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GMCA GREATER MANCHESTER COMBINED AUTHORITY

Greater Manchester Integrated Care Partnership

GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP BOARD

DATE: **Friday, 24th March, 2023**

TIME: **1.00 pm**

VENUE: **Bolton Town Hall, Victoria Square, Bolton, BL1 1RU**

AGENDA

1. **Welcome and apologies**

2. **Chair's Announcements and Urgent Business**

3. **Declarations of Interest** 1 - 4

To receive declarations of interest in any item for discussion at the meeting. A blank form for declaring interests has been circulated with the agenda; please ensure that this is returned to the Governance & Scrutiny Officer at least 48 hours in advance of the meeting.

4. **Minutes of the meeting of the Integrated Care Partnership Board held on 10 February 2023** 5 - 10

To consider the approval of the minutes of the meeting held on 10 February 2023.

BOLTON	**MANCHESTER**	**ROCHDALE**	**STOCKPORT**	**TRAFFORD**
BURY	**OLDHAM**	**SALFORD**	**TAMESIDE**	**WIGAN**

Please note that this meeting will be livestreamed via www.greatermanchester-ca.gov.uk, please speak to a Governance Officer before the meeting should you not wish to consent to being included in this recording.

5.	**NHS Greater Manchester Integrated Care Partnership Strategy** Report of Warren Heppolette, Chief Officer for Strategy and Innovation, NHS Greater Manchester Integrated Care	11 - 60
6.	**Greater Manchester Moving and Health Integration** Report of Tom Stannard, Chief Executive for Salford City Council / Chair GM Moving Executive Group	61 - 70

For copies of papers and further information on this meeting please refer to the website www.greatermanchester-ca.gov.uk. Alternatively, contact the following

Governance & Scrutiny Officer: Elaine Mottershead
✉ elaine.mottershead@greatermanchester-ca.gov.uk

This agenda was issued on Thursday, 16 March 2023
on behalf of Julie Connor, Secretary to the Greater Manchester Combined Authority,
Churchgate House, 56 Oxford Street,Manchester M1 6EU

Declaration of Councillors' Interests in Items Appearing on the Agenda

Name and Date of Committee: Integrated Care Partnership Board on 24 March 2023

Agenda Item Number	Type of Interest - PERSONAL AND NON PREJUDICIAL Reason for declaration of interest	NON PREJUDICIAL Reason for declaration of interest Type of Interest – PREJUDICIAL Reason for declaration of interest	Type of Interest – DISCLOSABLE PECUNIARY INTEREST Reason for declaration of interest

Please see overleaf for a quick guide to declaring interests at GMCA meetings.

Quick Guide to Declaring Interests at GMCA Meetings

Please Note: should you have a personal interest that is prejudicial in an item on the agenda, you should leave the meeting for the duration of the discussion and the voting thereon.

This is a summary of the rules around declaring interests at meetings. It does not replace the Member's Code of Conduct, the full description can be found in the GMCA's constitution Part 7A.

Your personal interests must be registered on the GMCA's Annual Register within 28 days of your appointment onto a GMCA committee and any changes to these interests must notified within 28 days. Personal interests that should be on the register include:

1. Bodies to which you have been appointed by the GMCA
2. Your membership of bodies exercising functions of a public nature, including charities, societies, political parties or trade unions.

You are also legally bound to disclose the following information called Disclosable Personal Interests which includes:

1. You, and your partner's business interests (eg employment, trade, profession, contracts, or any company with which you are associated).
2. You and your partner's wider financial interests (eg trust funds, investments, and assets including land and property).
3. Any sponsorship you receive.

Failure to disclose this information is a criminal offence

Step One: Establish whether you have an interest in the business of the agenda

1. If the answer to that question is 'No' then that is the end of the matter.
2. If the answer is 'Yes' or Very Likely' then you must go on to consider if that personal interest can be construed as being a prejudicial interest.

Step Two: Determining if your interest is prejudicial

A personal interest becomes a prejudicial interest:

1. where the wellbeing, or financial position of you, your partner, members of your family, or people with whom you have a close association (people who are more than just an acquaintance) are likely to be affected by the business of the meeting more than it would affect most people in the area.
2. the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice your judgement of the public interest.

For a non-prejudicial interest, you must:

1. Notify the governance officer for the meeting as soon as you realise you have an interest.
2. Inform the meeting that you have a personal interest and the nature of the interest.
3. Fill in the declarations of interest form.

To note:

1. You may remain in the room and speak and vote on the matter
2. If your interest relates to a body to which the GMCA has appointed you to, you only have to inform the meeting of that interest if you speak on the matter.

For prejudicial interests, you must:

1. Notify the governance officer for the meeting as soon as you realise you have a prejudicial interest (before or during the meeting).
2. Inform the meeting that you have a prejudicial interest and the nature of the interest.
3. Fill in the declarations of interest form.
4. Leave the meeting while that item of business is discussed.
5. Make sure the interest is recorded on your annual register of interests form if it relates to you or your partner's business or financial affairs. If it is not on the Register update it within 28 days of the interest becoming apparent.

You must not:

Participate in any discussion of the business at the meeting, or if you become aware of your disclosable pecuniary interest during the meeting participate further in any discussion of the business,
participate in any vote or further vote taken on the matter at the meeting.

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GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP BOARD

MINUTES OF A MEETING HELD ON FRIDAY 10 FEBRUARY 2023 IN THE COUNCIL CHAMBER, SALFORD CIVIC CENTRE

PRESENT:

City Mayor Paul Dennett	Salford Council (Chair)
Sir Richard Leese	NHS GM Integrated Care (NHS GMIC)
GM Mayor Andy Burnham	Greater Manchester Mayor
Councillor Tom Robinson	Manchester City Council
Councillor Barbara Brownridge	Oldham Council
Councillor Daalat Ali	Rochdale Borough Council
Councillor Keith Holloway	Stockport MBC
Councillor Jane Slater	Trafford Council
Councillor Keith Cunliffe	Wigan Council

OFFICERS IN ATTENDANCE:

Mark Fisher	Chief Executive, NHS GMIC
Warren Heppolette	Chief Officer, Strategy & Innovation, NHS GMIC
Claire Norman	Director of Communications, NHS GMIC
Tom Hinchcliffe	Deputy Place Lead, Manchester, NHS GMIC
Katrina Stephens	Director of Public Health, Oldham Council
Caroline Simpson	Chief Executive, Stockport MBC
Lynne Stafford	GM VCSE Leadership Representative
Evelyn Asante-Mensah	Provider Federation Representative
Luvjit Kandula	Chair, Community Pharmacy Board
Alison Page	Salford CVS
Michelle England	UNISON
Tim Dalton	GP Board Representative
Eamonn Boylan	Chief Executive, GMCA
Andrew Lightfoot	Deputy Chief Executive, GMCA
Steve Wilson	City Treasurer, GMCA
Elaine Mottershead	Senior Governance & Scrutiny Officer, GMCA

ICPB/01/23 WELCOME AND APOLOGIES

Apologies were received and noted from:

Councillor Andrew Morgan (Bolton)
Councillor Bev Craig (Manchester)
Councillor Ged Cooney (Tameside)
Councillor Eleanor Wills (Tameside)
Councillor David Molyneux (Wigan)
Joanne Roney (Manchester City Council)
Kathy Cowell (NHS Manchester University Foundation Trust)
Stephanie Butterworth (NHS GMIC)
James Bull (UNISON)
Noel Sharpe (Bolton at Home)
Don McGrath (Chair of Dental Board
Tracey Vell (GP Board Chair)

ICPB/02/23 CHAIR'S ANNOUNCEMENTS AND URGENT BUSINESS

There were no Chair's announcements or items of urgent business.

ICPB/03/23 DECLARATIONS OF INTEREST

There were no declarations received in relation to any item on the agenda.

ICPB/04/23 MINUTES OF THE MEETING OF THE INTEGRATED PARTNERSHIP BOARD HELD ON 28 OCTOBER 2022

The minutes of the previous meeting were considered and approved as a correct record with the acknowledgement of one addition to the attendance list.

RESOLVED/-

That the minutes of the meeting held on 28 October 2022 be approved with the addition of Luvjit Kandula, representing the Community Pharmacy Board, to the attendance list.

ICPB/05/23 GM INTEGRATED CARE PARTNERSHIP STRATEGY - UPDATE

Warren Heppolette presented a summary of the latest version of the strategy following recent workshops and stakeholder engagement. There were four key points of the presentation to note:

1. The introduction and description of the new Integrated Care System which included a statement of shared outcomes and shared commitments.
2. Key influences on the strategy with evidence of evaluation.
3. The substantive element of the strategy which detailed how it would work in practice, based on the model of health created over many years. The emphasis of the model was the requirement for place-based working and the opportunities and innovation afforded by the additional leverage of the Greater Manchester region.

Six missions had been established to meet the challenges identified in the strategy:

1. The recovery of core NHS and care services
2. Strengthening our communities
3. Increasing prosperity
4. Prevention and early detection
5. Supporting our workforce and carers
6. Achieving financial sustainability

The next steps for the strategy were outlined which included the translation of the framework into a formal written document and continued stakeholder engagement, with finalisation by this Committee on 24 March 2023. The formal submission to NHS England was scheduled for 31 March 2023.

Comments and questions:

- A member commented that the inclusion of equality and diversity and tackling health inequalities was missing as an obvious thread. They also noted that the reference to the “deep relationship” between the Voluntary, Community and Social enterprise (VCSE) sector was not apparent until a late point in the strategy. A further request was made to change the description of “carers” to “unwaged carers”.

- The need to monitor the performance of the strategy was noted. It was suggested that it should be a standard agenda item for future Committee meetings.
- A member commented that the impact of Covid was not highlighted sufficiently at present and there was concern that the effects on school children had been under-estimated. This was noted for further consideration.
- It was noted that the approach of “social first” in the model for health was a radical shift to be confirmed in the strategy.
- There was a discussion about the Real Living Wage and the Employment Charter. The recent bus franchising procurement process highlighted good practice as two winning bids became members of the Good Employment Charter. It was agreed that there could be lessons-learned from that approach and opportunities for future procurement exercises connected with the strategy.
- It was noted that there were some good examples of work already from across the region. Members were invited to suggest case studies to animate the strategy further.
- A member queried the stakeholder engagement across the region and it was stated that the full strategy would provide this in more detail.
- A member commented that the strategy should highlight the impact of services currently absorbing work that would otherwise be part of social care.
- There was concern that the historical under-investment in mental health and links to autism and learning disabilities were not explicit enough. Assurance was given that this was addressed in the full strategy.

