Date: 25 November 2016
Subject: Taking Charge – Six Month Progress Report: Public & Stakeholder Versions
Report of: Jon Rouse

PURPOSE OF REPORT:

The purpose of the report is to share the progress in Greater Manchester since we took charge of our £6bn health and social care budget, and the £450m Transformation Fund, in April 2016. It also sets out our priorities for the coming months.

There are two different progress reports. The first is public facing, is attached and will be shared widely. It is designed to follow on from a similar booklet we produced in March as part of the Taking Charge Together campaign. It focuses on the difference devolution is beginning to make in terms of our four transformation themes:

- Population health: starting well, living well and aging well
- Making sure local health and social care services work far better together in local neighbourhoods
- Helping hospitals work together better
- Sharing more across public services.

The second is stakeholder facing. It charts our progress in a different way, looking at system performance, quality, transformation and finance. A presentation and the first public facing report will be presented at today’s Board meeting and the second stakeholder facing document will be shared with all GM stakeholders.

RECOMMENDATIONS:

The Strategic Partnership Board is asked to:

- Note the report
- Share the report with relevant groups and stakeholders in their own localities

CONTACT OFFICERS:

Claire Norman
claire.norman@nhs.net
Greater Manchester
Health and Social Care Partnership

Taking Charge
6 months in

April to September 2016
What’s happening?

We all want Greater Manchester to be a better place to live with healthier, wealthier and happier people. We know that the things which will help people be healthier are jobs, good housing, connections to families, friends and local communities and the right public services.

The opportunity is also huge and this is why we did a devolution deal with the government, which, in April 2016, saw us take charge of the £6 billion spent on health and social care services. The deal also gave us a £450million pot of ‘extra money’ (over five years). This is called the Transformation Fund because it’s for us to use to change the way we do things in the longer term.

So far, three areas - Salford, Stockport, Tameside and Glossop - have been awarded nearly £60 million to bring hospitals, social services and community healthcare closer together to improve services for patients.

Our goal is to deliver the greatest and fastest possible improvement to the health, wealth and wellbeing of the 2.8 million people of Greater Manchester.
The challenge is big; the money available for our public services is reducing every year.

Devolution won’t stop our money challenges – when we took charge of the £6bn spent here each year on health and social care services we were spending more than £200 a minute beyond our means.

We continue to make the case to the government for increased funding for health and social care but, if we carry on as we are, by 2021 that figure will have gone up to more than £2,000 a minute. That’s £120,000 an hour and nearly £3million every day more than we can afford.

So there will continue to be some tough decisions about public services ahead of us but there is also the chance to solve some of the problems we’ve been facing here for a long time.

Our strategic plan, Taking Charge, was published in December 2015. It sets out how we will improve our health and tackle our financial problems at the same time. It says how we are looking at four big areas:

- Helping people start well, live well and age well
- Helping hospitals work together better
- Making sure local health and social care services work far better together in our neighbourhoods
- Sharing more across public services

This is how we will make sure we have a strong and sustainable NHS and social care in Greater Manchester for the long term.

Over the next few pages there are some examples of what’s happening on each of these areas.
What difference is devolution beginning to make?

Start well, live well, age well

Helping people ‘start well’ –
We will ensure every child gets the best possible start in life and we will help them fulfil their potential as they start, and then, progress at school.

Case study

**Saving babies’ lives** - A stillbirth is a terrible experience for a family and Greater Manchester is leading the way nationally in tackling it.

We are reducing the number of stillbirths by learning more about the way unborn babies grow and move and by helping expectant mums to reduce or stop smoking altogether.

For those who do experience a stillbirth we have designed detailed guidance for health professionals to make sure parents are given the compassion and quality of care they deserve.
Helping people ‘live well’ –
We are committed to working with people to help them benefit from job and education opportunities, to access the best health and public services when needed and lead a more active role in their local communities.

Case studies

**Working Well Programme** - We have joined with our partners to support the Working Well programme. This aims to help 15,000 people in Greater Manchester, with an eventual target of 50,000, return to work after health issues.

An example of this action was when a woman from Stockport suddenly lost her job and described that experience as a type of bereavement. The effect on her was profound and led to crippling depression, compounded by a cycle of being unable to find a new job.

She was helped by Working Well – staff liaised with a mental health team to help her back on her feet and she then found a job with a supportive employer.

**Pride in Practice** – a new initiative to transform healthcare services for lesbian, gay, bisexual and trans (LGBT) people in Greater Manchester has begun. This includes improving understanding of LGBT issues at more than a thousand GP practices, pharmacies, dental practices and opticians.

