

We anticipate further proposals from other Localities in the next few months, including Oldham, Bolton and Manchester. We also expect a number of proposals from the GM Themes and Enabling Programmes.

Whilst the process has progressed over the last few months, the partnership team recognised the need to take stock and consider how the process could be further strengthened and improved. The lessons learned have been reflected in the process going forwards and have been communicated to all Localities. These include an alternative approach to independent assessment; clarity over funding of Programme/PMO costs; alignment of investments with the national priorities and access to development funding for Localities, Themes and Programmes.

#### Monitoring the Impacts of the Transformation

Following the approval of a Transformation Fund proposal, an Investment Agreement is signed between the GM health and Social Care Partnership Team Chief Officer and the Accountable Officer in a locality.

The main heads of terms for the Investment Agreement is standard, but there are four schedules that are unique to each locality and their Transformation Fund proposal that demonstrate what the locality will deliver through their locality plan and as a result of Transformation Fund investment:

- Schedule 2 – the programme and metrics for measuring performance
- Schedule 3 – implementation milestones
- Schedule 6 – Delivery of national requirements
- Schedule 7 – the governance, decision-making and mechanisms for accountability within the locality

For schedule 2, GM has developed a Monitoring Framework which describes the impacts of the transformation and draws together key metrics:

- Outcomes and prevalence – confirms the highest level ambitions within the GM Outcomes Framework and identifies specific measures relating to the prevalence of health conditions which impact on those outcomes;
- Activity – tracks the changes in activity as we introduce increasingly anticipatory and preventive care and support resulting in reductions in reactive services;
- Configuration – the realisation of sustainable changes in the relative capacity across the GM system as activity shifts become sustained, such as bed capacity across the provider landscape;
- Productivity – tracks the benefits of productivity and efficiency gains through the deeper collaboration between GM organisations; and
- Overall finance – clear and transparent reporting on the progress to close the projected financial gap as well as tracking the specific impact of the Transformation Fund investments.

Attached as an appendix is the Investment Agreement agreed with the Salford locality.

### ***The GM approach to operational planning 2017-2019***

There is a specific requirement for the GM approach to operational planning for the 2017/18 and 2018/19 financial years to be coordinated, aligned to the five year STP plans and reflective of the different approach GM needs to adopt to operational planning due to the devolution process.

Specific guidance and information exchange sessions are being held to ensure organisations are fully briefed on the GM approach and their two year Operational Plans are aligned and derived from the five-year STP plans. Due to the timing of the different plans and the requirement that the five year STP plan is before the Operational Plans, there is likely to be a review of the STP five year plan towards the end of the 2016/17 financial year.

GM is in discussion with both NHSE and NHSI regarding the CCG and provider control totals and the flexibilities that may be available for consideration of both their allocation and achievement.

# COMMUNICATING AND ENGAGING ON THE CHANGES

## *Background and summary*

This section updates on the Greater Manchester (GM) communications and engagement undertaken with staff, stakeholders and public following the publication of the ten GM locality plans and the ambitious [\\*Greater Manchester Health and Social Care Strategic Plan](#) (\*draft in December 2015 and revised following engagement feedback in June 2016).

To recap on the June 2016 update, the scope of the Greater Manchester Health and Social Care (GMHSC) Partnership programme and devolution deal, and the many workstreams and projects involved, is such that engagement must happen at many levels and be delivered by many different organisations and teams. The GMHSC Partnership Communications and Engagement Strategies reflect these levels using a four tiered operating model approach to both communications and engagement. This model includes national, GM, place and organisation, within the GM Strategic Partnership Board member organisations, and where appropriate, communications to the public, stakeholders and our workforce always place the 'story' in the context of these different levels, linking the organisational narrative to the place and GM and vice versa.

Since the last update, the early insights from our Greater Manchester Taking Charge Together engagement highlighted that the majority of people in Greater Manchester say they are not active enough and they want to be more active. During June and July 2016 we held a further on-line workshop as a follow-on conversation with staff and public about how to get GM Active, what are the barriers and their ideas on how to overcome them? The feedback highlighted three top barriers – confidence, time and place to be more active, with confidence and self-belief as foundational factors that impact how people see all other barriers and opportunities. Many contributions to the conversations suggested specific solutions for these barriers. The results have been shared [here](#) and are being used to help inform future plans.