RESOLVED/-

1. That the next steps outlined in the presentation be noted:

    a. Continue the process of engagement over the next few weeks.
    b. Build in the feedback from health and care staff.
    c. Accelerate the development of delivery plans through the Joint Forward Plan and 2023/4 Operational Plan.
    d. Seek approval for the ICP Strategy from this Board on 24 March 2023.

2. That the feedback given today by Board Members be noted and used to shape the strategy further.

3. That Board members forward case study examples to Warren Heppolette for inclusion in the Strategy.

4. That “Integrated Care Strategy Progress Report” be a standing item for future meetings to monitor progress.

ICPB/06/23 AN INTEGRATED APPROACH TO DELIVERING OUR AMBITION FOR CHILDREN

Caroline Simpson presented the report which detailed integration and partnership working to improve health outcomes for children and young people in Greater Manchester. The report contained some statistical information on the region’s population of children and young people and the challenges that they faced including poverty, the impact of the pandemic, and financial pressures for families. Some of the good projects to support children and young people were highlighted as a solid foundation on which to build future opportunities and improvements. The Committee was asked to consider strengthening the governance arrangements of the GM Children’s Board which would report to this Committee and the GMCA and would act as a “systems board” to deliver the wide range of priorities set out in the paper. It was recognised that it should also link closely with the Integrated Care Strategy.

Comments and questions:

- The paper was welcomed by members and they recognised the importance of prioritising children and young people. They also welcomed the suggestion to build on the foundation of other programmes where possible.
- It was suggested that the indicators in Appendix 1 did not fully capture the breadth and intention of the report.
- During the discussion with Members, there were examples given of current challenges such as declining phonics tests, increased dental cavities, increased respiratory illnesses, the concerns around school readiness, children and young people with special needs, difficulties in the transition between primary and secondary school, and substance misuse.

- It was noted that some of the challenges discussed, for example, the pandemic, could have repercussions for years to come because of its effects on the first crucial 1000 days of life. It brought specific health inequalities and challenges to groups of children born during that time. However, it was agreed that the pandemic could not be the sole focus as many other elements would have had an impact.
- A member welcomed the idea of co-production in this area of work with the children and young people. The Voluntary, Community and Social Enterprise (VCSE) sector had strong links with young adult carers up to the age of 25 and could link into opportunities for their involvement.

RESOLVED/-

1. That the foundations for an integrated approach to improving health outcomes for GM children & young people be noted.

2. That the recommendations for strengthening governance arrangements in section 4 of the paper be noted.

3. That the set of commitments listed in section 5 of the paper for taking an integrated approach to improve health outcomes for GM children & young people and tackling inequality be endorsed.

4. That the set of priorities identified in section 6 of the paper be endorsed and the ambitions to develop a set of measures that will enable us to assess progress as a GM system be noted.

5. That the feedback from Board members is considered for a future draft of the report.

6. That the submission of the report to a future meeting of the GMCA be recommended.

ICPB/07/23 DATE OF NEXT MEETING

The next meeting will be held on Friday 24 March 2023.

Greater Manchester Integrated Care Partnership Strategy

Improving health and care in Greater Manchester 2023-2028

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Foreword

This is Greater Manchester Integrated Care Partnership's strategy for the next five years. It follows our first strategy 'Taking Charge' Together published in 2015.

Our first strategy helped us develop our model of integrated neighbourhood and place based working. We established strong provider collaborations across secondary, primary, mental health and social care. We established an expansive strategic partnership with the Voluntary, Community and Social Enterprise (VCSE) sector, pioneering new approaches to community led care and support. We progressed a system wide Population Health Plan alongside scaled improvements and innovation in mental health access and provision, extended access in primary care and significant improvements in social care quality. Finally we established a nationally leading model to connect the health and care system with academic and industry partners in the pursuit, discovery and spread of innovation.

This work generated an increase in life expectancy for our residents prior to the COVID-19 pandemic, which bucked the trend nationally when compared with other areas of the country. Highlighting the success of health devolution in Greater Manchester and establishing a positive foundation of which to move forward, especially given the ongoing challenges of national austerity.

In spite of the progress we made, too many people living in Greater Manchester still spend far too much of their lives in poor health and severe inequalities remain.

The pandemic, which affected Greater Manchester more deeply than other areas in the country, set back our progress in tackling these challenges. Its impact means that the backlog of people waiting for care and support in Greater Manchester has reached levels that we would never have wished to see. This has a profound effect on people's ability to get on with their lives, exacerbating poverty and inequalities across our city-region.

Looking ahead, the impact of the current cost of living crisis is likely to last well into this decade and is anticipated to impact Greater Manchester harder and for longer. Resources for public services, in terms of both money and people, will be constrained for some time into the future.

Realising our ambition for the next five years also means taking on the more immediate challenges we face including the significant care backlog, workforce shortages, our health and care estate, the ongoing impact of inflation and the lack of a long-term national strategy for social care.

We won't be overcome by these challenges, Greater Manchester will come together with common purpose. Our task is nothing less than to mobilise all the resources at our disposal and point them to improving the health and well-being of our population. This means health and care services, local government, the Greater Manchester Combined Authority (GMCA), the VCSE, academia, businesses, the arts and culture – the whole of civic society.

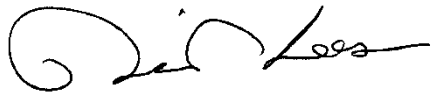
We must accelerate our work to bring the NHS, public services, and the wider community together to deliver a neighbourhood based, integrated, preventative, person-centred model of care and support that enables people to live a good life. We must work as equal partners with communities across Greater Manchester and empower people to be much more active participants in their own health and well-being.

We must capitalise on our history of joint working with our ten councils, and our unique position as an Integrated Care Partnership co-terminus with a Mayoral Combined Authority, to tackle the social determinants of health and put health and wellbeing at the heart of every policy. These activities hold the key to preventing poor health and reducing demand for services in primary care, formal social care and our hospitals.

We must ensure that we utilise the potential of the integrated care system to organise care to generate maximum impact on health according to standards informed by our quality ambitions, addressing unwarranted variation in access, experience and outcomes for every resident receiving care.

We must harness the power of innovation and technology in the cause of population health improvement. Greater Manchester will be an integrated care system which is alert to discovery, open to innovative change and equipped to ensure it is spread effectively across our city region.

This strategy describes the improved outcomes we want to achieve for all people in Greater Manchester and how we will work together to achieve these. It will be supported by a more detailed delivery plan that we will complete by June 2023.



Sir Richard Leese
Chair, NHS Greater Manchester Integrated Care

Paul Dennett
Chair, Greater Manchester Integrated Care Partnership

1. Executive Summary

This is Greater Manchester's Integrated Care Strategy. It sets out how we intend to work together to improve the health of the people of our city-region through the Greater Manchester Integrated Care Partnership.

It follows on from our first strategy 'Taking Charge' published in 2015, through which we established our model of integrated neighbourhood and place-based working, supported by strong provider collaborations and strategic partnerships. While good progress was made, including an increase in life expectancy compared to other similar areas nationally, too many people living in Greater Manchester still spend more of their lives in poor health than people in other parts of the country – serious and longstanding inequalities remain.

Greater Manchester is home to more than 2.8 million people and is growing. The ten councils - Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan - and the Mayor of Greater Manchester work together as the Greater Manchester Combined Authority (GMCA) and with businesses, communities and other partners including the NHS, Greater Manchester Police and Transport for Greater Manchester, as described in the Greater Manchester Strategy (GMS)[1].

Our Integrated Care Strategy sets out how we, as an Integrated Care Partnership, comprising the NHS, local authorities, and partners across the VCSE, Healthwatch and the trade unions, will improve health and care for the people of Greater Manchester, playing a key role in delivering the GMS.

Our vision

As partners in Greater Manchester, we share the GMS vision of wanting Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city-region.

Specifically we as an Integrated Care System want to see a Greater Manchester where:

- Everyone has an opportunity to live a good life
- Everyone has improved health and wellbeing
- Everyone experiences high quality care and support where and when they need it
- Health and care services are integrated and sustainable

What we will do to achieve these:

- Ensure our children and young people have a good start in life
- Support good work and employment and ensure we have a sustainable workforce
- Play a full part in tackling poverty and long-standing Inequalities
- Help to secure a greener Greater Manchester with places that support healthy and active lives
- Help individuals, families and communities feel more confident in managing their own health
- Make continuous improvements in access, quality, and experience – and reduce unwarranted variation

[1] https://aboutgreatermanchester.com/

- Use technology and innovation to improve care for all
- Ensure all our people and services recover from the effects of the COVID-19 pandemic as effectively and fairly as possible
- Manage public money well to achieve our objectives
- Build trust and collaboration between partners to work in a more integrated way

How we will work

Our strategy sets out how we will work together as a system to:

- Understand and tackle inequalities
- Share risk and resources
- Involve communities and share power
- Spread, adopt, adapt
- Be open, invite challenge, take action
- Focus on names not numbers

The current situation

Greater Manchester has some of the lowest life expectancy in England, with differences between the most and least deprived areas of 9.5 years for men and 7.7 years for women[2]. Further differences exist between communities according to race and ethnicity, gender, disabilities, poverty and social exclusion, sexuality and age, as shown through a range of external analyses.

This, coupled with increasing demand and a workforce crisis, is putting strain on our services. Residents have told us they have real concerns about funding and staffing levels, difficulties in accessing appointments, and waiting times for hospital care. We are responding to these challenges by:

Embedding the Greater Manchester Model for Health

Our Model for Health sets out how we will work together, with our communities, to enable the conditions for good lives, prevent poor health and ensure support is available before crises occur and to provide consistent and high-quality care wherever it is accessed. This is a social model for health, rather than a predominantly medical one, so focuses on the role of people and communities as well as health and care services.

Acting on our missions

Our strategy sets out the following missions, which are our priority actions in response to the current challenges.

Strengthening our communities

We will help people, families and communities feel more confident in managing their own health. We will act on this with a range of programmes, including working across Greater Manchester to support communities through social prescribing, closer working with the VCSE and co-ordinated approaches for those experiencing multiple disadvantage.

