Welcome to Greater Manchester - the home of the first NHS hospital and now, seventy years later, the home of the first embryonic NHS population health system.

When people ask me about the difference between my old job as Secretary of State for Health and this one, my answer is simple.

As Health Secretary, you can affect the delivery of health services. But, as Mayor of a devolved system of public services, you can affect the determinants of peoples' health.

There's a world of difference between the two.

What I want to put to you today is clear evidence that health devolution is working and is beginning to point the way to what 21st century public services might look like.

It's just over three years since Greater Manchester took charge of health and care spending and decisions.

We promised we would integrate health and social care and provide high quality care as close to home as possible; that we would make faster progress on implementing the ambitions in the Five Year Forward View; and that we would go beyond those ambitions by connecting all the things which create good health – from education, to housing, to work.

Three years on I can report that we are delivering on those promises.

We have more than balanced the books - delivering a cumulative £442m of surplus - that has helped the national position, and essentially means that our five year transformation funding has cost the Treasury close to net zero.

But that financial success has not been at the expense of health improvement.

We can also report lower smoking rates, more kids ready for school, a reduction in still births, improvements in early cancer diagnosis, the best stroke services in the country, a doubling in the number of children able to access mental health services and a reduction by two thirds of the number of adult mental health patients treated out-of-area.

We have extended access across the city region to GPs in evenings and weekends, improved access to NHS dentistry and we've got 4,500 people who were long term employed for health reasons back to work.

But whether devolution could improve social care, as Adam Boulton said at the weekend, was seen by Westminster as the key test of the Greater Manchester experiment.

Today I am going to set out new evidence of significant improvement in social care, which is all the more remarkable for being achieved in the midst of continuing austerity and the absence of any national funding solution.

But before I get to that, I want to reflect on a moment recently that really brought home to me the state of the debate about social care in our country.

Two weeks ago, the evening news carried poignant tributes to those who sacrificed so much at D-Day.

Politicians queued up, quite rightly, to offer fulsome praise and deep gratitude.

But, later the same evening, a hard-hitting BBC Panorama revealed the reality of the lives of that wartime generation and how the same politicians have let them down.

People left without the basic support they need in their homes to be able to live a dignified life.

- Home care visits that are so short people are forced to choose between having a cup of tea or going to the loo
- People left isolated for days without having a proper conversation with another person – and care workers told not to start up conversations with people in case it holds them up
- People forced to sell their own homes – and lose everything they have worked for - to pay for their care

This remains the reality of the social care system in our country and it is shameful.

But there is some good news.

The evidence from here is that devolution of control to the local areas – and the ability that opens up to break down the silos and integrate the system – can take you some of the way to a more humane system.

Our Living Well At Home programme is delivering real progress.

As part of our drive to improve support for people in their own at home, **we are eliminating 15 minute personal care visits**. Across Greater Manchester, the time allocated to visits now matches the needs of the person – and 15 minute visits are only ever commissioned at the person's specific request, or as part of a larger package of care – for example medication administration.

We are putting in place new employment standards and better training – including the Greater Manchester Teaching Care Home programme and the adoption of UNISON's Ethical Care Standards Charter.

We are seeing real improvements in the quality of care and support

The number of care homes and home care agencies rated by the CQC as good or outstanding continues to rise in Greater Manchester. And we are improving at a faster rate than England and the North West. At this time last year, there were 24 care homes and 4 homecare agencies rated inadequate by the CQC. Today, there are only 4 care homes and one homecare agency with this rating.

We achieved this through a focus on person-centred care, valuing and training our staff, and more joined up working – right down to neighbourhood level.

We are driving this change through having strong system leadership and policy capability at the Greater Manchester level and I would like to pay tribute to Jon Rouse, Joanne Chilton, Warren Heppolette, the whole GM Partnership team and colleagues in our councils, hospitals and CCGs who are increasingly working as one team.

I also want to pay tribute to Sir David Dalton for his extraordinary service to the people of Greater Manchester.

