

Taking Charge -
A six-month progress report
April to September 2016

Greater Manchester
Health and Social Care Partnership

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Foreword

“ We have now started a new era in which Greater Manchester has the opportunity to take charge of and make its own decisions about health and social care in the region.

That’s both a privilege and a challenge, as we seek to tackle the degree of inequality that means life-expectancy varies by up to a decade across Greater Manchester.

We have taken on this responsibility at a time of severe resource constraint within the public sector. But we are in this for the long term, believing that the can-do attitude and spirit of Partnership working that are staunch characteristics of our region’s history will stand us in good stead for the difficult journey ahead.

We have a clear vision for how we want to organise our health and care services to improve them and make them sustainable for the future, which we articulated in our plan, Taking Charge. Our vision is to put people and their carers as much as possible in control of decisions about care, improving access to services and making sure that those services are properly integrated rather than operating in silos. We are determined that integration is not rhetoric or empty words. It has to be the genuine joining-up of services that recognise that body, mind and social care should not – and must not – be treated separately.

This is the belief that has powered our region to lead the way in creating community-based models of care over the last six months. By establishing local care organisations, we will begin to have the means to deliver a far more

preventative outlook, keeping services closer to home and away from hospital as much as possible.

To achieve our goals we need to move some of our scarce resources out of hospitals and into our communities. That means some difficult decisions lie ahead of us – but working together gives us more of a fighting chance to try to close our funding gap.

Key to this progress has to be more investment in social care, which is a clear priority for any additional funding. Under-provision of social care is irrevocably linked to pressure on our National Health Service. Decent social care services are fundamental to meeting the needs of our ageing population as well as people with disabilities and others. We simply have to change this, for the benefit of the whole system – and the people of Greater Manchester.

Taking charge is about many people and organisations in Greater Manchester having their say. We are committed to transparency and accountability. And so we have chosen to mark this six month milestone with this report, which sets out where things are going well, where not so well, and also where the next decisions lie.

In marking this early milestone we also look back with gratitude and respect for the 37 organisations that stand shoulder to shoulder in this endeavour – and we look forward with passion, positivity and pragmatism as we plan how to make this region and its people healthier together. ”

Lord Peter Smith

Chair - GMHSC Partnership

Jon Rouse

Chief Officer - GMHSC Partnership

1. Health and social care devolution and Partnership

On 1 April 2016 Greater Manchester became the first region in the country to have devolved control over integrated health and social care budgets, a sum of more than £6bn.

This is an opportunity to tackle Greater Manchester's historically fragmented health and social care system, financial challenges, poor health and wellbeing outcomes and health inequalities. It will enable us to achieve our vision – to deliver the fastest and greatest improvement in the health and wellbeing of the 2.8m population of Greater Manchester, creating a strong, safe and sustainable health and care system that is fit for the future.

The road to change began with the Greater Manchester Devolution Agreement settled with the Government in November 2014, giving local public services control over decisions previously taken at national level.

In February 2015 the 37 NHS organisations and local authorities in Greater Manchester signed a separate Greater Manchester health and social care devolution memorandum of understanding (MoU) with the Government to work together to take charge of health and social care spending and decisions from 1 April 2016 onward.

Building up to devolution

The MoU outlined a clear roadmap for the 37 organisations and partners in 2015/16 – the 'build-up year' to devolution.

By December 2015, we had a strategic five-year plan, **Taking charge of our health and social care in Greater Manchester**, in place. This was developed with wider partners such as

police, fire and rescue services, voluntary and patient groups, Healthwatch, the local medical committees and social care and third sector providers.

This plan focuses on people and places, not the different organisations that deliver services, enabling us to think more innovatively about how to pull services together so they meet the needs of everyone in Greater Manchester.

Greater Manchester has 10 localities – Bolton, Bury, Heywood, Middleton and Rochdale (HMR), Manchester, Oldham, Salford, Stockport, Trafford, Wigan, and Tameside and Glossop. Each locality is pooling money for health and social care to support its own plans for 'place-based' joined-up services.

The strategic financial framework that accompanied Taking Charge was the basis on which we were able to agree a £450m Transformation Fund with NHS England.

We established leadership governance and accountability for devolved health and social care, with the 37 statutory organisations meeting to decide plans for integration.

In line with MoU requirements, we signed an accountability agreement with NHS England, setting out the functions it would delegate to the Partnership's chief officer from 1 April 2016. We developed a comprehensive communications and engagement approach and strategy to inform the overall plan and support future thinking.

Another piece of work outlined in the MoU was the delivery of early implementation priorities to demonstrate the ability of Greater Manchester's system to deliver and extend the scope and ambition of our integration.

Who we are today

Greater Manchester Health and Social Care Partnership was created on 1 April 2016 when we took charge. It covers the whole health and care system, including councils, clinical commissioning groups, and NHS trusts providing acute care, mental and community health and ambulance services, and primary care.

We now have a dedicated team in place, brought together from the former health and social care devolution and NHS England Greater Manchester teams. Our Strategic Partnership Board includes 37 organisations and representatives from primary care, NHS England, the voluntary community and social enterprise sector, Healthwatch, police and fire service.

Our executive team is made up of NHS England employees and includes chief officer Jon Rouse, chief operating officer Nicky O'Connor and

executive leads: finance and investment Steve Wilson, quality Dr Richard Preece and strategy and system development Warren Heppollette. Sarah Price was appointed as Executive Lead for Population Health and Commissioning in November 2016.

The executive team operates in collaboration with system leaders who are part of the Partnership's senior management team, including NHS Improvement lead Anne Gibbs, primary care lead Dr Tracey Vell and adult social care lead Richard Jones.

The Partnership team's role is to help fully engage clinical, professional and managerial leadership across all Greater Manchester organisations, ensuring that transformation is led by the system and that organisations lead collaboration within their localities and across Greater Manchester as part of mainstream business.

Meet our leadership team



Lord Peter Smith
Chair GMHSC Strategic Partnership Board



Jon Rouse
Chief Officer



Nicky O'Connor
Chief Operating Officer



Warren Heppollette
Executive Lead for Strategy and System Development



Dr Richard Preece
Executive Lead for Quality and Medical Director



Steve Wilson
Executive Lead for Finance and Investment



Richard Jones
Associate Lead for Adult Social Care



Anne Gibbs
Associate Lead for Delivery and Improvement



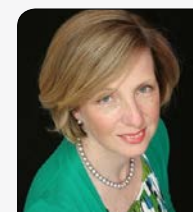
Dr Tracey Vell
Associate Lead for Primary Care



Wendy Meredith
Director for Population Health Transformation



Rob Bellingham
Director of Commissioning



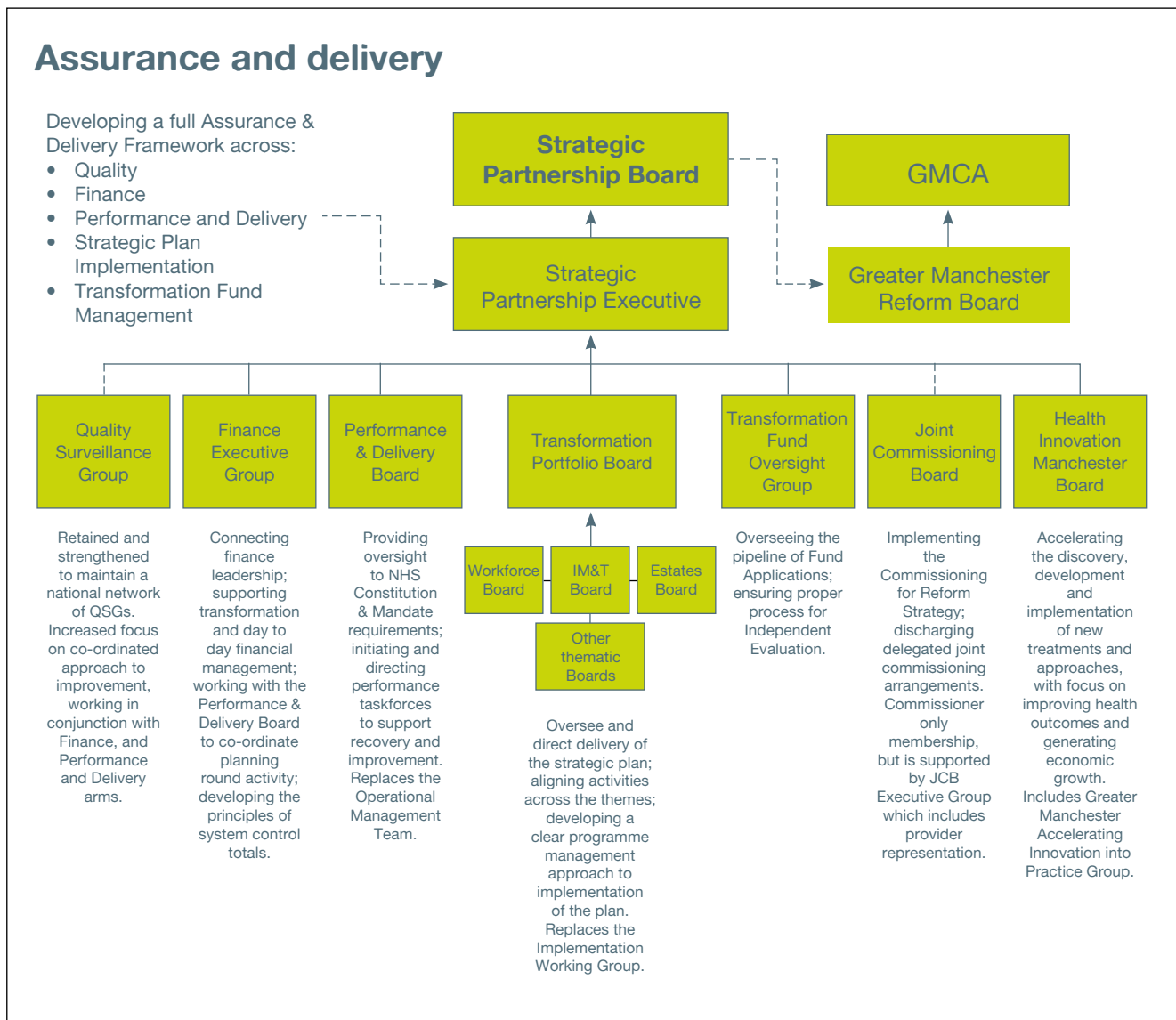
Sarah Price
Executive Lead for Population Health and Commissioning