Helping people get into, and stay in, good work

One of the purposes of Integrated Care Systems is to support wider social and economic benefits from NHS investment. We will act on this by expanding our Work and Health programmes, working with employers on employee wellbeing, through the Greater

[2] https://www.instituteofhealthequity.org/resources-reports/greater-manchester-evaluation-2020/greater-manchester-evaluation-2020.pdf

Manchester Good Employment Charter[3] and developing social value through a network of anchor institutions[4].

✔ Recovering core NHS and care services

We will work to improve ambulance response and A&E waiting times, reduce elective long waits and cancer backlogs, improve access to primary care services and core mental health services, improve quality and reduce unwarranted variation

✔ Helping people stay well and detecting illness earlier

We will collaborate to reduce smoking rates, increase physical activity, tackle obesity and alcohol dependency. We also want to do more to identify and treat high blood pressure, high cholesterol, diabetes, and other conditions which are risk factors for poor health and early We will embed a comprehensive approach to reducing health inequalities.

✔ Supporting our workforce and our carers

We will promote integration, better partnership working and good employment practices, as well as supporting our workforce to be well and addressing inequalities faced in the workplace. We want more people choosing health and care as a career and feeling supported to develop and stay in the sector. We will consistently identify and support Greater Manchester's unwaged carers.

✔ Achieving financial sustainability

Financial sustainability - 'living within our means' - requires an initial focus on financial recovery to achieve a balanced position. We will confirm, quantify and tackle the main reasons for financial challenges in Greater Manchester, implementing a system wide programme of cost improvement, productivity, demand reduction and service transformation.

Monitoring Our Progress

We are clear about the progress we intend to make and are committed to demonstrating it. Our strategy sets out progress measures against our outcomes and missions, which focus on helping people to live good lives, improved health and wellbeing, better standards of care and support and greater integration of services.

[3] https://www.gmgoodemploymentcharter.co.uk/
[4] https://www.health.org.uk/publications/reports/building-healthier-communities-role-of-nhs-as-anchor-institution

2. Introduction

The way in which health and care services are organised in every part of England changed on 1 July 2022, when the Health and Care Act 2022 came into force. Greater Manchester is now an Integrated Care System (ICS) – a partnership of organisations that come together to plan and deliver joined up health and care services and improve the lives of people who live and work here. Our ICS is called Greater Manchester Integrated Care Partnership.

There is a requirement for all ICSs to develop a strategy. NHS organisations and local authorities must then have regard to this strategy when making decisions about the use of health and care resources.

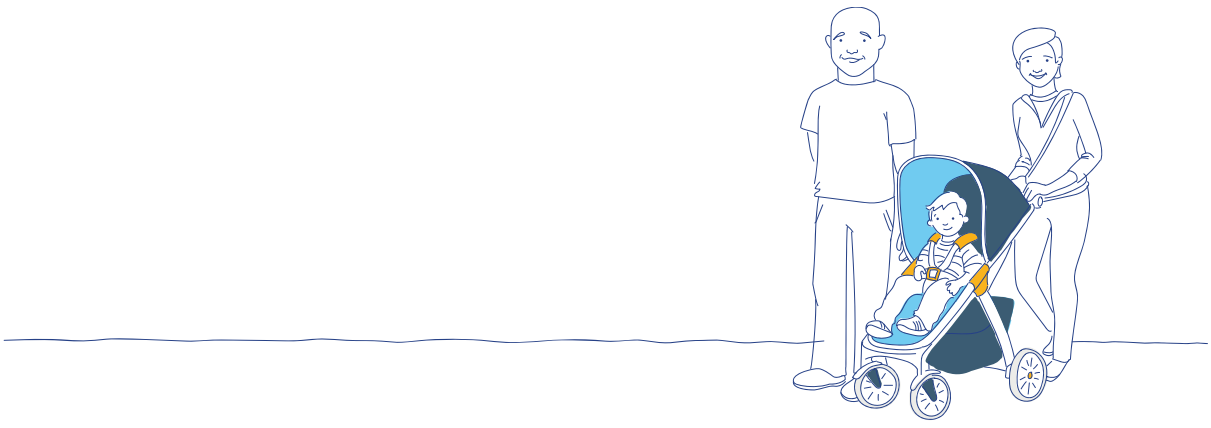
This document is Greater Manchester Integrated Care Partnership's strategy. It sets out how we intend to work to improve the health of the 2.8m residents here. It focuses on the contribution of health and care to enabling everyone to live a good life through improved wellbeing.

In Greater Manchester we had a strategy for health and care, called "Taking Charge"[5], which was developed in 2015 following the devolution of funding for health and social care from the Government to the city-region and covered 2016-2021.

This new strategy builds on the work undertaken across Greater Manchester through Taking Charge, sustaining and extending examples of progress whilst acknowledging and addressing evident challenges.

It recognises and responds to today's context of an extended period of austerity affecting public services, the aftermath of a global pandemic and the pressures associated with the cost-of-living crisis on families, businesses, charities and public services. Those stresses have shown the impact of deprivation on health outcomes for our citizens, compounded by a multitude of wider inequalities. This is a challenge for the whole of Greater Manchester and reinforces the ongoing need for a broad public service reform agenda, linked to a demanding environmental agenda and the building of a more inclusive economy. In all of these integrated health and care has a significant role to play.

We will develop and publish a Joint Forward Plan (JFP) by the end of June 2023
as a delivery plan for the ambitions in this strategy and this plan will be updated annually.



[5] https://www.greatermanchester-ca.gov.uk/media/1120/taking-charge-of-our-health-and-social-care-plan.pdf

3. Context

About Greater Manchester

Greater Manchester is home to more than 2.8 million people and has an economy bigger than that of Wales or Northern Ireland. Greater Manchester's population in the 2021 Census was estimated to be 2,867,800. This is an increase of 185,272 on the 2011 Census and represents a growth of 6.9% in ten years, higher than the growth across England and Wales (6.3%) over the same period. All Greater Manchester local authorities have seen population growth since 2011, with the highest rate of growth being in Salford (15.4%). This was also the highest actual percentage growth of any metropolitan district in the country. The City of Manchester's population has grown by the most within Greater Manchester with an increase of 48,873 in the ten years. Amongst the 36 metropolitan districts in England, only Birmingham (71,855), had a larger actual growth than Manchester.

There are ten councils in Greater Manchester: Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan. All are unitary authorities, eight are metropolitan borough councils and two, Salford and Manchester, are city councils.

The Greater Manchester Combined Authority (GMCA) is made up of the ten Greater Manchester councils and the Mayor, who work with other local services, businesses, communities and other partners to improve the city-region.

The ten councils have worked together for many years on issues that affect everyone in the region, like transport, regeneration and attracting investment.

The Greater Manchester Strategy

The Greater Manchester Strategy (GMS) is developed by GMCA on behalf of multiple partners across the city-region. It is our collective blueprint for a decade from 2021-2031, setting out how, working collectively across Greater Manchester, with our communities, we can deliver the shared vision:

"We want Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city-region"

The GMS focuses on improved wellbeing for the people here, with better homes, jobs and transport. The strategy describes how we will work to continue to make Greater Manchester a great place to visit, invest and study, with thriving businesses which are both UK and world leading, in sectors including low carbon and digital. The GMS is designed to ensure that activity supports the achievement of a greener, fairer and more prosperous Greater Manchester, in a way which is inclusive, innovative and forward thinking. It builds on the pioneering and progressive culture which underpins Greater Manchester. It also shows how Greater Manchester can be held to account, with a delivery plan showing the collective actions being taken, and a performance framework to demonstrate progress.

As an Integrated Care Partnership, we have an integral role in delivering the GMS. The GMS focuses on the following shared outcomes:

The wellbeing of our people

- A Greater Manchester where our people have good lives, with better health; better homes; culture and leisure opportunities and better transport
- A Greater Manchester of vibrant and creative communities; a great place to grow up get on and grow old, with inequalities reduced in all aspects of life

Vibrant and successful enterprise

- A Greater Manchester where diverse businesses can thrive, and people from all our communities are supported to realise their potential
- A Greater Manchester where business growth and development are driven by an understanding that looking after people and planet is good for productivity and profitability

Greater Manchester as a leading city-region in the UK and globally

- Greater Manchester as a world-leading low carbon city-region
- Greater Manchester as a world-leading digital city-region

4. Greater Manchester Integrated Care Partnership

In July 2022, Greater Manchester's health and care arrangements changed, as they did everywhere in the country, under the Health and Care Act 2022. The following bodies and organisations were established:

Greater Manchester Integrated Care Partnership (this is the name of our integrated care system) connects NHS Greater Manchester Integrated Care, the Greater Manchester NHS Trusts and NHS providers across the whole of primary care with the GMCA, councils and partners across the VCSE, Healthwatch and the trades unions. It is one of 42 integrated care systems across England. It is one of the largest and one of only two which covers the same geographical area as a Mayoral Combined Authority.

Greater Manchester Integrated Care Partnership Board is a statutory joint committee made up of NHS Greater Manchester Integrated Care and councils within Greater Manchester. It brings together a broad set of system partners to support partnership working and it is the responsibility of this Board to develop this Integrated Care Strategy - a plan to address the wider health, and care needs of the population.

NHS Greater Manchester Integrated Care, or NHS Greater Manchester (our integrated care board) is a statutory NHS organisation leading integration across the NHS, managing the NHS budget and arranging for the provision of health services in a geographical area. It supports ten place-based integrated care partnerships in Greater Manchester as part of a well-established way of working to meet the diverse needs of our citizens and communities.

Our shared vision, outcomes and commitments

As partners in, and participants of, the Greater Manchester Strategy, we share the vision of wanting Greater Manchester to be a place where *everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city-region*.

