Greater Manchester
Health and Social Care Devolution
Greater Manchester: a snapshot picture

£56 Billion GVA
Fastest growing LEP in the country

2.7 Million People
Growth of 170,000+ in the last decade

104,000 People Unemployed
7.8% (above UK average of 5.5%)

77.7 Male Life Expectancy
England average: 79.3

81.3 Female Life Expectancy
England average: 83.0

112,000
People on long-term sick and inactive

GVA – Gross Value Added
LEP – Local Enterprise Partnership
Greater Manchester: Our health and social care system

12 Clinical Commissioning Groups
10 Local Authorities
9 Acute Providers
5 Community and/or Mental Health Providers
1 Ambulance Service
Greater Manchester: A history of working together

- Metrolink 1992
- Business Leadership Council Established
- Prosperity for all GM Strategy
- GMCA and LEP established
- Healthier Together
- Greater Manchester
- Growth Deal
- Growth & Reform Deal
- Centralised Stroke Service
- From 1986
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- AGMA, GMITA & Airport
- Publication of the MIER
- Thematic Commissions Established
- Transport for GM
- Community Budget Pilot
- New GM Strategy
- Major Trauma Network
- Devolution Agreement
- Health and social care MOU
The background to GM Devolution


- Powers over areas such as transport, planning and housing – and a new elected mayor.

- Ambition for £22 billion handed to GM.

- MoU Health and Social Care devolution signed February 2015: NHS England plus the 10 GM councils, 12 Clinical Commissioning Groups and NHS and Foundation Trusts
  - MoU covers acute care, primary care, community services, mental health services, social care and public health.
  - To take control of estimated budget of £6 billion each year from April 2016.
  - Commitment in July 2015 budget to align the Spending Review process for health and social care to our Strategic Sustainability Plan
The vision for GM Devolution

To ensure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of Greater Manchester
## Devolution isn’t just about health & social care

The roots of poor health are found across society and the public service – we need to do more than just respond at the point of crisis. This requires integration of not just health and care, but contributing wider public services focussing on health, wealth and wellbeing.

### Worklessness & Low Skills
- Long-term JSA claimants
- ESA claimants (WRAG)
- ‘Low pay no pay’ cycles
  - Working Tax Credit claimants
  - Low skill levels (vocational or academic)
  - Insecure employment
- NEET (Young People)

### Children & Young People
- Child in Need Status (CIN) / known to Children’s Social Care
- Child not school ready
- Low school attendance & exclusions
- Young parents
- Missing from home

#### Compounding factors:
- Lone parents with children 0-4
- Poor literacy and numeracy
- Poor social skills
- Low aspirations
- Living alone

### Crime & Offending
- Repeat offenders
- Family member in prison
- Anti-social behaviour
- Youth Offending
- Domestic Abuse
- Organised Crime

#### Compounding factors:
- Repeat involvement with social care
- LAC with risk of offending
- Poor parenting skills
- SEN
- Frequent school moves
- Single parents

### Health & Social Care
- Mental Health (including mild to moderate)
- Alcohol Misuse
- Drug Misuse
- Chronic Ill-health (including long-term illness / disability)

#### Compounding factors:
- Unhealthy lifestyle
- Social isolation
- Relationship breakdown / loss or bereavement
- Obesity
- Repeat self-harm
- Living alone
- Adult learning difficulties
What have we said we’ll do in the MoU?

- Improve the health and wellbeing of all Greater Manchester people – of all ages
- Close the health inequalities gap faster within GM, and between GM and the rest of the UK
- Integrate physical health, mental health and social care services across GM
- Build on the Healthier Together programme
- Continue to shift the focus of care closer to homes and communities where possible
- Strengthen the focus on wellbeing, including a greater focus on prevention and public health
- Contribute to growth and connect people to growth, eg helping people get in to and stay in work
- Forge a partnership between the NHS, social care, universities and science and knowledge industries for the benefit of the population
- Make significant progress on closing the financial gap
Why do devolution?

• Devolving powers to GM will enable us to have a bigger impact, more quickly, on the health, wealth and wellbeing of GM people

• It will allow us to respond to the needs of local people by using their experience to help change the way we spend the money

• It will allow us to better co-ordinate services to tackle some of the major challenges supporting physical, mental and social wellbeing

How will we do this?