How we are run

We have reviewed the Partnership's governance and developed proposals to establish sub-governance that provides effective assurance on delivery and reflects the full range of our responsibilities.

The aim of the governance revision, and specific boards and groups, is to:

- ensure the Partnership is able to 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 governance structures are clear and supported by effective delivery mechanisms through focussed programme and delivery boards
- avoid duplication of review and reporting on specific issues
- support 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 the key areas of quality, finance, performance and delivery, strategic plan implementation and Transformation Fund management.



About this report

Taking Charge of our health and social care in Greater Manchester set out three main strategic objectives to be delivered by 2021. These are to:

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

To achieve this, we set ourselves a number of priority objectives for 2016/2017. This report outlines what we have already achieved in the six months since 1 April 2016, when we took responsibility for Greater Manchester's health and social care system. It also summarises our plans for the next six months.

It reflects how we have continued to meet the requirements of the MoU and focuses particularly on how we're managing and resolving health and social care system challenges. An accountability framework has been developed that looks at our management of these challenges through:

- system performance
- finance
- quality
- transformation

Our progress report is structured round progress in these four key areas, and communications and engagement activity to support them. It explains how we have clarified the way important aspects of NHS England policy such as vanguard projects and sustainability and transformation plans (STPs) will be applied and delivered through Greater Manchester's devolved arrangements.

During the six months since 1 April 2016 the operation of the accountability agreement has ensured NHS England is a key partner in implementing a place-based approach under the Taking Charge plan while also delivering key national policies.

Throughout the report we highlight examples showing how the new collective approach across 37 organisations to resolving Greater Manchester's challenges has already worked in practice.

2. System performance

When Greater Manchester Health and Social Care Partnership took charge of all system performance from 1 April 2016, it faced similar challenges to those seen across the NHS nationally, with particular pressures on the urgent care system, waiting times for elective care, and performance with respect to mental health standards.

But devolution has now given us the opportunity to drive improvement through a culture where system peers and partners proactively challenge and support delivery at all levels of the Greater Manchester system.

Our approach to system challenges is focused on improvement, recovery and delivery and working together to manage those challenges as they arise.

During our first six months we have already:

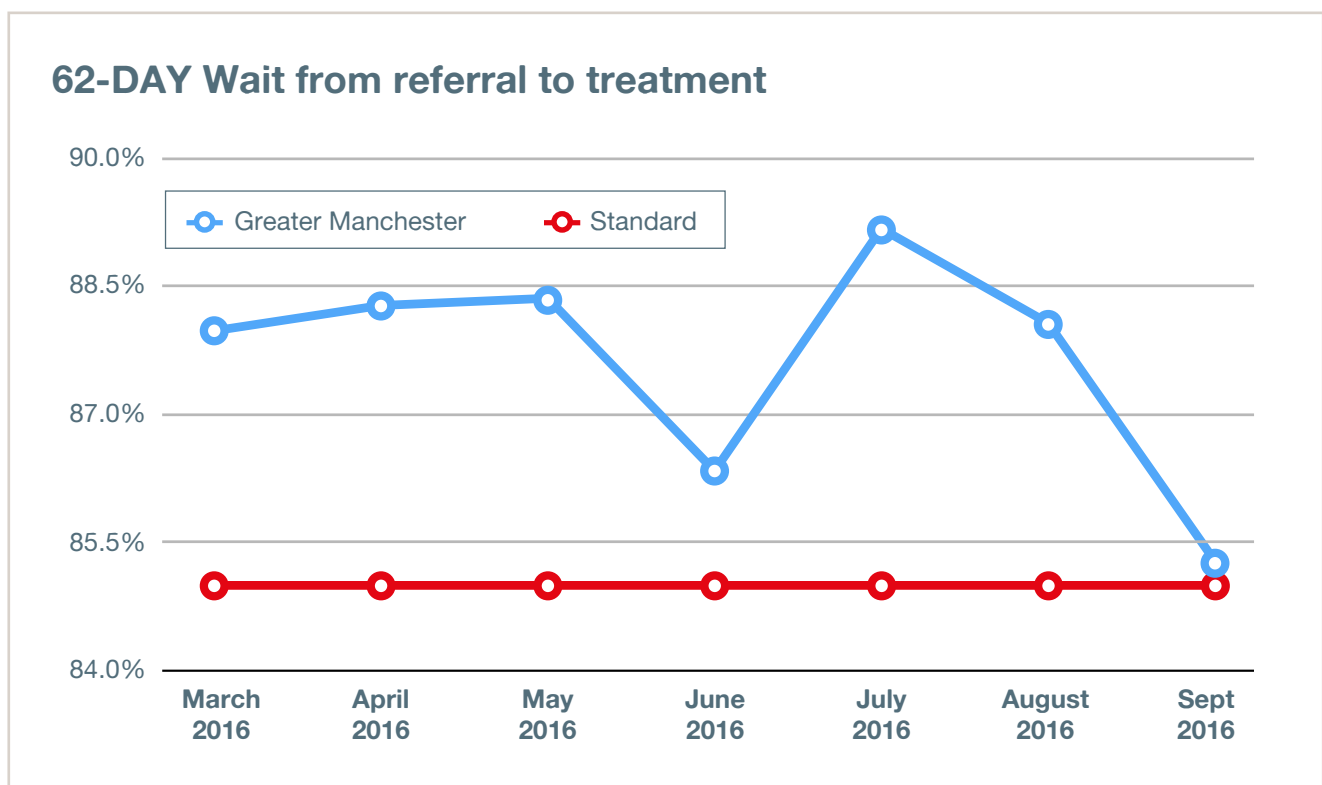
- set up a performance and delivery board
- developed a locality assurance framework
- established a Greater Manchester outcomes framework
- established an urgent and emergency care taskforce
- created a single performance dashboard to track performance.

The main performance challenges

We're already seeing a difference in how we address performance targets through the Partnership approach.

Cancer

This is an area where Greater Manchester has a history of working together, and a collaborative approach has delivered strong results. These are illustrated in the graph below, which shows our consistent achievement of the 62-day cancer standard.



Greater Manchester is one of the most improved areas in England in terms of survival rates for cancer, though we are still slightly below the national average, so there is room for further improvement: 69.8% of people with cancer survive at least a year against an England average of 70.2%, a gap of 0.4%. In 1998 the gap was around 4%.

Our performance is underpinned by the work of great organisations such as The Christie NHS Foundation Trust, which has been rated ‘Outstanding’ by the CQC.