For the Greater Manchester Integrated Care Partnership this means we want to see a city region where:

- Everyone has an opportunity to live a good life
- Everyone has improved health and wellbeing
- Everyone experiences high quality care and support where and when they need it
- Health and care services are integrated and sustainable

Our shared commitments to ensure we achieve those outcomes are to:

- Ensure our children and young people have a good start in life
- Support good work and employment and ensure we have a sustainable workforce
- Play a full part in tackling poverty and long-standing Inequalities
- Help to secure a greener Greater Manchester with places that support healthy and active lives
- Help individuals, families and communities feel more confident in managing their own health
- Make continuous improvements in access, quality, and experience – and reduce unwarranted variation
- Use technology and innovation to improve care for all
- Ensure all our people and services recover from the effects of the COVID-19 pandemic as effectively and fairly as possible
- Manage public money well to achieve our objectives
- Build trust and collaboration between partners to work in a more integrated way

How we work

The creation of NHS Greater Manchester, and our new Integrated Care Partnership, gives health and care partners the opportunity to work together to face the challenges the current economic climate presents to our communities and to public services.

Transforming public services, integrating care to provide solutions which are more than medicine, and working with communities; not simply ‘doing to’, will fundamentally challenge our approaches to delivery and working together. The way that members of the Integrated Care Partnership work together, with each other and with our communities, will play an important part in achieving our vision.

Our Ways of Working:

Behaviours	We will …
Understand and tackle inequalities	✔ Take action at individual, team, organisation, and system levels, informed by data, to understand and tackle inequalities.
Share risk and resources	✔ Set out our expectations of each other, share data effectively, support joint working with shared resource and create a culture of collaboration. This must happen at every level and in every place.
Involve communities and share power	✔ Consistently take a strengths-based approach with co-design, co-production and lived experience as fundamental ingredients.
Spread, adopt, adapt	✔ Share best practice effectively, test, learn and celebrate success, with supportive governance and resources. Adapt and implement best practice locally, in organisations and across systems.
Be open, invite challenge, take action	✔ Be open, honest, consistent and respectful in working with each other. Work on the boundaries and differences that we have in a constructive way, to support effective change.
Names not numbers	✔ Ensure we all listen to people, putting them at the centre, and personalising their care.

This will involve rapidly increasing the level of integrated neighbourhood and locality working that connects all partners and communities who can contribute to improving health and tackling inequalities. This will move us to a stronger model of collaboration at a Greater Manchester level, ensuring more consistent and standardised responses to systemic challenges.

To ensure we play our part in delivering our shared vision across Greater Manchester, we will capitalise on both:

- The connection with neighbourhoods and communities that locality working offers – to integrate health and care with wider public services and tackle the root causes of poor health; and
- The scale that a single Greater Manchester organisation offers – to drive consistent improvement, reduce unwarranted variation and make the best use of our collective resources

Figure 1, highlights how partners across health and care, wider public services and the VCSE work together as part of integrated neighbourhood teams in place based partnerships across our ten localities and, where appropriate, across the whole of Greater Manchester.

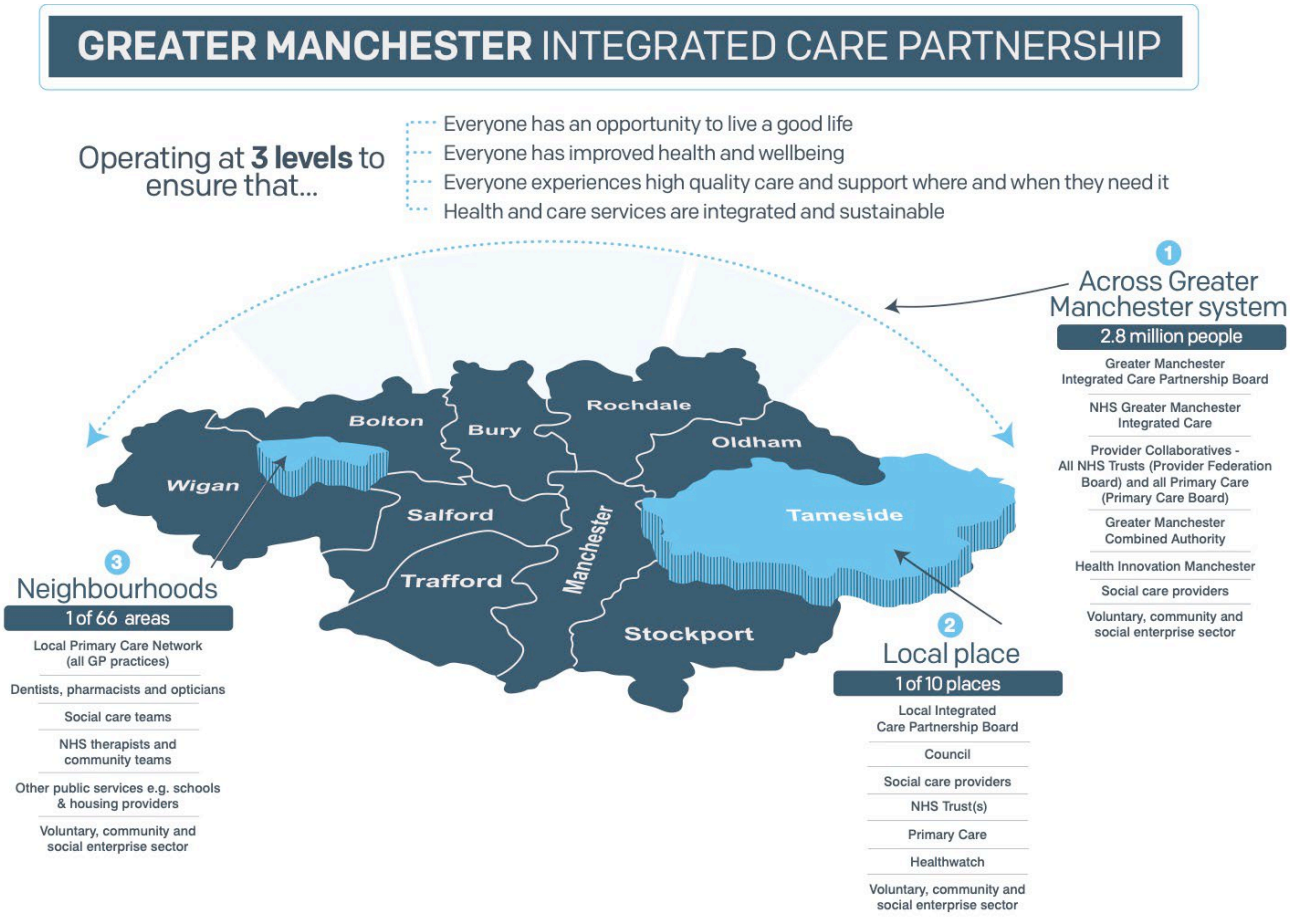


Figure 1

Within Greater Manchester we have arrangements for providers to work together effectively at scale, including:

- The Greater Manchester **Provider Federation Board** (PFB): a membership organisation made up of the eleven NHS trusts and foundation trusts who provide NHS funded services across Greater Manchester and East Cheshire. It includes the NHS providers of 111, 999, patient transport services (PTS), community mental health and physical health services and hospital mental health and physical health services.
- The Greater Manchester **Primary Care Board (PCB)** has been supporting collaboration and integration since 2015 and will continue to support the delivery of outcomes at all levels of, and across, the system, through its various programmes and its work with all 67 Primary Care Networks[6] (PCNs) in Greater Manchester.
- Greater Manchester **Directors of Adults' and Children's Social Care** collaborating to support transformation of social care at scale. For adult social care this also includes joint working with the Greater Manchester Independent Care Sector Network.
- **Voluntary, Community and Social Enterprise (VCSE) sector providers** are part of a three-way agreement (the VCSE Accord) between the GMCA, NHS Greater Manchester and the VCSE sector represented by the Greater Manchester VCSE Leadership Group, based on a relationship of mutual trust, working together and sharing responsibility, and providing a framework for collaboration. The VCSE has also established an Alternative Provider Federation as a partnership of social enterprise and charitable organisations

[6] Primary Care Networks involve GP practices working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in groups of practices known as primary care networks (PCNs).

operating at scale across Greater Manchester. It provides an infrastructure for alternative providers to engage with NHS Greater Manchester on a Greater Manchester footprint.

5. Influences on this strategy

We have drawn on a variety of sources in order to identify our vision, shared outcomes and commitments:

- What the data and research is telling us about health needs
- What the evidence and evaluation is telling us
- The pressures on current services and the health and care workforce
- What residents are telling us

These influences together identify a series of challenges for Greater Manchester Integrated Care Partnership, to which this strategy responds.

Data and health needs

Among its population of 2.8m people, Greater Manchester has some of the lowest life expectancy in England, with differences between the most and least deprived areas of 9.5 years for men and 7.7 years for women[7].

Significant disparities exist between and within Greater Manchester's ten localities. In some those living in the neighbourhood with the shortest life expectancy can, on average, expect to die a whole decade before those in neighbourhoods which fare best. In some places the disparity is as big as 17 years.

Further disparities exist between communities according to race, ethnicity, gender, disabilities, poverty, social exclusion, sexuality and age. For example:

- The poorest children are four times as likely to have a mental health difficulty as the wealthiest[8]
- Black people are almost five times as likely to be detained under the Mental Health Act[9]
- The rate of mental health problems in adults with a learning disability is 40% at any one time, and 36% for children and young people[10]. Almost eight in ten autistic adults experience a mental health problem[11], compared with one adult in six in the general population[12]
- LGBT people are less satisfied with their life nowadays than the general population, scoring it 6.5 out of 10, compared with 7.7 for the general UK population[13]
- More than eight in ten women in Britain have felt as though they have not been listened to by healthcare professionals[14]

[7] Codling, K. & Allen, J., Health Equity in Greater Manchester: The Marmot Review 2020. London: IHE, 2020 https://www.instituteofhealthequity.org/resources-reports/greater-manchester-evaluation-2020/greater-manchester-evaluation-2020.pdf
[8] https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/newcentury.pdf
[9] https://www.ethnicity-facts-figures.service.gov.uk/health/mental-health/detentions-under-the-mental-health-act/latest
[10] https://www.nice.org.uk/guidance/ng54/chapter/Context
[11] Lever and Geurts (2016) https://doi.org/10.1007/s10803-016-2722-8
[12] https://webarchive.nationalarchives.gov.uk/ukgwa/20180328140249mp_/http://digital.nhs.uk/media/35660/APMS-2014-Full-Report/pdf/Mental_health_and_wellbeing_in_England_full_report
[13] https://www.gov.uk/government/publications/national-lgbt-survey-summary-report/national-lgbt-survey-summary-report#the-results
[14] https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england

- Black women are 3.7 times more likely to die during pregnancy or childbirth compared to white women with women from Asian backgrounds facing 1.8 times the risk of maternal mortality[15]

In each case there are direct implications for the design and delivery of health and care services to achieve equity in terms of timely access, experience of care and the outcomes of that care.

