

Greater Manchester Health and Social Care Strategic Partnership Board

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Date: 19 January 2018

Subject: GM HSCP Business Plan 2017/18 – Six Month Summary

Report of: Warren Heppolette, Executive Lead, Strategy & System Development, GMHSC Partnership

SUMMARY OF REPORT:

The enclosed document summarises the Health & Social Care Partnership's progress in delivering our aims for the first six months of this financial year.

KEY MESSAGES:

We have a number of key achievements and have performed relatively well against our targets – but there are inevitably challenges that we need to address.

PURPOSE OF REPORT:

The report provides the Partnership Board with a summary of our progress in achieving the aims that we set in our Business Plan.

RECOMMENDATIONS:

The Strategic Partnership Board is asked to:

-) Note the six month summary update on our progress this year.

1.0 INTRODUCTION

- 1.1.1 In 2016 Greater Manchester became the first city region in the country to take control of its combined health and social care budget – a sum of £6 billion. Greater Manchester Health and Social Care Partnership was formed to oversee this.
- 1.1.2 We are now in our second year of delivery, building on a first year in which we performed strongly.
- 1.1.3 Our focus this year is on putting in place new models of care and support in Greater Manchester so that we can help people stay well in their homes and communities so that our hospitals can focus on those who are most ill.
- 1.1.4 At the same time as we change the way that care is provided, we must also continue to improve our current performance. There are some areas where we are doing very well, for example: satisfaction with GP services, how quickly people can have a planned operation carried out and the quality of care for people who have had a stroke. However, we know we need to improve in other areas, such as on urgent and emergency care and consistently meeting all of the national standards for cancer care.
- 1.1.5 We reached another important milestone for Greater Manchester in 2017 with the election of a new Mayor. The Partnership has developed a strong relationship with the Mayor's office.
- 1.1.6 This document provides a summary of what we have done in the first half of 2017/18 based on the aims that we set out in our Business Plan.

2.0 IMPROVING THE HEALTH OF RESIDENTS

Population Health

- 2.1.1. Greater Manchester may be a great place to live and work for many, but people here die younger than in other parts of England. We want to change this.
- 2.1.2. We are seeing the proportion of children who start school ready to learn steadily increase in Greater Manchester – but we know we need to do more so that we reach the same levels as other parts of England. So this year we have:
 -) Invested £1.5m in the priority areas of Oldham, Rochdale, Salford and Bolton to improve the oral health of children between ages 0 and 5;
 -) Contributed to the first school readiness summit in Greater Manchester, led by the Mayor and involving partners from across the city region;

-) Worked with our ten areas to develop plans for a whole family early intervention approach at community level - including targeted support for 0-5 year olds;
 -) Developed an investment proposal for over £2m to support school readiness in Greater Manchester.
- 2.1.3. By 2020, our aim is to meet or exceed the national average for the proportion of children in Greater Manchester reaching a good level of development by the end of reception.
- 2.1.4. Rates of smoking are also falling in our city region – but we know that we need to move faster in this area. So we have:
 -) Launched the GM Making Smoking History Strategy aiming to reduce smoking by a third by 2021, saving thousands of lives;
 -) Agreed a plan to invest over £1.7m to introduce a consistent approach aimed at reducing the number of women and their partners who smoke in pregnancy.

Mental Health

- 2.1.5. This year, we have taken momentous steps to deliver on our commitment to improve mental health and well-being in our city region:
 -) In July we announced an investment of £134m for mental health. This is the largest investment in mental health and well-being anywhere in the country;
 -) The share of the investment (nearly £80m) dedicated to children, young people and new mums reflects our commitment to increase the proportion of what we spend on mental health on young people.
- 2.1.6. Since devolution we have seen improvements in access, waiting times, and recovery for people seeking talking therapies, such as counselling. We intend to build on these achievements and ensure that our investment in mental health delivers lasting improvements for our population by:
 -) Supporting all schools in meeting the mental health and wellbeing needs of their students;
 -) Helping new mums who experience significant mental health problems - we want to allow at least an additional 1,680 women each year to receive evidence-based treatment;
 -) Stopping people who need hospital care for a mental health problem having to go out of Greater Manchester when the service is available here;

-) Making sure everyone in a mental health crisis is able to get immediate support - and that no one ends up in a police cell when they are in mental health crisis;
-) Significantly improving access to talking therapies, such as counselling – an additional 33,500 people will benefit from access to talking therapies.