One of the Taking Charge insight recommendations said that the public and staff want a channel to be able to share their insight or experience from the front line, empowering them to have a voice, so that decisions about the future are made with them and successes are heard, celebrated and scaled. To enable this we are investigating setting up a GM wide digital engagement platform which could be used by all partners to support further conversations with staff, stakeholders and the public to generate mandates and actions from their feedback. This platform will reflect the desire the GM organisations have to engage more effectively across GM – and to do it in a more consistent way. It also reflects feedback from our workforce and wider public that they would like an ongoing opportunity to engage quickly and directly with GM leaders. A digital platform would be one of the many different on and offline tools and channels at our disposal to use as part of a GM wide engagement framework, working across the GMCA, GMHSC Partnership and associated partners.

We have also developed ongoing relationships with voluntary and community organisations, teaming up with Health Watch across GM to engage with diverse, seldom heard people across the region. These networks will continue to be used to engage with and involve people in health and social care, but in particular when there are changes and developments to services – see the appendix for an example of this in the Bolton feedback.

To help the delivery of our communications and engagement (CE) plans, the GM partners Strategic Communications and Engagement Leads meet monthly, involving 37 NHS and local authority organisations and supporting partners followed by the NHS and locality leads working group. These groups enable opportunities for all partners to share updates, ideas, learnings, best practice, training and development, focusing on how we can work effectively and consistently across GM. The GMHSC Partnership Associate Director of Communications and Engagement reports to the GM Communications Board, Strategic Partnership Board and other relevant governance boards to seek agreement on communications and engagement decisions that need GM-wide commitment.

### ***GM locality feedback***

The ten GM localities are continuing with their engagement of the Taking Charge plan and their locality plans. This includes CCGs and local authorities, supported by Trusts and other partners and it has so far involved at least 300 face to face meetings, forums and events with public and staff across GM, and with more planned for the future.

The ten localities of GM include Bolton, Bury, (HMR) Heywood, Middleton and Rochdale, Manchester, Oldham, Salford, Stockport, Tameside and Glossop, Trafford and Wigan.

Here are some examples of ongoing GM locality engagement;

In Bury, Locality Plan development workshops have taken place with a range of stakeholders, and local providers and a number of locality plan proposals have been developed around topics such as asset based communities and designing engagement mechanisms with service user groups and community groups to share and spread best practice.

Healthwatch Bolton and Bolton Community Voluntary Services are working collaboratively on a project supported by NHS Bolton Clinical Commissioning Group (CCG) and Bolton Council. The project aims to focus on the development of a joint framework for engagement and how that aligns to communications across the Greater Manchester Health and Care Partnership programme plan, the Locality Plan, the Health and Wellbeing strategy and Bolton's Vision Strategy.

Engagement events have been organised in all the Heywood, Middleton and Rochdale 'townships' to reach out to wider communities. These events were a useful barometer in testing the views on the directions of travel for Greater Manchester devolution and more locally in Heywood, Middleton and Rochdale.

Manchester are developing proposals for the Single Hospital Service in Manchester, ensuring that key stakeholders were engaged and involved in the process of identifying the implications of a single hospital service model. A similar process has been undertaken to inform and guide the development of Local Care Organisation in Manchester which is being established to run newly formed integrated health and social care in the 12 neighbourhoods across the city.

In Oldham, they are devising new pathways across health and social care and helping shape the overall operating model and strategy of the Integrated Care Organisation. The Integrated Care Organisation (ICO) partners held a series of four public workshops in July 2016. These focussed on devising new pathways across health and social care and helping shape the overall operating model and strategy of the ICO. These workshops focussed on Children and Young People,

Urgent Care, Long Term Conditions and Elderly Care. They are also engaging with Patient Participation Groups and through the ongoing programme of outreach to voluntary, community and faith groups.

Salford launched their Salford Together partnership with Salford City Council, NHS Salford Clinical Commissioning Group, Salford Royal NHS Foundation Trust and Greater Manchester West Mental Health NHS Foundation Trust. Together, this partnership is working to transform health and care. The integrated care model has been tested and refined in Swinton and Eccles, which account for 40 per cent of older people in Salford. The successes and challenges of implementing integrated care in these areas has been fully evaluated and local people have been engaged to help develop the model and shape various aspects of integrated care, in particular, shared care plans. Salford has also been working more closely with local businesses and places of interest that come into contact with older people to engage and share information.