Urgent care

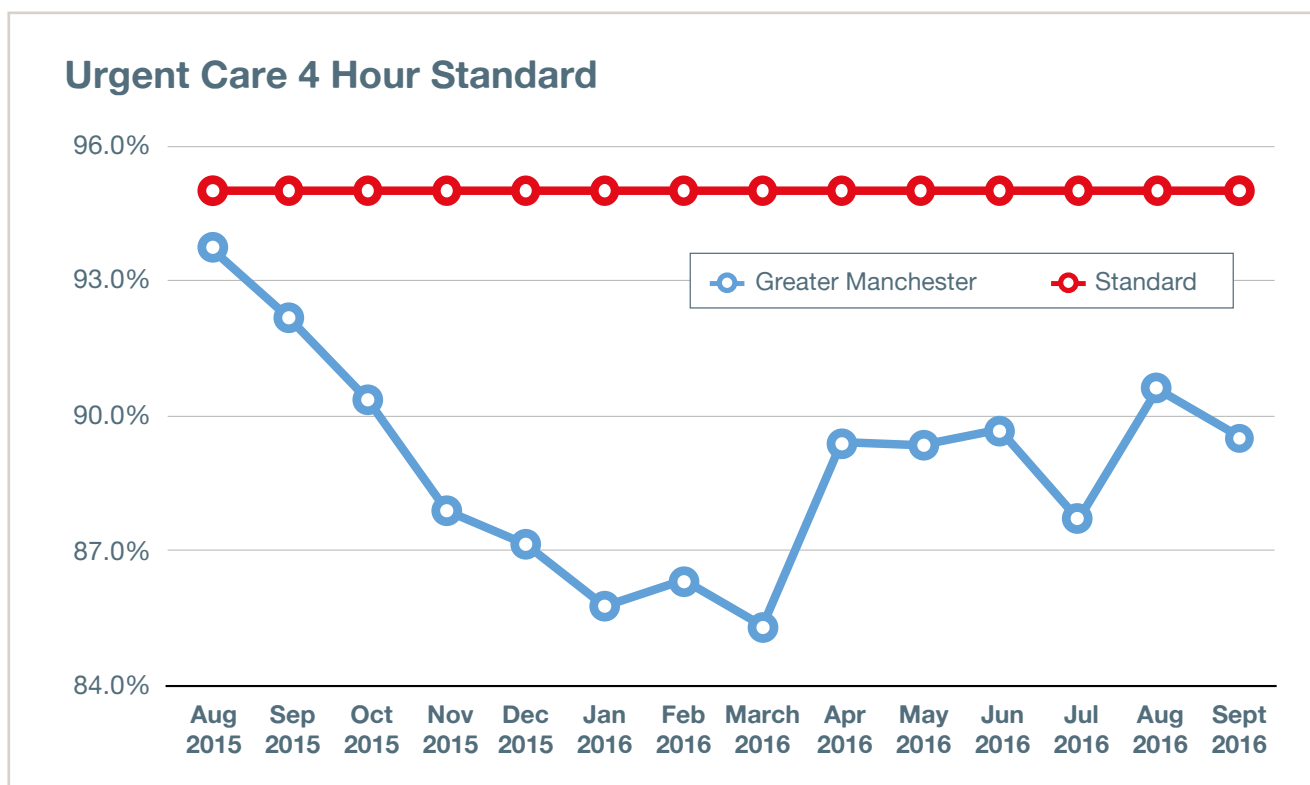
Delivering the urgent care standard is a particular challenge both nationally and locally, but we have to acknowledge that while we have some relatively high performers, some Greater Manchester trusts are currently among the lowest performing in the north of England in terms of waiting times and delayed discharges of care.

Our new urgent and emergency care taskforce is working with a number of systems to support

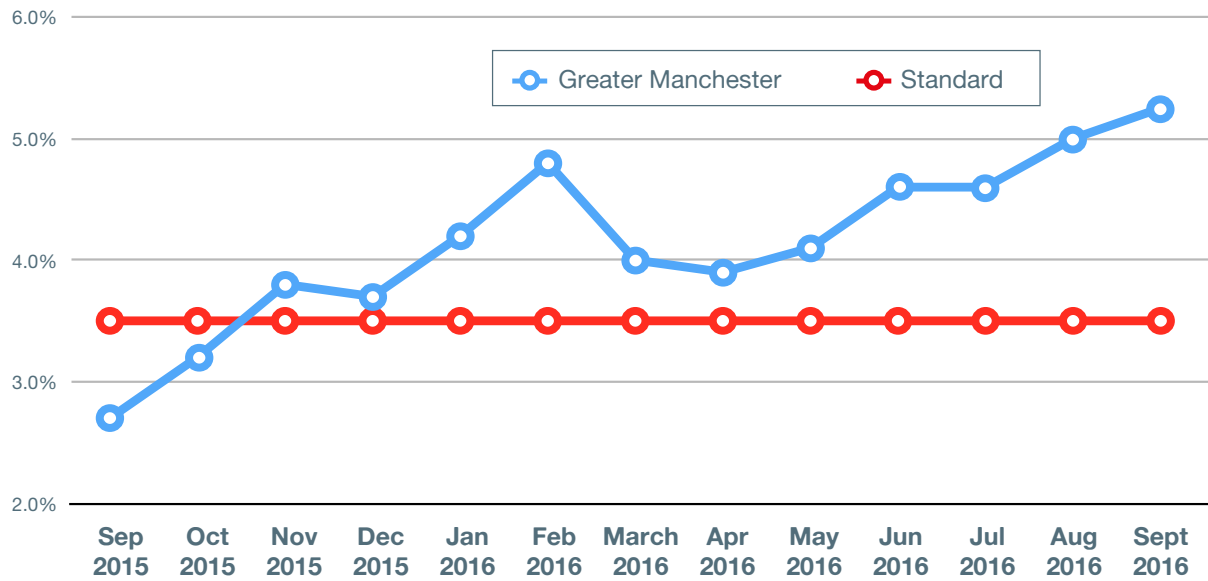
the most challenged localities. The taskforce involves senior leadership from across Greater Manchester’s health and social care system and is supported by the work of the Urgent and Emergency Care Network and seven local A&E delivery boards. It has aligned with the national A&E improvement plan and aims to deliver the plan’s five key areas. These are to:

- introduce primary and ambulatory care screening in A&E
- increase the proportion of NHS 111 calls handled by clinicians
- implement the NHS England Ambulance Response Programme
- implement SAFER (a tool to ensure safe staffing levels) and other measures to improve in-hospital flow
- implement best practice on hospital discharge to reduce delayed transfers of care.

The Partnership used the opportunity of devolution to create a £5m fund to support all local areas in improving their system resilience as we move into winter.



Delayed Transfer of Care



Mental health

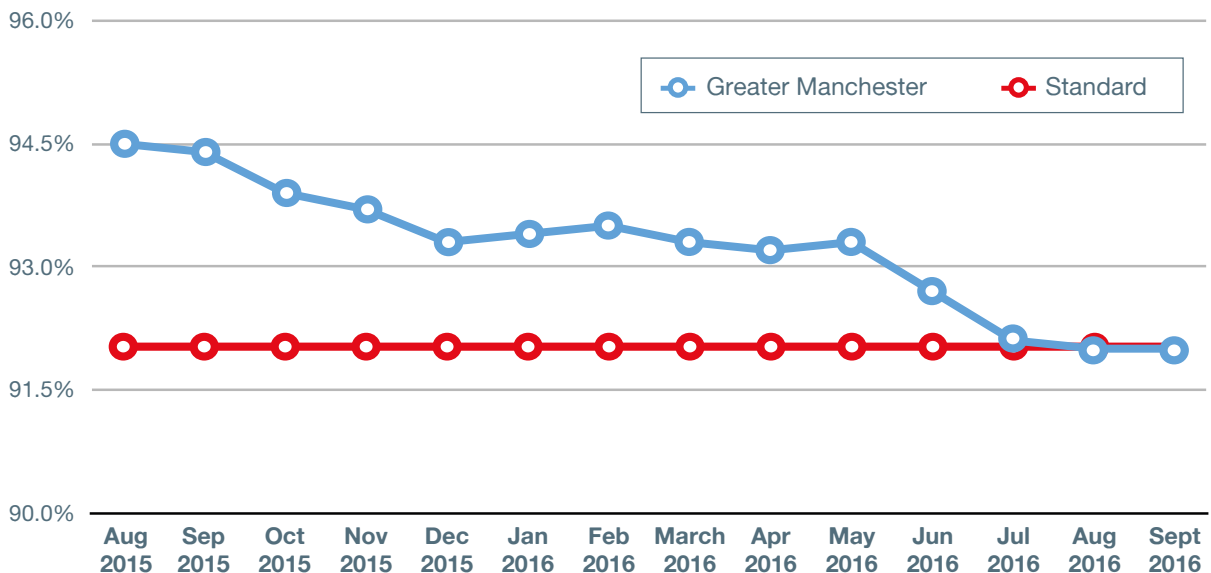
Mental health performance has been variable since the introduction of IAPT (Improved Access to Psychological Therapies) targets. But since devolution we're now making good progress on improving timely access to talking therapies. The most recent figures show that overall Greater Manchester has achieved the target for 75% of people referred to IAPT to begin treatment within six weeks for the first time since this target was introduced in 2015. But our performance on IAPT recovery rates still needs to improve.

The Partnership is commissioning a comprehensive, independent review of mental health provision to gain insight into areas of good practice and areas of under-performance that need particular attention, the adequacy of current improvement plans and our prospects of meeting national and Greater Manchester requirements.

Waiting times – Referral to treatment (RTT)

This is an area where Greater Manchester has consistently performed above national standards

Referral To Treatment



in the past. But more recently we've noted some deterioration in performance that needs to be addressed. The graph on page 8 illustrates the position, which shows Greater Manchester has some work to do to ensure we hit national targets going forward.

We're aware that a number of providers have experienced additional pressures due to increased demand for diagnostics, in particular endoscopy, but our task is to use our collective responsibility to ensure that providers are supporting one another when the pressure is on.

Other performance headlines

There are of course many other areas of consideration in terms of system performance. We would highlight the following areas:

- we are slightly behind our planned position in terms of moving people with learning disabilities and challenging behaviour out of long stay hospitals and back into the community
- we have achieved national standards of performance for access to early intervention in psychosis services
- we continue to reduce the numbers of people who are taken in to police custody when needing a place of safety during a mental health crisis (section 136). At less than 1% of all cases the rate in Greater Manchester is more than five times lower than in England and Wales
- improved Partnership activity and training means police officers are now drawing on support from mental health practitioners in 25% of mental health crises they come across. We continue to work to increase this figure
- our dementia diagnosis rate was 77.2%, well above the national standard.