The 2021 Census confirmed the broad trends of continuing population growth that we see for Greater Manchester, and especially the cities of Manchester and Salford,[16]. The scale of growth in recent decades across Greater Manchester outstrips the population losses of the 1970s and 1980s.

The scale and characteristics of the growth in Greater Manchester's population will have implications for services such as health and social care for the elderly, school places and public transport but will also mean that Greater Manchester public services' funding from central government should be expected to change in accordance with these population changes.

In 2020, the **Institute of Health Equity** (IHE), led by Professor Sir Michael Marmot, published an update on the 2010 Marmot Review of health inequalities in England, which included a parallel report dedicated to Greater Manchester[17].The IHE followed this with a detailed analysis of how Greater Manchester could become a Marmot city-region by tackling inequalities across the life course, published as Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives[18].

The principle of 'proportionate universalism'[19] emphasised as part of that work, recognises that, in order to reduce inequality, greater help will be needed by those with greater challenges to overcome.

The **Independent Inequalities Commission** (IIC)[20], showed the main socioeconomic inequalities in Greater Manchester to be centred on housing and the lived environment; education and skills; power, voice and participation; income, wealth and employment; connectivity and access to care and support. In a bid to address these inequalities, the IIC recommended that Greater Manchester focus its energy and resources on attaining two main goals: equality and wellbeing.

The IIC identified that in terms of income, wealth, and employment:

- Nearly a quarter of Greater Manchester adults of working age (24%) are economically inactive, well above levels for England as a whole (21%)
- For people from minority ethnic groups in Greater Manchester, employment rates are over 10% below the overall working-age employment rate
- Only half of Greater Manchester working-age residents with a disability are in employment

[15] Saving Lives, Improving Mothers' Care 2018-20 https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2022/MBRRACE-UK_Maternal_MAIN_Report_2022_v10.pdf
[16] https://greatermanchester-ca.gov.uk/what-we-do/research/research-demographics/census-2021-first-results
[17] Codling, K. & Allen, J., Health Equity in Greater Manchester: The Marmot Review 2020. London: IHE, 2020. https://www.instituteofhealthequity.org/resources-reports/greater-manchester-evaluation-2020/greater-manchester-evaluation-2020.pdf
[18] Marmot, M., Allen, J., Boyce, T., Goldblatt, P. & Morrison, J., Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives. London: IHE, 2021. https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-in-greater-manchester-health-equity-and-dignified-lives
[19] Proportionate universalism is the resourcing and delivering of universal services at a scale and intensity proportionate to the degree of need. Services are therefore universally available, not only for the most disadvantaged, and are able to respond to the level of presenting need.
[20] The Next Level: Good Lives for All in Greater Manchester https://www.greatermanchester-ca.gov.uk/media/4605/the-next-level-good-lives-for-all-in-greater-manchester.pdf

- 37% of the city-region's working-age population have higher level (Level 4+) skills, compared to the England average of 40%; and Greater Manchester has a disproportionately high proportion of working-age people with no qualifications (9%)
- The skills deficit reinforces the predominance of lower value, low pay employment in the city-region compared to the south of England and Greater Manchester's international comparators. Low income levels underpin high levels of child poverty (26%) in Greater Manchester, which are well above the national rate of 18%
- There is compelling evidence of ageism in recruitment and retention of older workers, leading to low incomes and lack of social roles in mid-life and later life

Greater Manchester commissioned an **Independent Prosperity Review** in 2019 which was updated in 2022[21] in the light of the COVID-19 pandemic, the UK's exit from the European Union and the inflation and energy price shock.

It showed that:

- Greater Manchester's productivity has been about 10% below the national average in recent years
- Among the causes – explaining about 30% of the productivity gap - is lower labour market participation caused by health problems.
- There are very strong correlations between employment levels and health conditions. Research found that as much as 75% of the variance in employment rates across the neighbourhoods of Greater Manchester is accounted for by health (correlations for mental and physical ill-health were similar)

Greater Manchester is relatively deprived compared to other ICSs in England – with the third highest percentage of the most deprived areas in England, compared with the 42 ICSs. Deprivation varies across localities within Greater Manchester, as our analysis of needs and plans from each locality demonstrates (Appendix 1)

Evidence and evaluation

The years following health and care devolution in 2016 have been times of change for the whole population and a range of improvements in health have been achieved:

- ✔ Reductions in smoking prevalence
- ✔ Supporting more children to be school-ready
- ✔ Reductions in people who are physically inactive
- ✔ Positive employment outcomes for people with health-related barriers to work
- ✔ All of these show sustained performance compared to the rest of England

Taken together, these changes contributed to an improvement in life expectancy against comparable areas. A study by University of Manchester researchers published in Lancet Public Health[22] shows life expectancy in Greater Manchester was higher than comparable areas between 2016 and 2019, In the short-term, life expectancy remained constant in Greater Manchester but declined in comparable areas in England. In the longer-term, life expectancy increased at a faster rate in Greater Manchester than in comparable areas. The study showed the benefits, linked to devolution on life expectancy, were felt in the most deprived localities where there was poorer health, suggesting a narrowing of inequality.

[21] https://greatermanchester-ca.gov.uk/what-we-do/economy/greater-manchester-independent-prosperity-review/ipr-2022-evidence-update/
[22] Britteon P et al, published October 2022, https://doi.org/10.1016/S2468-2667(22)00198-0

There is much about our Model for Health, connecting social, medical and behavioural factors, which has been demonstrated to work and will remain the focus of our work with communities in neighbourhoods throughout the life of this strategy.

Pressures on current services and the health and care workforce

Like all health and care systems, Greater Manchester is facing a range of challenges, some of which can be addressed within Greater Manchester while others also require changes at a national level. The impact of the COVID-19 pandemic has been huge, and exacerbated many of the challenges which were already having an effect on the wellbeing of staff and the sustainability of services:

Demand for NHS services

- Over 535,000 people were waiting for treatment as of February 2023 compared to 220,000 before the COVID-19 pandemic
- Prior to the pandemic, Greater Manchester was not meeting national standards for cancer, and the equivalent of five additional theatres are required now, five days a week, to address the cancer surgical backlog
- Mental health demand and acuity is high as a direct consequence of the pandemic, with national predictions that mental health needs will remain at elevated levels for some time to come
- Two thirds of GP practices in Greater Manchester were reporting increased levels of demand, with a further one fifth reporting significant or very significant increased demand in February 2023. Over one quarter of pharmacies and two fifths of dental practices and optometrists are reporting challenges – sometimes significant - to the delivery of their service

NHS resources

The Greater Manchester system has both an efficiency and a productivity challenge. NHS Greater Manchester inherited a system structural budget deficit (commitments over revenue) of over £500 million (out of a total budget of £6.5 billion) on its establishment on 1st July 2022. This reflects the ongoing cost of additional resources (mainly workforce) put in place during the COVID-19 pandemic. One of the national requirements of an ICB is to bring the system into balance.

Demand for social care

- There is growing demand on local authorities for social care support, and expenditure on social care continues to rise[23]: 600 people a day join a waiting list nationally[24]
- 64% of local authorities reported local provider closures, contract hand backs, or ceased trading[25]
- There are disproportionately high numbers of children and young people across Greater Manchester who are at risk, vulnerable or have complex needs. At the end of 2021/22, there were 92.1 looked after children per 10,000 under 18 years olds in the care of the local authorities of Greater Manchester, compared to 69.8 per 10,000 in care of authorities across England overall[26]
- The financial challenges in children's services are being driven largely by a combination of increased demand for and cost of placements for looked-after children, alongside unprecedented workforce challenges also common to adult social care, particularly around recruitment and retention of social workers and other professionals, with increased use and rising cost of agency staff

[23] https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-statistics-in-england/an-overview#summary
[24] https://www.adass.org.uk/surveys/waiting-for-care-july-22
[25] https://www.adass.org.uk/autumn-survey-report-2022
[26] https://democracy.greatermanchester-ca.gov.uk/documents/s24692/Item%206%202023%2002%2010%20ICPB%20-%20An%20Integrated%20Approach%20to%20delivering%20our%20Ambition%20for%20Children.pdf

Pressures on the health and care workforce[27]

- Recruitment and retention – with particular pressures in nursing and midwifery, dental nursing, care workers and within the VCSE sector. We also know that we have an ageing workforce and a high turnover of people within adult social care
- Health and wellbeing - the COVID-19 pandemic and subsequent recovery has been really challenging for our workforce. As a result, sickness absence levels remain extremely high, putting further strain on our workforce and our finances
- Lack of diversity amongst our workforce must be addressed, to ensure decisions are being made and care is being provided that meets the needs of everyone
- Lack of parity between the NHS and social care – payment of the living wage, access to occupational sick pay and wellbeing support needs to span the totality of the workforce including social care, primary care and the VCSE.
- Cost of living crisis – our staff, in common with our communities, face increasing fuel and food costs. In areas of primary care and social care we know that turnover is impacted by people finding better pay in the retail sector
- Financial challenges - the workforce crisis is contributing to our financial strain with high sickness absence rates, agency and locum spend and reduced workforce productivity. Resolution to the workforce crisis must focus on retention, as well as thinking about working in a different way, embracing digital advancements and reducing costly agency and locum spend

What residents are telling us

Phase Two of the Big Conversation[28] took place in October 2022 and involved a range of methods for engaging people across the length and breadth of Greater Manchester. More than 2,000 individuals were involved, including men and women, older and younger people, carers, LGBTQ+, people with disabilities, members of different BAME communities, asylum seekers, refugees and other excluded groups including sex workers and the street homeless.

Across Greater Manchester residents told us there is:

- Widespread concern with funding and staffing levels for the NHS, as well as social care and the local VCSE
- Widespread concern about the difficulties experienced in accessing GP appointments, as well as other access problems such as waiting times for hospital care
- Demand for more personalised and person-centre care, which takes account of the different needs of different individuals and communities, and recognises that one size does not fit all
- Demand for more and better partnership working with the VCSE sector which is seen as ideally placed to help statutory services negotiate some of the above
- An expressed need for more action on prevention and the wider determinants of health, including help with the cost of living

Throughout the engagement the first two themes overshadowed all others. Further details of the engagement process with residents, staff and the Greater Manchester Integrated Care Partnership are given in Appendix 2.