2.1.7. The Manchester Arena attack saw a unified Greater Manchester response on mental health and wellbeing. This includes the establishment of a Greater Manchester Resilience Hub that provides support to people affected by the attack.

Dementia

2.1.8. In Greater Manchester, we consistently achieve higher rates of dementia diagnosis than the national average: our rates are at 77%; whilst the national average is 68%.

2.1.9. A dementia diagnosis can be difficult news but a formal diagnosis can help an individual to get the care and treatment they need, as well as allowing them to plan for the future.

2.1.10. We are ambitious to do more, particularly as we know that dementia will be a growing challenge as our population ages. So this year we have:

-) Invested over £2m in a programme we have called Dementia United – this is a long term plan to improve dementia care and support in Greater Manchester;
-) Through Dementia United, and other steps we are taking, we have set ourselves the ambition of making Greater Manchester the best place to live with dementia in the UK;
-) By 2020/2021, significantly more people will get a named coordinator of care, a care plan and at least one annual review of that care plan; and older people will receive diagnosis and referral within six weeks.

Cancer

2.1.11. Our vision is for people in Greater Manchester to have the best chance of avoiding or surviving cancer. Greater Manchester's cancer networks have performed better as a system than others in England over the last few years. In particular, we have consistently met the national target of 62 days' wait from referral to treatment.

2.1.12. However, there are some of the national cancer standards where our performance needs to improve. So this year, we have:

-) Confirmed Greater Manchester as part of the NHS England Cancer Vanguard, leading the way in developing new ways of caring for patients with cancer. Our involvement in this initiative has brought in an additional £2.3m in funding;

-) Carried out a pilot lung health check programme led by University Hospital South Manchester and Macmillan focused on deprived areas. People received an invitation to a Lung Health Check, which was less likely to cause anxiety than 'lung cancer screening'. This led to a significant increase in early stage lung cancer being diagnosed. We want to deliver this across Greater Manchester by 2020;
-) Signed up more than 5,000 Cancer Champions who will use their experience and knowledge to support those at risk of developing cancer as well as those who have been recently diagnosed;
-) Participated in a national pilot in which we have developed a pathway for patients with non-specific but concerning symptoms and we are testing multidisciplinary diagnostic clinics on two sites - University Hospital South Manchester and Royal Oldham Hospital. Our aim is to increase the number of patients diagnosed at an earlier stage and reduce the numbers of patients receiving a cancer diagnosis via a hospital admission.

3.0 TRANSFORMING CARE & SUPPORT

Local Care Organisations

- 3.1.1 The devolution of health and social care provides the opportunity to do things differently. This means developing new ways of providing care and support to help people stay healthy and well at home and in their communities.
- 3.1.2 We are doing this by developing Local Care Organisations (LCOs), which see the NHS, councils and other organisations, including the voluntary sector, working together much more closely to address an individual's mental, social and physical health needs and tackle the causes of poor health.
- 3.1.3 In the first six months of this year, each of our 10 localities has made a lot of progress in their LCO development – all supported by investment from the Greater Manchester Transformation Fund (around £275m invested).
- 3.1.4 The LCOs are made up of a number of teams operating at neighbourhood level (covering populations of around 30,000 to 50,000). This year has seen many examples of innovation in these teams, including:
 -) Employing community navigators to help people find the right support in the voluntary sector – which can also reduce pressure on GPs;
 -) Using technology to improve the way that care homes work with GPs and hospitals to avoid unnecessary admissions and GP call outs;
 -) Much closer working with sectors such as housing, employment, leisure and the police to make sure that local public services are working together to address those factors that can lead to poor health.

Transforming Primary Care

- 3.1.5 Many people have more contact with their GP practice, local pharmacy, dentist and optometrist than any other health services.
- 3.1.6 Greater Manchester GP practices are currently performing better than the national average on measures of patient satisfaction. This includes opening times, extended hours and overall experience. In November 2017, some 96% of GP practices in Greater Manchester were rated as outstanding or good by the Care Quality Commission – this is higher than the average for England.
- 3.1.7 This gives us a good foundation to build on – but we recognise that we need to continue to improve the quality of primary care, particularly since it will be at the centre of the new local care models we are developing. So this year we have:
-) Invested an extra £41m in GP practices over the next four years to improve access and quality;
 -) Introduced Greater Manchester Primary Care Standards to improve the consistency and quality of care across all our GP practices;
 -) Developed an approach for providing urgent primary care services on a 24/7 basis, including redirecting patients away from A&E to other services and setting up an urgent treatment centre in every local area.