**Getting more active** – a new commitment has been launched with Sport England to help people make physical activity a part of daily life to help reduce stress and ill health, assist people not to have to miss work or school and to prevent loneliness.

**Diabetes** – from April 2017 people across Greater Manchester at risk of type 2 diabetes will be offered support to improve their lifestyle with the aim of stopping people developing diabetes in the future.
Adult social care - We have begun planning an adult social care ‘Excellence’ programme to make sure people get the care they deserve.

Dementia - Across Greater Manchester there are over 30,000 people living with dementia, but now innovative and creative projects are helping to change people’s lives.

At Rochdale Infirmary’s Oasis unit, older patients are assessed and often diagnosed with dementia following referral into hospital with other severe medical conditions. This is by a multi-disciplinary team which includes doctors, nurses, health and social care professionals and specialist support from mental health nurses.

The unit, believed to be one of the first of its kind in England, has specially designed pop up themed canvas backgrounds to enhance the sensory impact which leads to significant therapeutic benefits. Hundreds of people and their loved ones have benefited.

In Salford, there is a 12 month project focusing on 30 Salford people living with mild/moderate dementia. This aims to help them both physically and mentally with the long-term goal of proving whether people living with dementia can benefit from virtual reality treatment.

And over 700 pharmacies across Greater Manchester are in the process of becoming dementia friendly by giving greater support to people living with dementia and their carers.
taking charge – a 6 month review
What difference is devolution beginning to make?

Making sure local health and social care services work far better together in our neighbourhoods

Integrated Care - Residents, staff and carers living and working in Stockport are already starting to benefit from closer working arrangements. Eight neighbourhood teams of health, social care and voluntary sector professionals have been set up across Stockport as part of the Stockport Together transformation programme. The first integrated neighbourhood team in the area includes social care, district nursing and voluntary staff, who share the same office space and say it is already enabling them to deliver better services for the people of Stockport.

In Platt Bridge, Wigan, the NHS, council and Greater Manchester Police are working together to make an early assessment of people’s needs and addressing the underlying causes of issues. This can be by providing support or reducing anti-social behaviour and drug and alcohol abuse.

This work is already making a difference to the lives of local people. In one case a woman was referred to the team as a victim of anti-social behaviour from children. The team visited the woman’s home and quickly established that she was provoking the children’s behaviour when bored and drunk in the afternoons. The team were able to support by helping her to take part in community groups which led to less drinking. The result is a much happier and healthier resident and no further incidents of anti-social behaviour.

GPs, dentists, pharmacists and opticians – a Greater Manchester-wide plan has been agreed that sets out how doctors, dentists, pharmacists and opticians will work closer together. This is already providing opportunities for people to use community pharmacies more, see a GP seven days a week, have improved waiting times for a child’s first dental check, and have more minor eye condition treatment in their community.
Primary care – Bury was the first area to benefit from a pioneering service to increase access to GP services out of hours and seven days a week. Innovative ways to book appointments, telephone consultations and using online services to order prescriptions were key to making this a success. The introduction of seven-day access to GP services to fit around patients’ busy lives is seen as a particular boost for working people, patients who need to be accompanied by carers or parents and people reliant upon public transport who may find it difficult or expensive to visit out of hours or walk in centres.

Mental health – we have agreed a comprehensive mental health strategy that will help patients needing mental health treatment and support. This includes how we deal with people with mental health issues when they first come to our attention, preventing suicide, helping people with learning disabilities and recognising children’s mental health needs.

Workforce – we are working with a range of partners to develop plans that will improve training and education for our 100,000 staff, 280,000 carers and more than 300,000 volunteers in Greater Manchester.

This has already proved successful. For example, a new wave of training which will help to transform the nursing and care workforce has begun. The training will create a new type of care worker, called nursing associates, with a higher skillset to support and complement the care given by registered nurses. Some 230 nursing associates will embark on the two year training course this year.
Helping hospitals work together better

Case study

Older, frail, people in South Manchester who attend Accident and Emergency have benefited from a new approach intended to help them get the right care more quickly.

They are met by staff with a range of skills and experience in elderly care treatment to work out exactly what is needed and then to work out a detailed treatment plan which may include care in hospital, at another community location, or at home.

People who need hospital treatment are taken to a dedicated unit for frail, older, people. Specialised treatment improves their recovery sooner, so they can go home, reducing the need to return to hospital.