The less good news is that devolution and integration cannot on their own solve the social care crisis. There is only far you can go within the constraints of the current funding system.

It is important to remember that when Greater Manchester took charge of health and care spending and set our priorities it was on the assumption that social care funding would be reformed.

At the very least the Dilnot cap on care costs would be implemented and funded in full.

Two years on from the original publication date of the social care green paper, eight years on from the Dilnot report, ten years ago from the Green Paper I brought forward as Health Secretary, and 20 years on from the Royal Commission on social care - it feels like social care funding reform is further away than ever.

I pay tribute to the NHS Confederation for bringing together a coalition of 15 health organisations to launch Health for Care – campaigning for a fair, long-term funding settlement for social care.

As Niall Dickson has said:

"This is one part of the public sector arguing for more funding for another part and that is unusual. But it reflects deep frustration within the NHS at the appalling way in which social care has been treated and the impact this is having on the health sector."

This stance is to Confederation's great credit and is actually a sign of how far the NHS has come from my days in the department where social care was often seen as an afterthought.

I hope this powerful message is heard by the people vying to be our Prime Minister.

Last night, four out of five candidates prioritised tax cuts over public spending and, in doing so, are in danger of revealing that they would have the wrong priorities as Prime Minister.

Tax cuts on the scale proposed for top earners and businesses will leave no money for social care.

I make this direct appeal to those candidates still in this race: do the right and humane thing, prioritise that wartime generation over more giveaways for those with most and, for goodness sake, pay those

dedicated care workers who look after other people's parents what they truly deserve rather than leaving them on poverty pay.

And produce a proper long-term solution.

Some candidates have advocated more cross-party talks or another Royal Commission. That's a cop out as we've already had plenty of those.

Others have advocated voluntary insurance schemes – but there are two problems with this.

First, there is little evidence to suggest people would see the need to insure themselves against social care costs and the cost of private insurance is beyond the reach of many.

Second, it traps social care in a different funding model from the NHS for the rest of the century. That creates a permanent barrier to integration and to the kind of improvements that Greater Manchester has been delivering.

Members of the expert group appointed to advise the Government on the Green Paper said this in a recent letter to the Telegraph:

"We believe the solution is to introduce a new approach, whereby the essential costs of care are universally funded and risk is shared across the whole population in a similar way to the NHS.

"This would help to enable a properly integrated care and health system that supports people of all ages with ill health and disability in living and ageing well."

This is the same conclusion as that reached by the Green Paper I brought forward a decade ago, and by the Royal Commission before it.

The political philosophy that opposed the creation of the NHS is now preventing the only solution to the care crisis: social care provided on NHS terms, where everyone contributes and everyone's covered.

A National Health and Care Service that supports people with dementia as well as it treats cancer.

That is what fairness in the 21st Century demands.

The drive towards care in the homes mustn't mean we neglect our hospitals.

Here in Greater Manchester, in some of our poorest communities we are trying to provide 21st century care in Victorian Nightingale wards that are over 150 years old.

Without a long term capital settlement it is impossible to plan for the replacement of these outdated facilities.

And so inevitably but completely avoidably, we are falling into an age of patch and mend, and equally inevitably the risks are growing.

Anita Charlesworth was right to highlight earlier today that we spend only half of what OECD nations spend on capital – and this must also be a priority for the next Spending Review.

But new hospitals alone do not build good health.

And this takes me to my final and perhaps biggest point of all.

That the hospital needs to be part of not just an integrated health and care system but a population health and wellbeing service.

There is a simple but profound truth that the health service needs to embrace – there is no health without good housing.

It is the foundation for everything in life.

Yet it is something that many people don't have.

Conferences like this endlessly debate public health challenges like obesity, smoking, alcohol.

But then delegates leave and walk past people huddled in doorways on our streets whose health is deteriorating fast right before our eyes.

Hundreds of people are dying on British streets every year.

The homelessness crisis is a public health emergency and the change we need to see in our country is all public bodies prioritising it and working together to solve it.

In Greater Manchester we are trying to do that.