Next steps

Before the end of March 2017 we aim to:

- further refine Partnership dashboards and scorecards
- appoint a provider to support our business intelligence function
- hold two rounds of locality assurance meetings, with representation from all 10 localities; these have been taking place and will continue during December 2016
- finalise and agree operational plans for the next two years, ensuring these are aligned with the Greater Manchester sustainability and transformation plan (STP) and our five-year finance and activity plan.

3. Finance

The Greater Manchester Strategic Financial Framework was developed to inform the five-year strategy and to demonstrate how we aim to achieve both clinical and financial sustainability by 2021. It is the foundation of our future approach to investment and reform, including balancing resources between preventative and reactive health and care services.

The framework provides top-down modelling of the forecast five-year financial challenge and a breakdown of the types of intervention needed to close that gap.

It offered the technical basis for Greater Manchester to support the national comprehensive spending review (CSR) process, leading to the establishment of the £450m Greater Manchester Transformation Fund.

Building on this, during our first six months:

- we've set up a Transformation Fund access and assessment process and made several awards
- we've created a fund to support development of Transformation Fund proposals across the transformation portfolio, and made three awards
- all 10 localities have set out five-year finance and activity plan 'roll-ups' to ensure a 'bottom-up' financial model for Greater Manchester.

Finance Executive Board

This Board is the forum where sector-wide leaders of the Greater Manchester finance community meet to review financial performance and strategic issues pertinent to the delivery of Taking Charge. The Board explores the financial opportunities of working together on a place-based, sector-wide basis. It sets the Greater

Manchester financial strategy and identifies and seeks to mitigate the financial risks associated with delivery.

Transformation Fund

The Greater Manchester Transformation Fund became operational in April 2016. Its overarching purpose is to help us achieve clinical and financial sustainability in Greater Manchester and the localities. Money from the fund is awarded to change programmes that can show they make a significant contribution to this goal.

We now have a process that governs how localities and programmes access this funding to drive delivery of their transformation plans. Submissions are based on a locality or transformation theme plan, an accompanying five-year finance and activity plan, delivery plan and governance. Locality plans should cover their whole population.

Localities also need to subject their proposals to a cost benefit analysis, using a tool tested to rigorous Treasury standards.

Successful proposals so far include:

- Salford Together – awarded £18.2m over three years
- Stockport Together – awarded £15.8m over four years
- Tameside and Glossop Care Together – awarded £23.2m over four years.

A further £2.9m has been awarded to develop Manchester proposals for a 'single hospital service'. Wigan Integrated Care Organisation's proposal is being assessed.

Once a Transformation Fund proposal is approved our chief officer and the relevant locality's accountable officer sign an investment agreement to guarantee active participation and accountability between organisations in the locality.

Financial performance 2016/17

The successful delivery of clinical and financial sustainability over the next five years will be dependent on maintaining a grip on current levels of financial performance. Challenging plans were set for the 2016/17 financial year, recognising this is the first year of our Taking Charge plan. The first six months of the year have delivered a financial position which is £3m better than planned, however, due to the

phasing of the plan, the financial position at the end of the financial year (31st March 2017) is currently forecast to be a shortfall of £10m against plan. Whilst this represents less than 0.2% of the health and social care budget it is important that this financial pressure is managed. We continue to strive to resolve this forecast shortfall and deliver the best financial outcome possible.

	Plan			Month 6 YTD				Forecast outturn			
	Income	Spend	Surplus/ (Deficit)	Income	Spend	Surplus/ (Deficit)	Surp./ (Def.) m'vt from plan	Income	Spend	Surplus/ (Deficit)	Surp./ (Def.) m'vt from plan
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
NHS England	1,479.0	1,441.9	37.1	695.5	680.1	15.3	0.6	1,478.7	1,441.8	36.9	(0.1)
CCGs	4,377.9	4,326.3	51.6	2,164.2	2,140.9	23.3	(1.1)	4,389.7	4,338.2	51.6	0.0
Providers	4,740.9	4,749.4	(8.5)	2,360.0	2,385.2	(25.2)	10.5	4,766.0	4,784.8	(18.8)	(10.2)
LAs	1,194.4	1,194.4	0.0	note 1				1,197.8	1,197.8	0.0	0.0
GM total	11,792.2	11,712.1	80.1	5,1219.6	5,206.2	13.4	10.0	11,832.2	11,762.5	69.7	(10.4)

Note 1 - No formal Year to Date figures will be reported as LA monthly accounts are prepared on a cash basis with the Year to Date position being used to inform the Forecast Outturn rather than being monitored in itself

As well as standard terms, each agreement contains specific schedules to demonstrate what the locality will deliver through both its locality plan and Transformation Fund investment. Every quarter they need to show progress in terms of milestones achieved, governance and decision making, delivery of national 'must dos' and key metrics (activity, finance, prevalence, configuration). This ensures that money is directed towards transformation.

Locality 'roll-up' financial plans

Each locality has now developed its own five-year financial plan that mirrors the approach taken at a Greater Manchester level. We combined these locality plans to inform our submission as part of the sustainability and transformation plan (STP) process for NHS England in October 2016.

The local plans set out what financial challenge the locality as a whole, across all sectors, is expected to face in five years if it does nothing. This forecast financial gap is then broken down by individual organisation (CCG, local authority or NHS trust). Finally, locality plans outline the 'point of delivery' interventions that will close the identified gap, by organisation, in financial and activity terms and illustrated on an annual basis.

The locality financial planning exercise has demonstrated an alignment between the modelled Greater Manchester financial framework and the planned impact of interventions delivered within the localities.

The two-year operational plan will be aligned to the five-year finance and activity plan with consistency between the two models, showing the robustness of both locality and Greater Manchester plans.

Financial risk management and future planning

In finalising the strategic financial framework underpinning our Taking Charge five-year plan and then translating it into operational plans, we aim to deliver the national and specific financial control totals set by NHS Improvement and NHS England for the intervening years. Greater Manchester will work as one to maximise the funding available to it through the national Sustainability and Transformation Fund.

We have begun to implement the strategic plan at both locality and Greater Manchester level. Not only is our strategy robust, it is connected to the Greater Manchester Transformation Fund and the Partnership's formal governance, and will increasingly clarify what investment, action and impact is required to realise our objectives.

The starting point for the Greater Manchester approach to the 2017-2019 planning round will be Taking Charge and the 10 five-year locality financial plans.

The Partnership will lead a key planning assurance test – we need to ensure that the five-year finance and activity plans are aligned and consistent with the two-year operational plans due to be submitted in December 2016.

Greater Manchester will be progressing the planning process with NHS Improvement, which is a member of our Partnership team. A key component of this process is to agree control totals and Sustainability and Transformation Fund (STF) allocations with Greater Manchester providers in the context of Greater Manchester as a devolved health and care system. Agreement needs to be in a way that connects to our system governance.

We are potentially in a strong position to pilot a system control total for Greater Manchester because we have both the governance and financial framework to operate this form of control

total. We are taking steps to align processes that inform organisational control total considerations to ensure we do not miss opportunities to align to more transparent and productive risk-sharing arrangements.

Our aim is to resolve any contract disputes locally and within the Partnership. We will use our local relationships with NHS England and NHS Improvement, and their authority, as an initial means of arbitration. The reserve position will be to call on national arbitration only when necessary.

Next steps

Before the end of March 2017 we aim to:

- coordinate the delivery of the 2017-19 planning round and ensure alignment between organisations, within localities and across Greater Manchester
- pilot a Greater Manchester system control total
- sign off seven Transformation Fund investment agreements.

4. Quality

As a Partnership we are committed to ensuring that all our health and care services are delivered to a consistently high quality standard. We will continue to follow the quality surveillance process and be part of the regional quality surveillance board.

The Greater Manchester quality group has been in place for a number of years, bringing commissioners and providers together to understand key quality indicators in the health and care system. We have now reviewed this group's work to focus on improvement and actions, and what the whole system can learn from these. It is being replaced by a Greater Manchester Quality Board, which supports development of system-wide improvements in care experience and clinical effectiveness.

During the six months since the Partnership took responsibility for Greater Manchester's health and care system there has been a lot of activity to improve the quality of services, including through workforce development and learning opportunities.

Workforce development

During the past six months we have developed the new nurse associate role to work across health and social care and address the shortfall facing the nursing profession. It has now been confirmed that Greater Manchester will be a pilot site for training 230 nurse associates across primary and secondary care, starting in January 2017.

Greater Manchester directors of nursing have provided a model for change, including a new apprenticeship, in preparation for proposed changes to funding for undergraduate healthcare professionals.

There are currently 2,429 GPs working in Greater Manchester who must have an annual appraisal

under national regulations. In the six months since 1 April 2016, 1,012 appraisals were completed. Some local GPs are exempt this year because of personal reasons such as illness or personal leave, but the rest will have their appraisals by the end of March 2017.

Nearly every doctor in Greater Manchester (96% or 2,336) has already undergone the five-yearly revalidation process necessary to maintain their licence to practise. The remainder will complete their revalidation by 10 January 2018.