The latest Greater Manchester Residents' Survey (Jan 2023)[29] highlights relevant challenges relating to the cost-of-living crisis:

[27] GM People and Culture Strategy https://gmintegratedcare.org.uk/workforce/
[28] https://gmintegratedcare.org.uk/big-conversation/
[29] https://greatermanchester-ca.gov.uk/what-we-do/research/resident-surveys/

- As a result of the cost-of-living crisis, employed respondents in Greater Manchester are more likely than those across Great Britain to be working more hours than usual (33% v 18%); looking for a job that pays more money (23% v 18%) or working more than one job (13% v 3%)
- 71% of respondents are worried about the rising cost of living, with more being 'very worried' in Greater Manchester than nationally. 85% of people who are disabled or not in work due to ill health or disability are worried
- 40% of respondents had a food security level classified as 'low' or 'very low'– and have experienced food insecurity in last twelve months. Food security is where people are confident that they can access a sufficient amount of affordable, nutritious food
- 36% of respondents noted that their household experienced some form of digital exclusion (not being able to get online). Disabled people and older residents are more likely to be digitally excluded

Young people in Greater Manchester, participating in #BeeWell (a programme that annually measures the wellbeing of young people across Greater Manchester) have indicated[30]:

- In 2021, the average life satisfaction and mental wellbeing scores of young people across Greater Manchester were lower than those of young people in England (in studies using the same measures as in #BeeWell)
- 16% of young people responding to the 'Me and My Feelings' measure reported a high level of emotional difficulties and are likely to need significant additional support.
- The life satisfaction average score is 6.2 out of 10 for girls but 7.2 for boys. There are sizeable inequalities for young people who identify as LGBTQ+
- Across Greater Manchester, just over one in three young people (34%) are reaching the recommended levels of physical activity set by the Government's Chief Medical Officer of at least one hour per day. This falls to 27% of girls, 27% of Asian pupils, and 18% of Chinese pupils
- Pupils from a range of ethnic groups (for example, over a third of Black and Chinese pupils) report experiencing discrimination because of race, skin colour, or where they were born (occasionally, some of the time, often or always)
- Over a third of young people who identify as gay or lesbian report at least occasionally experiencing discrimination because of their gender, and this rises to around 40% for young people who identify as bisexual or pansexual, or transgender

[30] https://gmbeewell.org/research/publications/beewell-reports-briefings/

The challenges

This information demonstrates that there are challenges which demand a response through this strategy:

- How to continue the improvements already made
- The wider influences on health and good lives
- Health and work
- Access to services and increasing demand
- Health outcomes and heath inequalities
- Workforce recruitment and retention
- Financial resources
- Ensuring equitable opportunity and service provision across the whole of Greater Manchester

6. Responding to the challenges

There are three core elements of this strategy which describe how we will respond to the challenges highlighted through data, evidence and engagement:

1. ***Embedding the Greater Manchester Model for Health (Figure 2).*** This shows how we work with communities to prevent poor health, and ensure support is available before crises occur, to reduce demands on formal NHS and social care services. It shows how we work together to provide consistent and high-quality care so Greater Manchester residents can be assured that care is just as good wherever it is accessed. It is a social model for health (rather than predominantly a medical one), has people and communities at its heart, and is based on innovating and spreading what works.

2. ***Identifying and acting on our missions to address today's challenges.*** This strategy outlines our shared commitments - everything we will do together across the next five years – and focuses on the missions which connect the whole system to our most significant and deep-rooted challenges. Each mission responds directly to what the residents of Greater Manchester have told us, the pressures facing public services and our workforce and the evidence and research into what drives our health needs and what works to respond to them.

3. ***Monitoring our progress.*** We will ensure that we are clear about the progress we intend to make, and that we can demonstrate how we are meeting it.

7. Embedding the Greater Manchester Model for Health

In 2015 we described the key elements to transforming our health and care model in our plan 'Taking Charge'[31]. That approach, responding to NHS England's Five Year Forward View[32] committed us to:

- A radical upgrade in population health and prevention
- Transforming community-based care and support
- Standardising acute and specialist care
- Standardising clinical support services
- Enabling better care

This was ambitious, comprehensive, and relevant to the long-term transformation of health and care. There are significant areas of progress since 2015, as well as important areas for further development. The model for health has evolved and developed over the last seven years and it must now frame how we work.

The Greater Manchester Model for Health

We have the opportunity to realise a 'social' (rather than a predominantly medical) model for health, including population health and prevention, given the depth of relationships between the NHS, councils, wider public service partners and the VCSE in Greater Manchester. This is a model which offers more than medicine and positively addresses the full range of determinants of health.

The Greater Manchester Model for Health is based on core principles of co-production, working with people and communities rather than 'doing to'. We have exceptional examples of integrated neighbourhood working, mature provider collaboration, public service reform and evidence of impact since 2015.

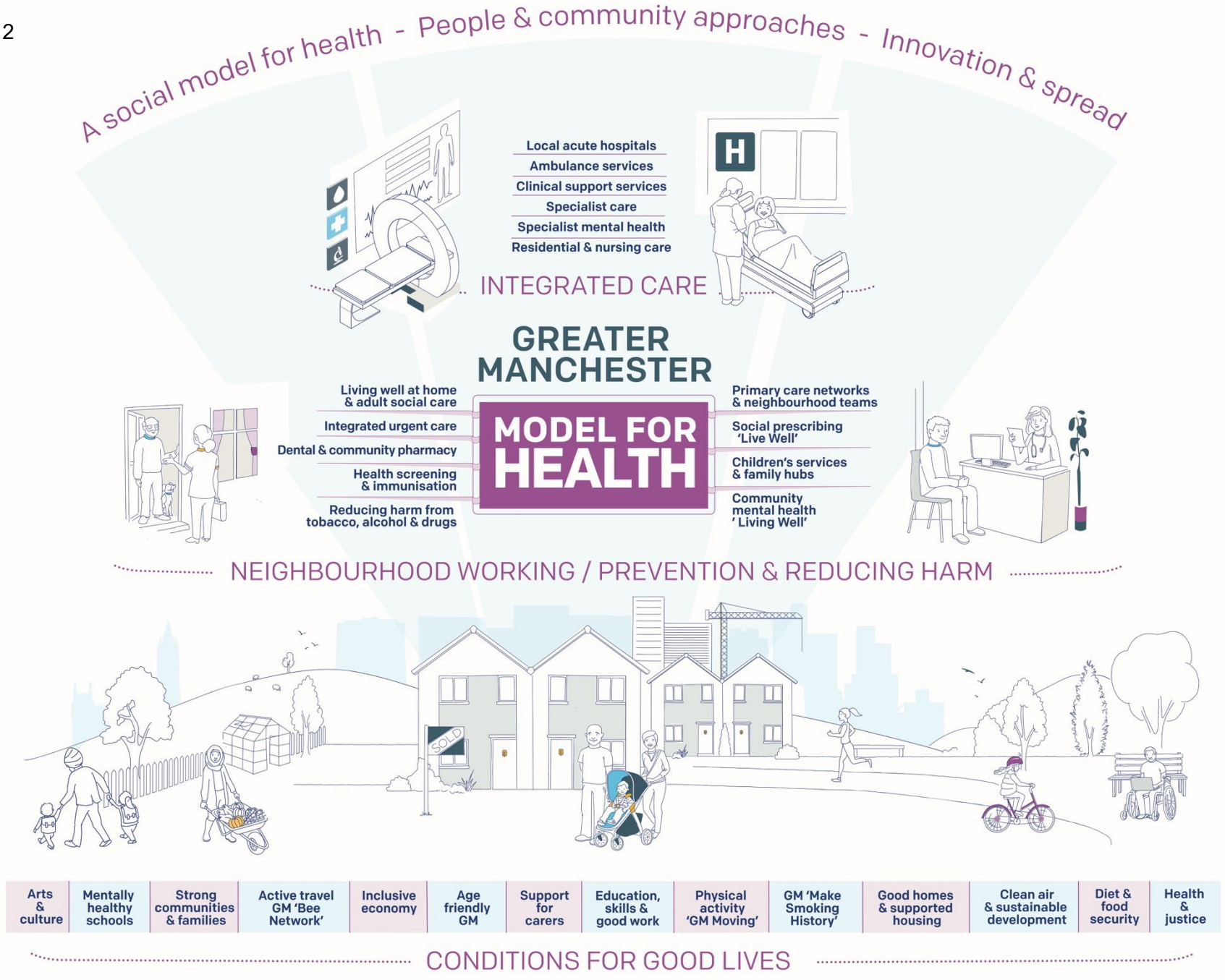
We have a unique opportunity to drive our research, innovation and discovery efforts and support deployment at scale through Health Innovation Manchester[33].

Our challenge is that this Model is not universally realised across Greater Manchester. Our aim through this strategy therefore is to confirm the actions and approaches necessary to achieve this and maximise the effectiveness of how we work together to improve our outcomes.

The following section describes the core characteristics of the Model and the focus of its further development.

[31] https://www.greatermanchester-ca.gov.uk/media/1120/taking-charge-of-our-health-and-social-care-plan.pdf
[32] https://www.england.nhs.uk/five-year-forward-view/
[33] https://healthinnovationmanchester.com/

Figure 2


A social model for health - People & community approaches - Innovation & spread
Local acute hospitals
Ambulance services
Clinical support services
Specialist care
Specialist mental health
Residential & nursing care
INTEGRATED CARE
GREATER MANCHESTER
MODEL FOR HEALTH
Living well at home & adult social care
Integrated urgent care
Dental & community pharmacy
Health screening & immunisation
Reducing harm from tobacco, alcohol & drugs
Primary care networks & neighbourhood teams
Social prescribing 'Live Well'
Children's services & family hubs
Community mental health ' Living Well'
NEIGHBOURHOOD WORKING / PREVENTION & REDUCING HARM
SOLD
Arts & culture
Mentally healthy schools
Strong communities & families
Active travel GM 'Bee Network'
Inclusive economy
Age friendly GM
Support for carers
Education, skills & good work
Physical activity 'GM Moving'
GM 'Make Smoking History'
Good homes & supported housing
Clean air & sustainable development
Diet & food security
Health & justice
CONDITIONS FOR GOOD LIVES

Creating the conditions for good lives

We pursue a 'health in all policies'[34] approach to maximise our influences on the social determinants of health. These include:

Strong communities and families - as part of the response to the COVID-19 pandemic, we saw that improved levels of volunteering assisted the wellbeing and health of both those volunteering and those receiving support. The appetite for rapid innovation saw services blended with the VCSE sector due to their direct reach into communities, services run from local community buildings and befriending services bridging the gap for people. The willingness to care and volunteer offers real potential to secure a lasting legacy from the pandemic.