Stockport has built into the engagement governance the appointment of a Citizens Representation panel and business cases and plans always go through the citizen's panel first to ensure that their views can be reflected into the final proposals. Stockport's GP practice staff are also working alongside public health colleagues and members of the community to develop 'walking to health' groups in practices.

Tameside and Glossop undertook a system-wide workforce engagement programme, supplemented by a specific engagement event for clinicians. They have commissioned a 'Chimp Management' personal development programme for clinicians and senior leaders to support them to become effective 'system leaders' within the future Tameside Health and Social Care System.

In Trafford there is a clear direction of travel in their Plan which centres around five main foundations; including the Trafford Co-ordination Centre, Primary Care New Models of Care and the integration of health and social care. They have engaged with public and stakeholders with drop-in sessions regarding the South Trafford Health and Well-being Centre and the integration of health and social care services, but all elements of the Plan were discussed in various conversations as they all interlink. The CCG's member practices are fully engaged with the New Models of Care plans, with the most recent engagement event being in September.

The Deal for Health and Wellness builds on the Wigan Deal and is the key vehicle for engaging with the public on the Wigan Locality Plan. It sets out what Wigan will do under the Locality Plan to improve services and what they need them to do to improve their health. The main activity for the Deal for Health and Wellness was #Wellfest in September.

The GM key themes feedback that is emerging includes:

- General consensus that the main themes of integration of commissioning and delivery of services, prevention rather than intervention, ensuring a choice of services, supporting a personalised approach, are the right ones.
- Localities are entering a period where significant resource and integration between health and social care, will be used to drive this forward.
- Access to GPs: a large amount of discussions and feedback centred on issues of getting a timely appointment to see GPs.
- Community Assets: feedback highlighting the importance of being able to access green space, supplemented by better access to community facilities, such as leisure centres, pools and gyms.

- More work on prevention, in particular with young people and schools.
- Vulnerable people and those with long term conditions and mental health conditions should be prioritised.
- Barriers to people empowerment and control included; living wage, transport, child care and information/knowledge about what is available locally.
- People value accessible local services which meet their needs, especially during crises, want to feel engaged and informed in relation to proposed changes and decisions about the future of Health and Social Care and are keen to understand more about what is available to support them within their local communities

This summary is just a snapshot of the continuing communications and engagement work in GM localities with staff, stakeholder and public involvement around the key transformational themes. The appendix includes a more detailed summary of this continuing engagement.

### ***Next steps***

GMHSC Partnership will publish a Taking Charge six month review, following the launch of our Strategic Plan back in December 2015. It includes an introduction to GMHSC Partnership and management team, what Devolution means for the public. It highlights our achievements to date and what we will aim to achieve in the future. It will be published as a full report and a public friendly version following the Strategic Partnership Board on 28 October 2016.

We will continue to seek agreement and funding for a GM wide digital engagement platform.

Another Taking Charge feedback recommendation was to train the workforce in design thinking and behaviour change; to make things more human and help build people’s self- confidence. To support the workforce to delivery this, GMHSC Partnership will be working with the GM Commissioning Academy, part of the North West leadership framework, to help commissioner’s co-design intervention services that build confidence and empower people.

To support requirements at a place based level to ensure resources are in place to deliver engagement and consultation requirements we will be delivering high level training sessions for GM Programme Leads, locality plan responsible officers and other appropriate leads.

The sessions will cover:

- Statutory requirements
- Risk
- Role, responsibility and accountability
- Frameworks for engagement and consultation
- Capacity and resources

We will also co-design an engagement toolkit with partners to share best practice across GM.

## **9. SUMMARY**

This plan is correct up to October 2016 and is an update to the first version presented in June 2016.

This will form part of the Greater Manchester October STP submission to the NHS Board.

### **OCTOBER 2016**

## **Appendices**

The following documents form the set of appendices to support this Implementation and Delivery narrative. They have been circulated through the GM HSC Partnership governance.

- i. HSC Transformation Programme and Delivery Plan*
- ii. GM HSC Partnership year 1: 6 month review*
- iii. GM MH Strategy*
- iv. GM Primary Care Strategy*
- v. Salford Transformation Fund Investment Agreement*
- vi. GM Accountability Framework*
- vii. GM Outcomes Framework*
- viii. GM draft Board Assurance Framework*
- ix. GM HSCP governance paper*
- x. GM Communications and engagement strategy*