For those people who do not require further hospital care but are unable to return home due to illness that doesn’t require hospital treatment they are transferred to another off-site unit for care and support.
Major surgery fitness test – We are helping to develop an innovative approach to improving patient recovery after major surgery across Greater Manchester. Patients are given an exercise ‘fitness-test’ to check how they will cope with surgery. They also attend ‘surgery school’ to understand what will happen before, during and after surgery and how best to prepare. They are then given a personalised prescription on what to do before surgery with the aim of improving their recovery after surgery.

This new way of working is already successfully used at Manchester hospitals and has demonstrated a reduction in significant breathing complications after operations as well as a shorter stay in hospital for patients.

Cancer – cancer patients in Greater Manchester have led the way in designing what will become the first specialist surgical centre of its kind in the region. Over recent months people with stomach and gullet cancers have been working with doctors and NHS managers to change things. Now surgery for stomach and gullet cancers will take place in one dedicated centre, at Salford Royal Hospital. This means that expertise and experience can be focused on one team, enabling better and more consistent high quality care for patients.
What difference is devolution beginning to make?

Sharing more across the whole public services

**Estates** – we are working with a range of partners in Greater Manchester and nationally to develop plans to use health and social care buildings and land more efficiently across the region.

**Ensure our people have the opportunity to shape health and care provision, as well as their own health and behaviours.**

**Taking Charge Together** – the Taking Charge campaign early this year asked the region’s residents, carers and 100,000 public services employees to share their struggles and successes in making healthy lifestyle choices.

More than 10,000 responded, with 55% of people who took part wanting to get more active. We will build on this to engage with residents, staff, carers and partners, especially voluntary and community organisations.

**Case studies**

#takingcharge

**in Greater Manchester**

There’s a role for everyone to take charge and responsibility.

What stops or helps people from taking charge of their health?

Our goal is to see...

...the greatest and fastest improvement to the health, wealth and wellbeing of the 2.8 million people in Greater Manchester.

www.takingchargetogether.org.uk

Win family bikes...

For a chance of winning a set of family bikes, simply join the conversation by taking the snapshot survey by March 2016.

www.takingchargetogether.org.uk

Greater Manchester Health and Social Care Partnership
taking charge - a 6 month review
What we will achieve in the next year

Building on work that is underway, we will also:

- **Continue to transform health and social care**
  We will continue to work with local Greater Manchester areas to develop plans and then provide the money to improve health and social care.

- **Work to support carers and social care**
  We have been working with a number of partners, including carer charities, local carer support groups and the voluntary sector to design a new deal. This will set out our collective plans to meet the professional needs of carers.

- **Develop the Greater Manchester Health Check programme**
  We are drawing up plans to make sure health problems are spotted early to prevent long term ill health.

- **Work with the voluntary, community and social enterprise sector**
  We are determined to work even more closely with the voluntary, community and social enterprise sector and are working on a plan to make this happen.

- **Engage with the pharmaceutical industry**
  We have engaged with companies who provide medicines and tablets and are developing a deal setting out our goals for the future.

- **Use new technology to better inform patients and doctors**
  We are looking at how 21st century technology can be used to help patients and doctors, including providing better and quicker access to medical records.

- **Help hospitals work together better**
  We are improving safety, quality and savings to deliver big improvements to care in hospitals. Our focus is on medical services, including care for people with heart and breathing illnesses, women’s and children’s services, including maternity, surgery and specialist services – for example treatment for rare cancers.
Who are we?

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

We are governed by the GMHSC Strategic Partnership Board, which comprises the 37 local authority and NHS organisations in Greater Manchester, plus representatives from primary care, NHS England, the community, voluntary and social enterprise sectors, Healthwatch, Greater Manchester Police and the Greater Manchester Fire and Rescue Service. The Strategic Partnership Board meets in public every month.

Meet our senior management team

Lord Peter Smith  
Chair GMHSC Strategic Partnership Board

Jon Rouse  
Executive Lead for Finance and Investment

Nicky O’Connor  
Chief Operating Officer

Warren Heppolette  
Executive Lead for Strategy and System Development

Dr Richard Preece  
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

Awaiting appointment  
Executive Lead for Population Health and Commissioning

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For more information contact:

Email: gm.hscinfo@nhs.net
Tweet: @GM_HSC
Call: 0161 625 7791 (during office hours)
Address: 4th Floor, 3 Piccadilly Place, Manchester, M1 3BN
Website: gmhsc.org.uk

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