Since last winter we have opened up our A Bed Every Night scheme – providing basic shelter and triage for people sleeping on the streets.

Over this period, A Bed Every Night has accommodated almost 1,600 individuals across Greater Manchester and has facilitated move on to alternative accommodation for over 540 of these people.

One of the reasons it has worked is because of the simple principle that, once accommodated, people can stay in the same place.

It is a simple fact of life that, when people are settled in one place and their basic needs are being met, they are more likely to be able to consider how they want to move forwards in their lives, and, with the right support at the right time, are more likely to succeed in their goals.

My hope is that in doing this we can create a moral imperative for more urgent action nationally.

Although there are some notable exceptions, particularly in Greater Manchester, in general it costs public bodies a lot of public money to do very little about rough sleeping.

So I am grateful to the King's Fund who have agreed to work with us on this to independently evaluate A Bed Every Night – and help us share learning with other parts of the country.

It is encouraging that the most recent figures show rough sleeper numbers falling Greater Manchester for the first time in eight years.

But we're ready to go further.

Building on our strong foundations and strong partnerships, and because we recognise that all parts of the system need to take responsibility and ownership of the roughsleeping crisis, I can today announce that the NHS in Greater Manchester is taking a ground-breaking step by investing at least £1.5m into the next phase of A Bed Every Night.

I can also confirm that a commitment is in place from Her Majesty's Prison & Probation Service to invest in 'A Bed Every Night' - to reduce the risks to ex-offenders of street homelessness and the associated risks to local communities.

This additional investment will allow us to extend the scheme for a 12 month period from 1st July 2019 – meaning that no-one from Greater Manchester will be forced to sleep on our streets.

Crucially, the investment will enable us to improve A Bed Every Night provision so that it better meets the needs of those who access it. This will include improving the quality of accommodation, offering training to

front line staff and volunteers and improving signposting, screening and assessment into relevant health services.

This investment has been made possible through our model of public service integration, and specifically our unique Joint Commissioning Board – which gives us the ability to jointly decide to align our efforts where they are needed most and respond to cross-cutting challenges collectively.

I am deeply grateful to the Greater Manchester NHS for joining us on this journey.

I hope that all public bodies will subscribe to the same Housing First ethos.

It began in Finland and was recently explained to me by the Mayor of Helsinki.

The state, municipalities, NGOs and charities to adopt a simple principle – Housing First.

It is not just an operating model – it is a philosophy.

It is guided by the notion that having a place to live is both a human right and a basic right. And it starts from the assumption that the first support measure should be the provision of housing.

Juha Kaakinen, CEO of Y-Foundation, Finland's largest non-profit housing provider, has said:

“Housing is not a reward that a homeless person receives once their life is back on track. Instead, it is the foundation on which the rest of life is put back together. When a person has a roof securely over their head it is easier for them to focus on solving their other problems.”

In 2019, there is no reason why anyone, anywhere in the country should be forced to sleep on the streets.

Roughsleeping is not an inevitable consequence of a 21st century economy.

It should not be the case that for some to succeed others have to sleep on the streets.

And just like NHS is now rightly leading the call for additional social care funding, I want the NHS to be a champion of health in all policies and call for housing to be a human right in UK law.

<u>In conclusion – devolution is working.</u>

We are delivering our part of the deal, improving social care standards, and ushering in new thinking about health and housing.

We've achieved this because we have had freedom to act, freedom to make the choices that make sense for our population and to design services with the people that work for the people.

We are showing that devolution and we would fully support every part of the country who now wants the same as us.

With the Long Term Plan about to enter its implementation phase we need the national bodies to now keep the faith and keep investing in us.

Lord Kerslake's Commission recently said that radical and far-reaching devolution of powers, backed up by significant and sustained investment, is the best way to address the regional inequalities that blight economic performance and life chances.

So message today is don't stifle us, don't try to micro-manage us or constrain our choices.

Instead, continue to give us the freedom and we will continue to give you the return in the form of not only improved health and care outcomes but a new blueprint for the NHS in the 21st century.