Case study - Nursing associates

Greater Manchester has been chosen as one of the successful national test sites for a new wave of training which will help to transform the nursing and care workforce. Some 230 Nursing Associates will begin training this year in a new role that will sit alongside existing nursing care support workers and fully-qualified registered nurses to deliver hands-on care for patients. Greater Manchester has gained nearly a quarter of the total places on the pilot announced by Health Education England (HEE) that will start in December and run over a two year period. Central Manchester University Hospitals NHS Foundation Trust (CMFT) will lead on this on behalf of Greater Manchester. Three Greater Manchester Universities - Manchester Metropolitan University and the Universities of Bolton and Salford – will be the academic partners running the courses.

Learning and development

In October 2016 we held an event for quality leads from health organisations across Greater Manchester to share learning about six common adverse incidents.

It is important that when incidents occur, organisations investigate them to ensure that lessons are learned from them. We want those

lessons to be used and applied to prevent similar harm occurring again, and to result in system-wide improvement.

We've started rolling out the React to Red Skin educational resource to Greater Manchester localities. It aims to make care workers more aware of pressure ulcers and how to avoid them. We're already seeing positive results such as a reduction in both pressure ulcers and unnecessary hospital admissions.

Accessibility and eligibility

We have introduced a Greater Manchester Learning Disability Mortality Programme to help health and social care systems identify potentially avoidable factors that contribute to the premature deaths of people with learning disabilities. By identifying variation and best practice, it enables services to develop plans to change and improve.

We also met the Department of Health's September 2016 deadline for reviewing the eligibility of 3,042 people with ongoing health needs in Greater Manchester who had previously requested, but not received, an assessment for NHS Continuing Healthcare funded packages of care outside of hospital.

Greater Manchester strategic clinical networks (SCNs)

Over the past six months our strategic clinical networks have done a lot to improve the quality of 'life course' services in line with the Taking Charge strategy.

Start Well: We've created guidelines for all Greater Manchester hospitals to support the care of mothers and families following a stillbirth in the third term of pregnancy. We've produced guidance on services for young people with attention deficit hyperactivity disorder (ADHD) and set up a network to improve care for pregnant women and their partners who have mental health issues.

Live Well: We've brought together clinical experts to develop a liaison mental health strategy and

standards for preventing suicides in acute trusts. We've got more GPs to take part in the National Diabetes Audit so we can really see what help local people diagnosed with diabetes get. We won funding to take action when people are at risk of developing type 2 diabetes. We've given GPs tools to enable them to better refer people with symptoms of cancer.

Age Well: We've produced a dementia education and training package for health professionals and helped create a dementia support pathway using best practice examples to deliver high quality care. We want people in Greater Manchester to be able to die where they choose – often their own home. So we helped CCGs embed a system enabling appropriate treatment decisions and interventions to allow this to happen.

Working with communities

A vital aspect of devolution and our Partnership approach is to bring the whole system together, and we've focused on strengthening links. For example in the past six months we have:

- given dementia and end of life training to Black and Minority Ethnic (BME) communities, and tackled the issue of depression
- helped the LGBT Cancer Support Alliance engage with public services
- run a preventing self-harm and suicide workshop
- built Partnerships with local groups like Manchester Deaf Centre and health inequalities charity BHA.

Controlled drug incident reporting

We now have a web-based system for reporting controlled drug incidents. This tool focuses on learning from incidents to improve the way medicines are prescribed, dispensed, administered and stored.

It can be used by all primary care providers with GP, community pharmacy, dentistry or optometry contracts for Greater Manchester and every

private and NHS organisation registered with the Care Quality Commission to prescribe, dispense and administer controlled drugs.

Risk management

Improving quality means managing risk, and we now have a risk register that covers both the scale of Greater Manchester's transformation (strategic risks) and business as usual delivery (operational risks).

All 10 localities have a locality strategic risk register (accessible through locality plans) as well as individual organisational risk registers.

We want to create a Greater Manchester approach to understanding and mitigating system-level strategic and operational risks, aligning the Partnership team and localities' risk approaches.

Next steps

Before the end of March 2017 we will:

- develop a Greater Manchester framework to spot risks affecting locality plans and programmes, as well as operational risks, address gaps in assurance, and report risks through our Strategic Partnership Board
- develop guidelines for supporting mothers who lose a child in the second term of pregnancy
- implement ADHD guidelines across Greater Manchester
- develop a Greater Manchester hub where staff train in a new young people's mental health care model
- introduce a community service to complement the mother and baby unit at the University Hospital of South Manchester
- embed our new liaison mental health standards so all Greater Manchester trusts have a 24/7 liaison service by 2020/21
- consistently implement diabetes prevention programmes across Greater Manchester and test what works

- work with The Christie to develop a cancer education resource for GPs so people are diagnosed earlier
- test and roll out referral systems to reduce non-attendance and use text messages to communicate with patients
- encourage participation in dementia research projects
- introduce staff training on talking to people about advance care planning and support a special exhibition at Whitworth Art Gallery to encourage conversations about end of life care as part of Dying Matters Awareness Week
- help the new Greater Manchester Cancer Board to engage with nearly 15,000 voluntary and social enterprise groups
- expand work in children's, cardiac, respiratory and acute kidney injury services.

Case study – Improving quality

A governance priority for the Partnership has been addressing challenges faced by the Pennine Acute Hospitals NHS Trust, including quality issues raised by the Care Quality Commission (CQC) in its August 2016 inspection report. We've worked with the Trust to approve its improvement plan, which tackles the immediate challenges and addresses how to reposition the Trust in long term.

5. Transformation

Our Greater Manchester Transformation Portfolio covers a range of programmes across our system, including the locality plans for reform, five transformation theme programmes and five cross-cutting programmes focused on mental health, dementia, learning disability, cancer and children's services.

We're also working to align health and social care transformation to wider public service reform across Greater Manchester.

Locality plans

Greater Manchester's 10 localities all have plans for the comprehensive integration of health and social care that form a platform for both integrated commissioning and provision.

We want to make sure place-based integration approaches are in line with the development of local care organisations (LCOs) and place-based commissioning arrangements.



Case study – creation of local care organisations

July saw the official launch of **Salford's** Integrated Care Organisation – or ICO – which joins up adult social services and health care across the city with Salford Royal taking the role of 'prime provider'. The ICO will also look after the budget for mental health services and will have responsibility for domiciliary care.

Options for **Stockport's** new form of LCO are currently being considered. The Stockport Together vision is to create a sustainable health and care system driven by improved health outcomes, reduced health inequalities and lower bed-based care. Plans are in place and changes to the intermediate tier and ambulatory care are now being implemented.

Tameside and Glossop's integration agenda has been gathering pace with the transition of community services into the Foundation Trust, which is now formally known as Tameside and Glossop Integrated Care NHS Foundation Trust. Improvements in key performance indicators are being demonstrated through integrated health and social care services as part of urgent care delivery. An extensive programme of IM&T, estate infrastructure improvements and organisational development are being rolled out across the area.

In **Manchester** making prevention a priority and providing more support in the community is fundamental to the city's vision for health and wellbeing over the next five years. Preparations are now underway to commission the LCO, which will work alongside a single hospital service and single commissioning system, to bring together community healthcare, primary care, mental health, social care, some hospital services and the voluntary, community and independent sector to improve outcomes for local people. It will be the organisation, or Partnership of organisations, which holds and delivers a single contract for out-of-hospital care in the future.

Transformation theme programmes

Our five transformation themes focus on population health, community care, acute and specialist services, support functions and enablers.

Theme 1: Radical upgrade in population health and prevention

To achieve our vision to improve the health and wellbeing of people in Greater Manchester as quickly as possible, we need to focus on services that prevent health problems or address them early on.

Among other things, during the past six months we've:

- developed a set of Greater Manchester population health proposals and governance to support decision making and delivery
- run a Taking Charge Together engagement programme, asking 6,000 local people about being more in control of their own health
- created an outcomes framework to measure how reforms to the system affect residents of Greater Manchester.

We've framed this theme round the 'life course' approach set out in our Taking Charge strategy and started working on ways people can start well, live well and age well.

Start Well: We want children and their families to get the right services at the right time, and become healthier, resilient and empowered. The Greater Manchester Strategic Partnership Board has approved our early years strategy, which sets out how we plan to shift from expensive and reactive public services to prevention and early intervention.

Live Well: We know that being in a job is good for people's health and wellbeing. So we're developing a work and health framework for Greater Manchester as part of the overall population health plan.

Case study – Work and health

The Working Well project helps people experiencing difficulty in getting back to work after illness. Losing her job had a profound effect on a Stockport woman, leading to crippling depression. Working Well staff liaised with a mental health team to get her back on her feet and through the scheme she found a job with a supportive employer.

We've been looking at how best to provide primary care in deprived communities. We've been working with Hope Citadel Healthcare Community Interest Company on how to expand the 'focused care' offered at four Greater Manchester practices to give extra help to people who are struggling generally. This could be the first step towards an enhanced model of general medical care that 'finds and treats' people who need help as well as managing conditions.