Transforming Urgent and Emergency Care

- 3.1.8 When we first took charge of health and social care, we knew urgent and emergency care would be one of the most difficult challenges we would face. Like other areas of the country, services in Greater Manchester are under increasing pressure with a limited workforce. We know, for example, that we need to improve our performance on how long people wait in A&E.
- 3.1.9 To address these issues, we have:
-) Set up the Greater Manchester Urgent and Emergency Care Operational Hub to monitor activity across all hospitals across the region. The hub enables teams to predict and respond to any pressures building up in A&E departments and provide early warnings;
 -) Confirmed our plans to reform Urgent and Emergency Care in Greater Manchester, including an agreed framework for all areas to work to. This will drive the work across 2017-18 and ensure clear progress is achieved. It includes a new approach for urgent primary care (as noted above) and clinical streaming in every locality so that A&E departments are freed up to care for the sickest patients.
 -) Undertaken a major campaign in preparation for winter – including driving up the rates of influenza vaccination in our population, particularly in

vulnerable groups, and encouraging people to go to their pharmacy for the first signs of illness.

Hospital Care

3.1.10 NHS organisations across Greater Manchester are working together to transform hospital services so that they can provide safe, high quality patient care. A big part of this is improving consistency so that all Greater Manchester residents can access the same high standards of care, regardless of where they live.

3.1.11 There are many areas where we already deliver a consistently high quality of care. For example, all stroke services in Greater Manchester have been rated as 'A' by the Sentinel Stroke National Audit Programme – this is the best rating anywhere in the country.

3.1.12 We are also working on much closer collaboration between hospitals so that we are using our skilled and experienced workforce as effectively as possible. So for, instance, we are focusing emergency and high-risk abdominal surgery in four specialist centres in Greater Manchester. This includes the new £20m medical and surgical centre opened at Stepping Hill Hospital.

3.1.13 There is more that we need to do to improve hospital care, so this year we have:

-) In September 2017, completed the first stage of the most significant hospital merger in the country – the Single Hospital Service (SHS). Central Manchester University Hospitals NHS Foundation Trust and University Hospital of South Manchester NHS Foundation Trust joined together to form Manchester University Foundation Trust. North Manchester General Hospital will join the new organisation in around 12-18 months.
-) Made more progress in the development of the Northern Care Alliance between Salford Royal Foundation Trust and Pennine Acute Foundation Trust.
-) Secured national funding, which was only available to areas with well-developed plans, for up to £63m capital investment for Healthier Together implementation at Manchester Royal Infirmary, the Royal Oldham, Salford Royal and Stepping Hill. We also received up to £30m capital for the new development at Salford Royal to increase capacity for major trauma services.

Adult Social Care

3.1.14 Social care faces some very difficult challenges including an ageing population and constrained finances. We will only overcome these by much closer integration between health and social care – which we see happening mainly through the LCOs.

3.1.15 We have more joined up working between health and social care than anywhere else in the country. We are seeing results emerging from this. Each area in Greater

Manchester now has a team working across health and social care to make sure that discharge arrangements from hospital work effectively. As a result, we are seeing improvements in our figures for discharges across Greater Manchester.

3.1.16 However, we still need to make significant progress on social care, so we have this year:

-) Put in place a plan to improve employment opportunities for people with a learning disability;
-) Developed a new Carer's Charter – members of the public and the voluntary sector have worked with us to develop this;
-) Set up a work programme dedicated to improving the quality of care homes;

Learning Disability

3.1.17 Like other parts of the country, we are working to reduce the number of people with learning disabilities living in a hospital environment. The Transforming Care initiative is all about improving health and care services so that more people can live in the community.

3.1.18 We are performing well against NHS England targets with many people resettled in new homes, with the right support in place. For example, at the end of October, there were 118 transforming care inpatients in Greater Manchester – significantly better than the national target of 130.