An inclusive economy - an approach to economic development where everyone can participate in local economic life; where local resources and wealth are redirected into the local economy and where local people have more control. Where the contribution of public services is maximised through the Greater Manchester social value framework[35], including our contribution to the local economy in relation to employment, procurement, building and land use, and our environmental impact.

An age friendly Greater Manchester - responding to the opportunities and challenges of an ageing population in our city-region, focusing on reducing inequalities and ageing well. This requires a change in approach to health and social care to ensure more proactive care, healthy and active ageing and ensuring people get the right care when they need it.

Skills, education and good work - supporting early years development to enable more children to be school ready; ensuring successful educational experiences in schools and colleges which support positive mental health and securing more control of the post-19 skills system to lead to better employment opportunities across the city-region. Focussing also on good work through the spread of the Greater Manchester Good Employment Charter, improving pay and supporting wellbeing in work.

Good Homes - connecting with the GMCA, councils and Greater Manchester's housing providers to improve the availability and quality of housing, including supported housing. Tackling and preventing homelessness and developing homeless healthcare as part of an approach to health that includes people who are socially excluded (inclusion health[36]).

Healthy places - developing neighbourhoods with cleaner air and access to green spaces where communities can come together, connect and support each other, enjoying their local environment and benefitting their physical and emotional health; where active travel through walking and cycling is made easy and supported by our collective work through GM Moving, our city-region wide movement to get people moving.

[34] https://www.gov.uk/government/publications/local-wellbeing-local-growth-adopting-health-in-all-policies
[35] https://www.greatermanchester-ca.gov.uk/what-we-do/economy/social-value-can-make-greater-manchester-a-better-place/
[36] https://www.gov.uk/government/publications/inclusion-health-applying-all-our-health/inclusion-health-applying-all-our-health

CASE STUDY: Greater Manchester Moving

Greater Manchester Moving, known as GM Moving, is a movement of people, communities and organisations, from every sector and place across the city-region, with a shared goal of enabling active lives for all.

Together, we believe that:
• Moving matters to us all
• We need to design movement back into our lives
• Everyone has a role to play

Our collective strategy 'GM Moving in Action 2021-31' sets out our whole system approach for achieving this mission, and how we aim to help people move a little more; making it easier to be active and a natural part of how we all live, travel, work and play.

Why is this important? Because movement and activity contributes to our physical and mental wellbeing and leads to happier and healthier lives. This in turn will help us to develop an economically and environmentally sustainable Greater Manchester.

Data shows that prior to the pandemic, GM was successfully reducing inactivity levels at 2.5 times the national rate. However, in the first 12 months of Covid our inactivity rose twice as fast as the national average. We also experienced unequal impacts between different people and communities, such as disabled people, those with long-term health conditions, culturally diverse communities, and people of different age groups and incomes.

The aim of GM Moving is to close those inequality gaps and ensure an active life for all by 2031.

CASE STUDY: Improving lung health and the environment

Inhalers, widely prescribed for those with asthma or COPD (chronic obstructive pulmonary disease), make a significant contribution to Greater Manchester's carbon footprint. In any given month, there are over 300,000 inhalers prescribed in the city region with an environmental impact equivalent to the emissions from 28,000 cars.

Joint working between GP practices and their patients in 2021-22 helped to reduce greenhouse gases by the equivalent of 563 metric tons of CO2e in the last year. This is equivalent to 3774 fewer cars on Greater Manchester roads.

For example GPs and staff at Kirkholt Medical Centre, a GP surgery in Rochdale, have worked with patients to improve asthma care while reducing the carbon footprint of prescribed inhalers. This was achieved through encouraging lifestyle changes, such as stopping smoking, addressing reliever overuse (salbutamol), encouraging preventer use, and when appropriate supporting a change to dry powder inhalers.

The inhaler programme is GP led and a collaboration of work between GP practices, nurses, hospital staff, patient groups and the GMCA. The programme is one of the key programmes of work within the NHS Greater Manchester Green Plan.

Diet and food security - improving diets and tackling food insecurity (where people are not confident that they can access enough affordable, nutritious food) to improve physical and mental health, educational and economic outcomes. In children, food security positively affects happiness and life satisfaction, social skills, and quality of life scores.

Health and justice - addressing the health, social care and criminal justice factors that can lead to life-long poor physical and emotional health, and reduced life-expectancy, for people in the criminal justice system, as offenders or victims. Working with Greater Manchester Police, the National Probation Service, education professionals, youth justice and local authorities to address the underlying causes of violent crime and work together with communities to prevent it. This forms part of Greater Manchester's approach to tackling serious violent crime, ensuring victims of violent crime get the right support, and improving the criminal justice response to all forms of serious violence.

Providing proactive and preventative integrated care through our neighbourhood model

Utilising people and community centred approaches alongside proactive primary care as part of a comprehensive neighbourhood model spanning public services, local business and community-led groups. This aims to maintain good health and independence and reduce demand on acute and crisis services. This ambition is underpinned by our blueprint for primary care which is being developed.

Integrated neighbourhood teams - typically organised for 30-50,000 residents and coterminous with primary care networks, which are groups of GP practices working together in local areas.

Our integrated neighbourhood teams work to connect all primary care services including GPs, dentists, pharmacists and optometrists with community, social and local acute care, local VCSE and wider public services (such as housing providers, schools, employment support and the local police and fire and rescue service). We will not miss the opportunity to maximise the enormous potential of community pharmacy within those integrated teams to reduce pressure on GPs and hospitals.

Utilising population health management tools to anticipate care needs and provide support and preventative care before crises occur. Integrating local urgent care to provide an urgent community response and reduce the need for people to need ambulance or hospital support.

Our digital transformation plans are key to connecting and improving this aspect of the Model through improved data availability, particularly for community services, ensuring those at highest risk are identified and supported appropriately, and the expansion of remote monitoring and virtual wards. We are continuing to enhance the Greater Manchester Care Record and its use for direct care, secondary uses and research. For the integrated care workforce, we are promoting the development of neighbourhood based integrated health and social care roles, including the expansion of the blended roles programme.

The neighbourhood model is the key to making our model for health a reality, ensuring that people are supported to live well and continue doing the things they love, with the support they need, whether they're diagnosed with a long term condition, cancer, dementia, or they're at the end of their life and receiving palliative care.

CASE STUDY: Healthy Hyde

Healthy Hyde began in December 2021 after the local Primary Care Network (PCN) was tasked with improving the health and wellbeing of the most deprived 10% of its population.

The programme aims to make changes to someone's life early on, in order to improve their life before they hit crises. Much of their work is with the homeless population, refugees, asylum seekers, food bank users, children struggling in schools, and parents with young children. The range of support includes help with employment, housing, health, nutrition, social care, pre and post-natal education.

Funded through the Locally Enhanced Service scheme, Healthy Hyde is run from the 30-strong PCN office comprising a variety of health and wellbeing practitioners, a PCN manager and two clinical directors. The team partners with housing organisations, domestic violence organisations, voluntary and community groups, the local council, housing shelters and statutory services at a variety of levels.

By taking the time to get to know their communities, listen to what they want and adapt their offer to fit their needs, Healthy Hyde has introduced a number of initiatives, including English lessons for refugee and asylum seekers with incorporated wellbeing checks, advice sessions at local food banks, health drop-in sessions for homeless people, post-natal courses, mum and toddler groups with an emphasis on health matters, and a memory café run by mental health practitioners aimed at combating loneliness among carers.

Screening and immunisation - identifying those at greatest risk and supporting early detection and therefore earlier treatment and support. Reducing health inequalities and addressing differences in uptake among different groups.

Reducing harms from tobacco, alcohol and drugs - reducing smoking prevalence as part of our Make Smoking History programme; reducing alcohol and tobacco harms especially during pregnancy and changing lives with those experiencing multiple disadvantage and struggling with the complexities of drug, alcohol, mental health and associated problems. This has been a key element of our public service reform journey for a number of years now and ensures we work across sectors to tackle the root causes of demand on services, while improving population health on a more sustainable basis.

CASE STUDY: Making Smoking History in Greater Manchester

Smoking is the single biggest cause of preventable illness and premature death in the world, and the greatest driver of health inequalities. It pushes people into poverty and ill health with a devastating impact on individuals, communities, and the economy. Illnesses where smoking is a major risk factor include cancer, heart disease, stroke, and respiratory diseases. Non-smokers that are exposed to second-hand smoke (also known as passive smoking) are also at risk of the same illnesses – especially vulnerable adults, children, and babies.

In 2017, Greater Manchester Health and Social Care Partnership (the forerunner to our current Integrated Care Partnership published its 'Making Smoking History' strategy, taking a whole-system and hugely ambitious approach to creating a smoke-free city-region. Against a challenging backdrop of higher-than average smoking prevalence and exacerbated health inequalities, Greater Manchester has made huge progress in reducing smoking rates – saving thousands of lives and providing millions in cashable savings to the NHS and public services.

As a result, smoking prevalence has fallen to the lowest on record, from 18.4% in 2016 to 15.4% in 2021 – meaning there are now 66,000 fewer smokers living in Greater Manchester. Furthermore, smoking at time of delivery (SATOD) – the benchmark used to measure smoking status for women at the time of giving birth – has declined by a quarter, from 12.6% in 2017-18 to 9.5% in 2021-22, preventing many tragic outcomes in pregnancy and birth.