Age Well: We want to help local people maintain good health, wellbeing and independence for as long as possible. In our first year the focus is on:

- preventing falls: we've looked at how to use a national model to develop a Greater Manchester system-wide approach to stop falls and fracture among older people
- nutrition and hydration: we're exploring how to replicate Salford's successful approach to preventing malnutrition across Greater Manchester
- housing: we're working to incorporate home improvement agencies into the locality infrastructure so there are more resources, products and services to keep people living healthily at home.

We want to make the most of what 'assets' exist in local communities to support good health and wellbeing and have been looking at the pockets of excellent 'asset-based' work that are already showing benefits.

To achieve all these things needs a public health system organised to deliver at pace and scale. Devolution is a real chance to create a unified

system across Greater Manchester localities and we've now got a memorandum of understanding with Public Health England and NHS England on how to do this. All Greater Manchester public health directors have agreed the top-level priorities.

Case study – Pride in Practice

Greater Manchester Health and Social Care Partnership, NHS England and the LGBT Foundation are together committing nearly £500,000 over three years to the 'Pride in Practice' scheme. The aim is to increase awareness and confidence among healthcare professionals at over 1,000 GP practices, pharmacies, dental practices and optometry outlets when working with lesbian, gay, bisexual and trans (LGBT) people. Primary care services can apply for a bronze, silver or gold award to demonstrate excellence in LGBT care.

Theme 2: Transforming community-based care & support

Our vision is that when people need support from public services they can get it in their community, and only use hospitals for specialist care.

Local Care Organisations

Integrated local care organisations (LCOs) bring together communities and public and voluntary sector services to tackle poor health and improve healthy life expectancy, putting individuals at the centre of their care. Some LCOs are already working well in parts of Greater Manchester. We want to take this further and see GPs, hospital doctors, nurses and other health and social care teams coming together with groups that look after people's physical and mental health and wellbeing.

Each locality has its own preferred LCO functions and model, and we've held events so they can share learning on establishing LCOs. We're formalising LCO delivery arrangements and working with NHS England to develop a gateway

and assurance process in line with the Greater Manchester Transformation Fund process and national assurance requirements.

Three localities have already been awarded Transformation Fund money to develop their LCO models. Salford and Tameside and Glossop are opting for an integrated primary and acute care system (PACS) that joins up GP, hospital community and mental health services. Stockport is going for a multispecialty community providers (MSCP) approach, moving specialist care out of hospitals and into the community. It's working on new contracts for out of hospital and urgent care services.

Greater Manchester has been identified as an early implementation area for the new national MSCP contract. This offers a new care model based on population and patient needs and backed by different funding, commissioning and contracting arrangements.

Primary care reform

All our Greater Manchester partners have agreed and endorsed a primary care strategy that sets out how primary care will help deliver more effective integrated care and outlines the system reforms needed.

Working with local networks has meant we've made progress in various aspects of primary care.

Case study – improving access to primary care

We continue to build on our commitment that everyone living in Greater Manchester, who needs medical help, will have the same day access to primary care, supported by diagnostic tests, seven days a week. We now have 40 hubs open and more due to become operational. This not only gives the people of Greater Manchester more access, but also supports general practice to respond to and proactively manage more complex patients, for example offering longer appointments and targeting the most vulnerable groups. It is envisaged that the additional access will flex to support the discharge of patients from hospital at weekend.

The service continues to evolve as we understand how we can best utilise this additional capacity to meet the needs of our population. Our aim is to develop a sustainable model which personifies our ambition and is aligned to Locality Plans.

We have also developed:

- new training to introduce our workforce to asset-based approaches
- plans for community pharmacies to contribute to health and care transformation
- a campaign to encourage oral hygiene routines in children under five, which has led to better quality, more easily accessed preventative primary dental care
- collaboration with Health Education England to develop a programme for optometrists to manage minor eye conditions in the community
- a social care core offer developed by all Greater Manchester's local authorities to support significant transformation
- identification of priority social care programmes that can be implemented quickly.

Case study – Staying safe and well

Community risk intervention teams have carried out 47,001 Safe and Well visits since being set up by Greater Manchester Fire Service and 'blue light' partners. Teams work closely with local integrated health and social care arrangements to assess people in their homes for vulnerability to fire, crime, falls, isolation and generally poor health and wellbeing. They also deal with low priority calls on behalf of the police and ambulance service, freeing up 999 response teams to concentrate on emergency incidents.

Theme 3: Standardising acute and specialist services to the best evidence

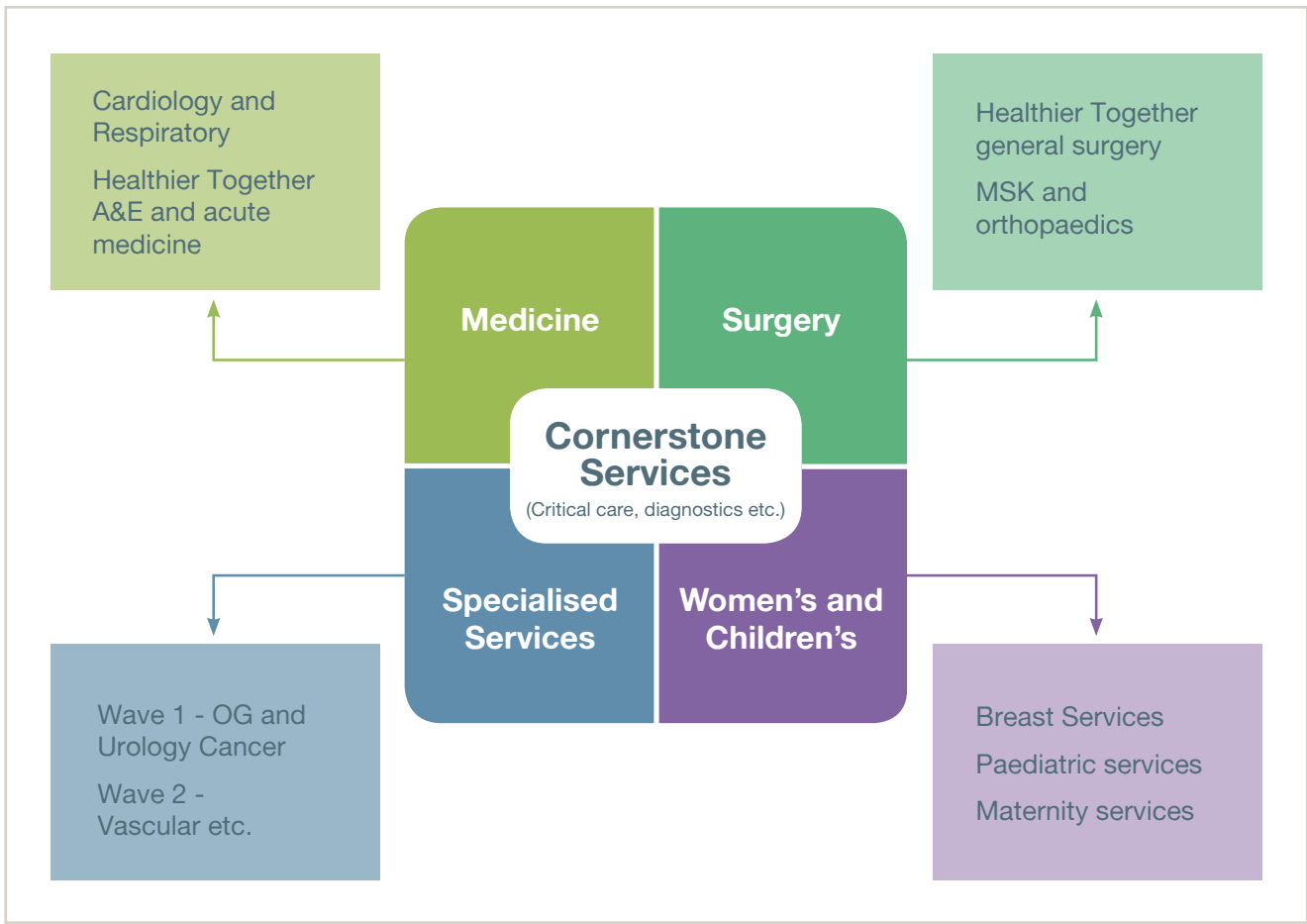
This transformation theme has been set up to deliver the strategy outlined in Taking Charge. Specifically, to deliver significant improvements to the quality, safety and efficiency of the care patients receive when they need to be treated in hospital, and a £140m financial contribution at Greater Manchester level.

The transformation priorities have been developed with clinicians, providers and commissioners over a number of months. The projects that have been prioritised cover services representing more than half of all hospital activity cost in Greater Manchester as well as being the key components of hospital care (medicine, surgery, women's and children's and specialised services).

The transformation priorities are:

- Paediatrics (including specialised children's services) and maternity
- Respiratory and cardiology
- Benign urology
- MSK and orthopaedics
- Breast services
- Neuro-rehabilitation
- Vascular
- HIV*
- Ophthalmology*

*Note that HIV and ophthalmology (specialised services) have been prioritised but will be initiated as part of a second wave.



The next steps will be to develop and agree the scope, definition and timescales for each of the priorities with a range of stakeholders.

This work has built on an existing Greater Manchester transformation programme, which has been aligned to this transformation theme - Healthier Together. This focuses on changes to high-risk general surgery, specialist cancer surgery, A&E and acute medicine to improve patient outcomes and experience and the safety and quality of services. It will also reduce variations in care and make better use of scarce resources.