3.1.19 We know that we need to increase the pace at which we support people to resettle, so this year we have:

-) Introduced the Greater Manchester Resettlement Hub to support areas on the discharge of patients who have been in a hospital for five years or more;
-) Put a Specialist Support Team in place, available 24/7, to work closely with Community Learning Disability Teams;
-) Secured over £1m investment to support Transforming Care in Greater Manchester to develop new autism services and early intervention services for children and young people with complex support needs.

Housing and Health

3.1.20 We know the importance of the link between good quality housing and health. That's why we have set up an innovative housing and health programme in GM. This includes our commitment to tackle homelessness – which we fully share with the Mayor of Greater Manchester.

3.1.21 This year we have agreed with the Mayor that there are four priorities for how the Partnership can help with tackling homelessness. These are:

-) To ensure all identified individuals of No Fixed Abode who wish to be registered with their local GP practice are registered with a proper patient record;
-) Make sure that no patient is discharged from hospital onto the street, through coordinated discharge practices between hospitals and council housing teams;
-) To support the development of outreach teams in all localities offering screening, health advice and health support to those living in hostels, refuges and other temporary accommodation;
-) A joined up approach to targeted specialist support services such as mental health and substance misuse.

4.0 ENABLING BETTER CARE

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

Research and innovation

4.1.2 This year we have increased the pace of our work on some radical innovations that will not only change the lives of people in Greater Manchester, but across the globe.

4.1.3 The work on genomics and cancer, being led by leading world experts and the GM Cancer Board, aims to dramatically advance precision medicine in the treatment of cancer. This will mean that we can increasingly tailor health care to each person's unique genetic make-up.

4.1.4 We have, through Health Innovation Manchester (HInM), developed a strong pipeline of proposals which can be rapidly evaluated, trialled, and implemented for the benefit of patients. This includes:

-) An innovative approach to managing Chronic Obstructive Pulmonary Disease (COPD) to avoid the need for hospital admission – piloted with 11 Manchester GP practices;
-) Healthy Hearts – working to make sure that those at high risk have the right statin dosage, targeted stroke prevention and blood pressure detection control;
-) Hepatitis C elimination – working to the standard set out by the World Health Organisation;
-) Rainbow Clinic – a service for women and their families following still birth or perinatal death.

Digital progress

- 4.1.5 In the first six months of this year we reviewed and assigned £10m of funds to a range of digital projects across localities.
- 4.1.6 We also agreed a single Wi-Fi standard for health and social care across GM enabling connection from any location.

Workforce

- 4.1.7 We want to make Greater Manchester one of the best places in the world to work in health and social care, whether that's in paid employment such as a doctor, nurse, clinician, social worker, manager or support staff or unpaid as a volunteer or carer.
- 4.1.8 This year we have taken some important steps, including:
 -) Agreeing a Workforce Transformation Strategy – so that we are clear on our priorities, where we have workforce shortages and what we can do to attract people to come to and stay in Greater Manchester;
 -) Commissioned a report on incentives for Nursing and Allied Health Professional careers to improve recruitment, retention and return to practice in Greater Manchester. We have a good platform to build on as Greater Manchester performed well this year on nursing recruitment – and this included securing more than 240 nursing associate places;
 -) One of the action areas identified in the Workforce Strategy is the establishment of a GM international brand as a centre of excellence to raise the profile of Greater Manchester as top destination for health and social care professionals internationally.
 -) As an example of this, the Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) is hosting an international training fellowship scheme to support more international doctors to work here as we know we have some areas of critical skill shortage.
 -) Signing an agreement with Health Education England to give us more control over what happens in Greater Manchester.

5.0 WHAT WE WILL DO NEXT

- 5.1.1 We have achieved a great deal in the first half of this year, but we do not underestimate how challenging the months ahead will be.
- 5.1.2 We will need to continue to transform services so that they are ready for the future but also deliver and improve on our performance targets for all our residents – including on urgent and emergency care and cancer.

5.1.3 However, we know that the direction we are heading in is the right one and our focus will continue to be firmly on implementing our plans. We are moving forward with joining up health and social care faster than anywhere else in the country.

5.1.4 We look forward to the upcoming months with confidence and will continue to build on the strength of our partnerships – including with the Mayor. It will be these It will be these partnerships that see us through the challenges ahead.

6.0 RECOMMENDATIONS

6.1.1. The Strategic Partnership Board is asked to:

) Note the six month summary update on our progress this year.