• By integrating our governance: being binding on all the partners, decisive and bold

• By integrating planning: working across CCGs, local authorities and trusts in our 10 areas to create aligned local plans feeding one GM strategic plan

• By integrating delivery: by doing best practice at pace and scale
What will – and won’t - this mean for the NHS and social care

• Greater Manchester will remain within the NHS and social care systems and continue to uphold standards in national guidance and statutory duties in NHS Constitution and Mandate – and for delivery of social care and public health services

• Decisions will continue to be made at the most appropriate level to the benefit of people in GM – sometimes locally and sometimes at a GM level

• Organisations will work together to take decisions based on prioritising their people and their place

• From 1 April 2015 ‘all decisions about GM nationally are taken with GM’
# Programme approach

## Health & Social Care Devolution Programme

### Programme Area

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<th>DMT Contact</th>
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<td>Katy Calvin-Thomas</td>
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<tr>
<td>Establishing Leadership, Governance &amp; Accountability</td>
<td>Liz Treacy</td>
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<tr>
<td>Devolving Responsibilities and Resources</td>
<td>Sarah Senior</td>
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<tr>
<td>Partnerships, Engagement and Communications</td>
<td>Warren Heppolette</td>
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<tr>
<td>Early Implementation Priorities</td>
<td>Leila Williams</td>
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### The GM plan contains the following chapters:
- Strategic Plan
- Locality and Sector Plans
- GM Transformation Proposals and Financial Plan and Enablers

It is recognised that a large proportion of the other programme areas will feed into the Strategic Plan at the appropriate point, highlighted to the right.

### Work programmes

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### Early Implementation Priorities

- 7 Day Access to Primary Care
- Public Health place-based agreement major programmes and early intervention priorities
- Academic Health Science System
- Healthier Together Decision
- Dementia Pilot
- Mental Health and Work
- Workforce Policy Alignment
- CAMHS

**2015 06 22 v01**
1. Strategic Direction

The Strategic Plan will set out the vision for the delivery of services within GM and what a sustainable approach would look like.

2. Locality & Sector Plans

The Strategic Plan will provide a framework to ensure the overall level of ambition is achieved and for the development of Locality Plans. Each area in GM will produce their own five year Strategic Plan for the five years from 2016/17.

3. GM Transformation Proposals

A key component of the Strategic Plan will be to identify new models of care/strategies and where transformation is needed.

4. Financial Plan & Enablers

A GM Model will be developed enabling scenario planning for the significant changes of services that will be required. It will be capable of predicting the impact of new models of care and of locality and sector plans.
Key achievements

**June 2015**

- **7 Day Access to Primary Care**
  - Launch of the commitment that all 2.8 million people across GM will have access to primary care services seven days a week from the end of the year.

**July 2015**

- **Healthier Together decisions**
  - The final decision, following a three year process, about which hospitals will work together as single services and which of those will specialise in emergency medicine and general surgery.

**July 2015**

- **Public Health MoU**
  - Launch of a new model of public health leadership in GM, putting public health at the heart of wider economic and skills potential of area by helping people into work, encouraging independence and reducing demand on the NHS. Early priorities include vascular disease, the Greater Manchester Alcohol Strategy, combining the work of emergency services to help with integrated health and care arrangements, and increasing the uptake of health checks.

**July 2015**

- **Spending review**
  - Commitment in July 2015 budget to align the Spending Review process for health and social care to our Strategic Sustainability Plan.
What’s to come: summer/autumn 2015

**Academic Health Science System**
Bringing together world class experts in health, academia and industry to enable GM to compete on a global level through aligning Manchester Academic Health Science Centre (MAHSC), Greater Manchester Academic Health Science Network (GMAHSN) and Local Clinical Research Network (LCRN)

**Dementia Pilot**
Helping people living with dementia get better care, through integrating services and using opportunities to use technology and digital advances to help patients live at home safely

**Mental Health and Work**
Developing a service model which supports unemployed people who are finding it difficult to get into work because of mental health issues

**Child and Adolescent Mental Health Services**
System wide enabler to transforming Children and Young People’s Mental Wellbeing services as outlined in the March 2015 report ‘Future in Mind’

**Workforce Policy Alignment**
Secure agreement across provider organisations in GM on: common standards on pre-employment checks, statutory and mandatory training and common rates for specific targeted locum and agency staff
APRIL 2015: Process for establishment of Shadow Governance Arrangements Agreed and initiated

MAY–DECEMBER: Announcement of Early implementation Priorities

OCTOBER: Governance structures fully established and operating in shadow form.

AUGUST: Production of an Outline Plan to support the CSR process which will include a specific investment fund proposal to further support primary and community care and will be the first stage of the development of the full Strategic Plan.

DECEMBER: Production of the final agreed GM Strategic Sustainability Plan and individual Locality Plans ready for the start of the 2016/17 financial year.

DECEMBER: In preparation for devolution, GM and NHSE will have approved the details on the funds to be devolved and supporting governance, and local authorities and CCGs will have formally agreed the integrated health and social care arrangements.

APRIL 2016: Full devolution of agreed budgets, with the preferred governance arrangements and underpinning GM and locality S75 agreements in place.