Every locality has an equalities action plan to make sure that no one – particularly groups protected under equality law – is adversely affected by the implementation of the decisions under Healthier Together.

By 2017/18 our work with commissioners on Healthier Together will mean faster access to diagnostic tests and senior clinicians, so more patients can get the treatment they need quickly.

Our new Healthier Together dashboard pulls together all the data on how well each specialist service is performing in emergency general surgery. And we've started to roll out an innovative approach to improving patient recovery after major surgery that means they'll leave hospital earlier and suffer fewer post-operative complications.

We've also started designing some new services, specifications and standards to improve treatment of specific conditions, including oesophago-gastric (see case study), prostate, kidney and bladder cancers.

Case study – New cancer services

Devolution has given us the chance to work across Greater Manchester providers and jointly find a solution to longstanding problems that mean oesophago-gastric cancer services have not complied with national standards. About 150 patients a year undergo this lifesaving surgery but access to services has been variable. Previously, small centres have stopped surgeons carrying out the minimum number of operations required to maintain and build their expertise. Now a new contract for our oesophago-gastric cancer service means patients will be treated in a single, dedicated centre at Salford Royal by specialist staff, have faster, seven-day access to diagnostic tests and receive the same high-quality surgery irrespective of where they live in Greater Manchester. They'll have named keyworkers from when they're first diagnosed and a detailed end of treatment care plan. Every stage has been co-designed, co-developed and informed by patients and carers.

Theme 4: Standardising clinical support and corporate functions

This programme is structured around specific programmes on driving productivity, efficiency and quality in how we undertake procurement, hospital pharmacy, pathology, radiology and corporate functions. For each, we've agreed key actions and responsibilities.

We've already identified savings that providers can make on items they procure and are looking at collaboration opportunities to reduce costs further.

We're developing a hospital pharmacy strategy that providers have used to inform individual transformation plans submitted to NHS Improvement. We're working on a sustained 'patients' own drugs' campaign across Greater Manchester that will reduce wastage and improve pharmacy services by encouraging patients to

bring their own prescribed medicines into hospital with them.

We're running a radiology baseline data collection exercise to inform our next steps. We've done something similar for pathology, and analysed the data to identify eight areas for improvement. We're putting these into an overall plan and doing financial modelling to produce a business case for change.

Our work on corporate functions ties in with national implementation of recommendations from Lord Carter's report into acute providers' operational productivity. We've collected data to develop a case for change that has been submitted to NHS Improvement and provides a roadmap for future development.

Theme 5: Enabling better care

Our Taking Charge strategy recognises there are certain key enablers to make better care happen – workforce, information management and technology (IM&T), estates, commissioning and incentivising reform through payment and contracting.

Workforce

During the Partnership's first six months we've agreed a memorandum of understanding (MoU) with Health Education England that sets out how we'll work with Greater Manchester's four universities, further education and Skills for Care.

All 10 localities have drafted their own workforce plans, and themes from these have gone into a Greater Manchester workforce strategy that articulates our vision, principles and ambition.

The new Greater Manchester Strategic Workforce Board means there's now an appropriate governance structure to develop our workforce agenda. We've built robust Partnerships with trade unions as well.

We've also started work on organisational development (OD) to support effective systems and set up a Greater Manchester OD strategic group.

Information management and technology (IM&T)

We've now got an agreed IM&T strategy that identifies priorities to address at Greater Manchester, locality and cluster levels.

Greater Manchester would like to establish a dedicated, integrated digital fund. This would give us a single source to draw down resources and capabilities, helping create more integrated digital systems and improving access to information for both patients and clinicians. The result should be better care and greater self-management.

We'll look at digital maturity assessments done by the 10 localities in deciding how to allocate IM&T funds. We'll also have the Greater Manchester Health and Social Care Digital Collaborative to co-ordinate agreement on shared standards and drive the delivery of digital transformation.

Case study - Centre of Global Digital Excellence

In September Salford Royal was chosen by NHS England to set up a Centre of Global Digital Excellence. One of only 12 in the country it will receive up to £10m to act as a "global exemplar" of digital technology. This will allow it to invest in the use of digital solutions, technology and infrastructure to support best practice clinical decision making, thereby improving patient outcomes.

Estates

During our first six months we have reviewed our asset base and our future needs, have set up a public sector estates database and have started to develop a programme pipeline.

We've also studied community facilities and a new working group will develop a policy on these that commissioners, providers and landlords can sign up to. We've surveyed 125 general practices, which will help with decisions on estates rationalisation and reconfiguration.

NHS Property Services is head tenant of offices across Greater Manchester and is looking at how to rationalise this portfolio.

A new Greater Manchester Strategic Estates Board and governance structure links locality strategic estates groups and the national One Public Estate agenda. We've put in a £500,000 bid for One Public Estate funding to help with development projects.

We've agreed both a national MoU with the Department of Health, HM Treasury, Department for Communities and Local Government, NHS Improvement and NHS England and a local one between all Greater Manchester organisations, NHS Property Services and community health Partnerships.

We have received £17.5m to invest in our primary care estate this year and are expecting £13.1m in 2017/18.

Commissioning and incentivising reform

Our approach to commissioning must support the devolved approach that sees local public services working together, being proactive and focused on early intervention and prevention as well as people and place.

We need to collaborate to commission services at the right level that support community resilience. Our priority this year is specialised health and primary care services, but we're making progress on joint commissioning generally too.

During the past six months we have:

- agreed formal governance arrangements and set up an executive group to support the Greater Manchester Joint Commissioning Board
- clarified the Board's role in deciding Greater Manchester commissioning intentions
- published our five-year Commissioning for Reform strategy and an implementation plan for the first year
- agreed principles of organisational collaboration to help Greater Manchester organisations work together effectively

- contributed to strategies for the Partnership's primary care, mental health, and health and work programmes.

NHS England's direct commissioning responsibilities in Greater Manchester have been delegated to the Partnership through our chief officer, where they were previously carried out at a national or bigger regional level. We've developed clear governance arrangements so we can collaborate with regional and national colleagues to deliver specialised services locally in a consistent way.

They are as follows:

- Specialised services
- Public health functions
- Primary dental services
- Primary ophthalmic services
- Pharmaceutical services
- Direct payments in relation to services for which Greater Manchester chief officer has responsibility
- Certain functions relating to CCG guidance, support, assurance and assessment
- Investigating and regulating performers in Greater Manchester and GP revalidation
- Complaints
- Certain functions relating to local authorities, civil contingencies and Emergency Preparedness Resilience and Response (EPRR) and ancillary functions

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

Our contracting models and pricing mechanism must have a broad scope that covers all sectors and a wide range of providers. We're already seeing new approaches, such as:

- a contract combining activity and cost reduction incentives, with cost risk share and an agreed fixed income

- a cost and volume contract with floor and ceiling thresholds, risk-sharing arrangements and high-level outcome measures
- a capitation-based contract linked to an outcome framework.

Cross-cutting programmes

Our cross-cutting programmes are orchestrated at Greater Manchester level, but delivered in localities.

Mental health

We need a sustainable mental health system, supported by simplified and strengthened leadership and accountability, to improve child and adult mental health, narrow life expectancy gaps and ensure parity of esteem with physical health. It will involve enabling resilient communities, engaging inclusive employers and working in Partnership with the third sector.

We have already developed, or are in the process of developing:

- a Greater Manchester mental health strategy, governance and delivery plan
- a single specification for ADHD and eating disorder services
- a suicide prevention strategy
- an enhanced model of street triage (police and clinical staff working together on the frontline)
- a single commissioning framework for mental health
- new crisis support pathways.

Dementia

We want to make Greater Manchester the best place in the world to live with dementia and have pledged to:

- improve the lived experience of people with dementia and their carers
- reduce variation by developing a common evidence-based commissioning framework
- introduce key workers for people with dementia to help them live well and access to evidence-based, cost-effective interventions

- work with people with dementia and their carers to co-produce and redesign health and care systems so services meet their needs
- adopt technology that enables every person living with dementia and their carers to monitor their health, enrich their social lives and navigate local services.

Over the past six months we've led development of the Dementia United model. This has four key outputs – a set of Greater Manchester standards, locality profiles that show any variation, a proposed implementation model and financial model.

Case study – Living with dementia

A Salford scheme offers physical and mental support to 30 local residents living with mild/moderate dementia. The scheme is also looking at whether people with dementia benefit from 'virtual' treatment. In Tameside and Bury, Storybox uses various art forms, including music, stories, poetry and costumes to engage imaginatively with people with memory loss. Fun activities focus on the here and now rather than memories, which can be frustrating or confusing for people with dementia.

Learning disabilities (Transforming Care)

Greater Manchester has been selected as a fast-track area to reshape services for people with learning disabilities and/or autism as part of the national Transforming Care response to the Winterbourne View scandal. We are already committed to providing more services closer to home, with a shift away from long-term hospital care.

This involves:

- improving in/outreach intensive support to offer better community-based settings
- expanding specialist community-based accommodation

- reducing the number of occupied specialist learning disability and/or autism non-secure and secure beds.

Secure admission numbers in Greater Manchester are in line with the national ambition to reduce these, and we're continuing to see people get the right support to leave hospital inpatient care. More than 50 people have been supported to make the move from in-patient facilities to community placements and supported homes.

We've started working with commissioners, providers, and service users and their families to calculate the impact of 'dowries' paid to those discharged since 1 April 2016 after being in inpatient care for over five years.

Cancer

Since April 2016 we've been a designated part of the NHS England national cancer vanguard, which enables us to test new clinical ideas and ways of organising cancer care. It has also resulted in an extra £2.3m of transformation funding. We're developing a plan to implement the national cancer strategy "Achieving world-class cancer outcomes", which gives us a framework to structure our approach as a devolved health and social care system.

As well as continuing to see rising one-year cancer survival rates in Greater Manchester and reports of excellent patient experience, recent achievements include:

- the pilot of an innovative lung health check service by the Macmillan Cancer Improvement Partnership to detect lung cancer earlier
- the pilot of a new regional jaundice pathway delivering one-stop clinics and fast-track pancreatic cancer surgery.

Children's services

Reviewing children's services is a significant priority for us, and we've developed proposals and implementation plans to transform the way these are delivered in Greater Manchester in future. We've made sure that our delivery proposals are in line with priorities set out in the

mental health strategy, including plans for ADHD, eating disorders and 24/7 mental health crisis services.

We have also asked the Department for Education for devolved government freedoms and investment in a new system that will radically improve children's services and children's lives – a decision is expected by December 2016.

Our draft Greater Manchester Early Help Strategy will support wider health and social care transformation plans, including joint commissioning, mental health provision and population health. We've already begun consultation on this strategy with a full range of primary and secondary health and care services and partner organisations.

Health Innovation Manchester

Health Innovation Manchester (HInM) works collaboratively with academia, industry and healthcare providers; connecting emerging research with industry innovators to accelerate the development, adoption and spread of innovations into the Greater Manchester health economy.

Highlights over the past six months include:

- Draft business plan produced
- DataWell Exchange is operational and pilots are being delivered across multiple sites in Pathology, 100,000 Genomes and in Partnership with Connected Health Cities
- The Farsite IT system matches people to clinical trials – it means we have become the best performing region in the country for recruitment to trials
- Supported Greater Manchester to become an Active and Healthy Ageing Reference Site as part of the European Innovation Partnership.
- Launch of Connected Health Cities (CHC) - a digital health programme that will use data to improve the pace of progress in local health services

- Continued to leverage investment through major corporates, of more than £6m over two years, and direct investment, totalling £280,000, from pharmaceutical companies into our programmes
- Funding of £220,000 was secured to develop a data landscape tool looking at atrial fibrillation which has now been adopted by three Academic Health Science Networks (AHSNs). We also provide data support for AF to the four northern AHSNs, the Stroke Association nationally and we are working with Public Health England on their data set for next year.

Case study – Greater Manchester awarded £28.5m and NIHR Biomedical research Centre status

The huge award from the National Institute for Health Research will allow us to lead research into new tests and treatments in the areas of musculoskeletal disease, hearing health, respiratory disease and dermatology and three cancer themes (prevention, radiotherapy and precision medicine). The successful bid demonstrates the connectivity and collaboration between health and academia, being hosted by Central Manchester University Hospitals NHS Foundation Trust, in Partnership with The University of Manchester, The Christie NHS Foundation Trust, Salford Royal NHS Foundation Trust, University Hospital of South Manchester NHS Foundation Trust supported by Manchester Academic Health Science Centre. It will make Manchester ideally placed to attract further research investment that will give our patients early access to new and ground-breaking treatments and will deliver wider value to the economy.

Next steps

There are many things our transformation programmes aim to achieve by the end of March 2017, including:

- a single care workforce concept based on a better understanding of what competencies we need for the future
- pan-Greater Manchester workforce and apprenticeship strategies and an agreement to support mobility between organisations
- a review of neighbourhood public sector assets matched to services people need
- extra capacity to develop our estates and workshops to explore the estate implications of service plans
- a repository of good practice in commissioning and incentivising best practice
- a Greater Manchester social value proposition as part of the commissioning strategy
- consistent standards for mental health service provision
- a Greater Manchester learning disabilities strategy
- a network of cancer champions focused on prevention
- a pilot online training platform to help GPs manage suspected cancer patients
- the pilot of a new service for patients with vague symptoms suggestive of cancer at University Hospital South Manchester and Pennine Acute Hospitals Trust
- the launch of a multi-disciplinary team model in colorectal cancer to improve decision-making and drive up standards
- a new aftercare pathway for breast cancer patients
- a five-year plan for cancer in Greater Manchester, from prevention to living with and beyond cancer and end of life care.
- we are setting up a medicines strategy board
- we are developing a children's health and wellbeing board
- we are working with partners to develop more out-of-hours GP services.

6. Communications and engagement

A crucial element of reform is to increase understanding and awareness of the impact and benefit of devolution through effective communications and engagement. To achieve our aims we must continually strive to tell a consistent and clear story.

During our first six months we particularly wanted to:

- help our health and social care workforce and the people of Greater Manchester understand that the Partnership has taken charge of the £6bn budget and the decision making that comes with it
- share our early plans and give people a chance to shape them locally and at a Greater Manchester level
- continue engaging with individuals and communities about their own health behaviours and to use their collective intelligence to inform transformation
- build new networks to use as we implement our five-year Taking Charge strategy.

Raising awareness and understanding

During the summer we repeated a 2015 survey of perceptions of health and social care devolution among staff and the public. We found that awareness has gone up among staff (from 58% to 81%), the engaged public (from 56% to 77%) and the general public (from 13% to 20%). Not only are people more aware, they understand our key messages and vision.

And most feel very positive about devolution, compared with last year, when half the people surveyed were unsure about it. Now around 70%

say it is exciting or interesting. Even more believe it is important, mainly because devolved control over money means services will be adapted to meet local needs.

Sharing and shaping early plans

Greater Manchester's 10 localities have already held around 300 face-to-face public and staff meetings, forums and events while developing individual plans.

For example, Bury ran workshops with stakeholders and providers to develop locality plan proposals, including engagement with service user and community groups to share and spread best practice. A collaborative project in Bolton involving the CCG, the council, local Healthwatch and community voluntary services is focused on a joint framework for engagement that aligns to communication of wider plans and strategies.

Engagement events in all the Heywood, Middleton and Rochdale 'townships' aimed to reach out to wider communities and test local opinion on devolution. Stakeholders have been engaged in developing proposals for a single hospital service model in Manchester and the city's local care organisation.

In Oldham, four public workshops on urgent care, long-term conditions, and services for children, young people and older people helped shape new pathways across health and social care and the overall operating model.

The Salford Together Partnership of the city council, CCG and NHS foundation trust has tested its integrated care model in Swinton and Eccles, where 40% of Salford's older people live,

to identify specific challenges. Local people have helped develop the model and shape aspects of integrated care like shared care plans.

Stockport has appointed a citizens' representation panel, and all business cases and plans go through this to ensure local people's views are reflected in final proposals.

Tameside and Glossop has undertaken a system-wide workforce engagement programme, plus a specific event for clinicians, who can also access personal development to become effective 'system leaders'.

Trafford has held drop-in sessions for the public and stakeholders to talk about specific new services like South Trafford Health and Wellbeing Centre as well as the overall locality plan. There have also been events to engage CCG member practices in proposed models of care.

Wigan's Wellfest 2016 in September was its first health and wellbeing festival. It is also engaging with local people through the **Deal for Health & Wellness**, which explains why a locality plan is needed and how it can improve services.

There has also been lots of communications and engagement work around our key transformational themes. Feedback we've had on these already suggests:

- there's a general consensus that the main themes, including prevention rather than intervention (particularly for young people), are the right ones
- it's important to be able to access community assets and facilities, like green space and leisure centres
- vulnerable people and those with long-term conditions and mental health conditions should be a priority.

People have also told us they want to feel informed about proposed changes and decisions, and to understand more about what health and care support is available in their local communities

Next steps

Our refreshed communications and engagement strategies set out planned achievements by the end of March 2017. Among other things we aim to:

- focus on the tangible differences devolution can make in areas like cancer, mental health, learning disabilities and falls prevention
- hold a training session for Greater Manchester leaders on engagement and consultation
- launch MoUs with carers, the voluntary, community and social enterprise sector and the pharmaceutical industry
- support an anti-microbial and antibiotic campaign
- develop an adult social care excellence programme
- further connect with the Greater Manchester workforce, including creating specific workforce messages

The road ahead

Our focus over the next six months will continue to be on delivering our priority objectives. We still have some plans to complete and publish, e.g. cancer, suicide prevention, population health, carers. We have some relationships that we still need to tie down through formal MoUs – e.g. the pharmaceutical industry, the voluntary and community sector. But for the most part now our focus is on delivery - of new models of prevention and care - whilst also driving the efficiency and productivity of services to meet our financial plan.

We will complete our planning for 2017/18 and will aim to publish our Partnership business plan for 2017/18 before the start of the new financial year. We will also publish an annual report for the whole 2016/17 financial year by the summer.

We would welcome any feedback you have on this report and would be happy to try to answer any further questions you might have about the work of the Partnership.

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