Living well at home - social care in Greater Manchester is fundamentally about better lives, not the provision of services. It is rooted in the power of co-production with people, carers and families to deliver better outcomes for all. It is much more than how we meet the challenge of supporting the flow of people in to and out of our hospitals, although that remains critical. It includes all the changes needed to ensure people have greater independence and enhanced wellbeing within stronger, more resilient communities. Our adult social care ambitions support people to 'live well at home', as independently as possible, making sure that the care and support they receive responds to their strengths and what matters most to them; valuing and respecting carers through recognition and support; supporting people with complex needs with enhanced care at home to prevent them going into hospital and to return home as quickly as possible; and working with social care providers to improve quality and ensure a resilient and diverse market for care.

CASE STUDY: Better outcomes – better lives

Manchester's Better Outcomes, Better Lives is improving people's independence by focusing on what they can do (their strengths) rather than what they can't do, known as a strengths-based approach. This approach has led to the prevention, reduction and delay of people needing formal adult social care services.

This strengths-based practice is embedded within teams through behaviour change and a shared passion for the preventative approach, with a robust performance and evidence-based framework in place to drive improvement.

Through a combination of strengthened commissioning arrangements, improved early support with the right interventions, support for people to regain independence and a focus on safeguarding people in a timely manner, the programme has successfully met increased demand without a proportionate increase in workforce.

As well as contributing to the wider adult social care service delivering within budget, other achievements include a 10% reduction in the use of Manchester's residential care, a decrease in the cost of 22% of care packages following review, and a total of 66% of people not needing a package of care at the end of a reablement intervention.

Supporting children and young people - providing early help to families with a focus on improving educational attainment, speech and language and healthy weight. Ensuring good emotional wellbeing with earlier targeted intervention and expansion of community based mental health services. Co-produced support for children and young people with special educational needs. Support through transitions as part of a 0-25 model and boosting outcomes for young people leaving the care system through support in education, employment and training, health and finances.

Integrating care through our providers

Urgent and emergency care - using a clinically guided Greater Manchester approach to develop the pathways between local urgent care services such as GP out of hours, 111 and Accident and Emergency and more specialist emergency care such as for major trauma, hyper-acute stroke and heart failure. Empowering the Greater Manchester provider collaboratives to organise and deliver a consistent approach to triage, treatment and transfer across urgent and emergency care sites.

Planned care - using the provider collaboratives to direct planned care recovery and address the backlog through a single shared patient list targeting health inequalities, offering virtual outpatient services and managing staff wellbeing. Managing the flow of new patients needing diagnosis and treatment enabling access to specialist opinion and developing models for community diagnostic hubs.

End of life and palliative care - The Greater Manchester commitments to palliative and end of life care[37] provide the foundation for working collaboratively to ensure people can live well as they approach the end of their life, and die as comfortably as possible in the place of their choice. Equitable access to high quality, holistic, personalised palliative and end of life care,

[37] https://peolc.net/about-us/

at home and through our hospices and other providers, not only ensures a more positive experience of death and dying for Greater Manchester individuals and their families, but also protects other health care services

Cancer care - comprehensive preventative approaches to reduce people's risk of developing cancer. Orientating the whole system towards early detection, diagnosis and treatment to improve survival outcomes and experiences. Considering the full range of people's needs to enable them to live well with and beyond cancer. Bringing together world class researchers and clinicians with our research bodies to constantly improve the lives of people affected by cancer.

Mental health - multi-disciplinary, strengths based team connecting to neighbourhood and community-based care. Increases access to evidence based clinical interventions, psychological therapies and social support. Using "Thrive" principles[38] to meet the dynamically changing needs of children, young people, adults and older people with common mental health problems, severe mental illness, and those with very complex needs who may not currently meet the thresholds for secondary care services. People receiving support can move between different types of help as their needs change.

Sustainable services – responding to the need for a proactive approach to acute service sustainability, to identify services that are vulnerable without intervention and taking earlier action. The initial priorities are in dermatology and ophthalmology.

Health innovation and spread – reducing the time from discovery to spread by connecting the healthcare system with academia and industry to respond to health and care challenges and be at the forefront of the national and global agenda in discovery science, innovation into practice and population health. Developing our approaches to unlock the full potential of our digital and data assets to support redesign and transform care to benefit Greater Manchester residents.

Transforming how people engage with health and care services digitally by bringing in new technologies and using data to provide more accurate and effective care and treatment. Harnessing the power of data and technology to move beyond the basic ability to share information, to digitally reimagine services to fully support the integration of care, empower people to take greater control of their health and wellbeing and accelerate innovation into practice.

Using technology appropriately so people will be able to receive care and treatment based on the most accurate information, where and when they need it, allowing people to better monitor their own health and plan their care, alongside professionals.

Analysing de-identified personal data to better review and plan services based on accurate information. Supporting ground-breaking research into new cures and treatments that could save lives here and around the world.

Significantly growing our activity in community-based research. Through Health Innovation Manchester, using our available resource for research and innovation to tackle local problems, developing and deploying proven innovation at scale through leveraging industry and national resource and investment; maximising our contribution to economic development in Greater Manchester.

[38] http://implementingthrive.org/wp-content/uploads/2019/03/THRIVE-Framework-for-system-change-2019.pdf

CASE STUDY: Accelerating the deployment of the GM Care Record

The GM Care Record (GMCR) provides health and care workers with access to vital patient information to provide better informed direct care and treatment on the frontline.
It is also providing the platform for research and secondary uses and the basis of digital transformation of clinical pathways.

Since the GMCR was launched during the pandemic, it is now being access by over 18,000 frontline workers to support the care and treatment of over 180,000 patients each month. It has become a major digital asset for Greater Manchester, with the potential to support programmes to tackle health inequalities and transform care in areas such as dementia/frailty, virtual wards and heart failure.

During the pandemic and through close collaboration between the GM clinical-academic community, health and care partners and citizens, 22 COVID-19 related research studies using de-identified data from the GMCR were approved to understand the impact on the communities of Greater Manchester.

In future, data from the GMCR will help researchers to understand other major health and care issues affecting the city-region through GM's Secure Data Environment.

All of this activity to support both direct care and research has been underpinned by engagement and strong governance across GM data controllers, providers, commissioners, and central GM bodies.

8. Meeting today's challenges – our missions

Section 5 sets out the challenges this strategy responds to, and it is through our missions that the current challenges will be addressed.

Everyday life for many is precarious and repeated shocks affecting people's sense of security and wellbeing are now widespread; for example, the effects of the cost-of-living crisis and what that means for food and fuel security, digital exclusion, housing, and employment security. These directly impact people's health.

Poor health remains the single most important factor driving long term exclusion from employment and participation in the economy. That exclusion affects a quarter of our working age population.

Participants in our Big Conversation emphasised their concern about the problems accessing core health and care services. Reducing long waits as core services are restored is essential to maintain the confidence of those residents requiring our care, in the context of increasing demand.

The failure to prevent illness and its late detection means that our health and care system remains locked in a cycle of responding to crisis. Greater Manchester's population experiences higher mortality than it should and people spend a greater proportion of their lives in poor health, especially those with disabilities, those from racially minoritised communities and those facing multiple disadvantage. An upstream model of care and earlier intervention remains a consistent ambition to improve health outcomes and reduce health inequalities.

Addressing our workforce challenges gives us our biggest opportunity to improve the way we provide health and care for our communities. The Greater Manchester public has expressed its own concerns about the pressure on our health and care workforce, in terms both of numbers and staff wellbeing. We must also recognise the additional pressure and challenge faced by unpaid carers supporting their loved ones every day; the more that stresses emerge in public services the greater the consequent demands move to families and carers.

The pressure on public finances over an extended period means resources don't match the demand on health and care services; long term financial sustainability is a huge challenge.

It is these challenges which have led us to identify six missions requiring action in each neighbourhood, in all ten localities and across the whole of Greater Manchester:

- ✔ Strengthening our communities
- ✔ Helping people get into, and stay in, good work
- ✔ Helping people stay well and detecting illness earlier
- ✔ The recovery of core NHS and care services
- ✔ Supporting our workforce and our carers
- ✔ Achieving financial sustainability

All of these missions are underpinned by the need to ensure equity, which means providing greater help for those with greater challenges to overcome in order to reduce inequality.

Strengthening our communities

This strategy recognises the stresses on daily life for many of our residents, which have been significantly increased through the cost-of-living crisis. This will lead to a crisis in health. This strategy needs to enable individuals, families and communities feel more confident in managing their own health. This is about helping communities support each other.

NHS Greater Manchester works closely with leaders from Greater Manchester's VCSE sector, and we have put in place an accord agreement[39] which contains eight commitments shared across the sector, NHS Greater Manchester the GMCA and its constituent councils. We want to further develop how we work together to improve outcomes for Greater Manchester's residents, enabling good lives for all and strengthening our communities.

[39] https://www.vcseleadershipgm.org.uk/about-the-vcse-accord/

CASE STUDY: Social prescribing

Recruited in March 2022, alongside a Network Dietician, the Diabetes Social Prescribing Link Worker in Gorton and Levenshulme Primary Care Network offers an alternative approach to managing a health condition with medication alone.

The role is dedicated to supporting people with Type 2 diabetes and a high BMI, or those at risk of developing the disease; working with them to find out what matters to them and what they want to achieve.

Darab, for example, a 39-year-old with limited English, moved to England in 2016 after serving in the armed forces. His wife and children currently remain in another country.

He had a part-time job but wanted to improve his English to enhance his working ability and access to services. He also wanted to lose weight, join a gym and learn about healthy eating so he could improve his health. After visiting his GP a number of times with low mood and joint pain, Darab was diagnosed with pre-diabetes and referred to the social prescribing service.

Working together with the social prescriber and with the help of an interpreter, Darab was able to join a smoking cessation service, English lessons and secure a gym membership. He also received some visual information sheets to help with healthy eating.

In just two months, Darab has increased his health confidence scale from 4 to 12 out of 12; lost more than 16kg in weight, reducing his BMI from 30.2 to 25 and stopped smoking. He goes to the gym four times a week and now walks daily. He has also reduced visits to his GP and seen an increase in his mood and confidence.

He said: “This service has helped me so much.; I have managed to make many changes to better my health and wouldn’t have known where to start without it. I am now eating better, feel fitter and have lost weight.”

Our focussed actions here include:

- Continue to develop social prescribing in Primary Care Networks to enable people to be able to get opportunity, advice and support in their community to lead a healthy happy life
- Coordinate our response to poverty - food, fuel, and transport.
- Address historic under-investment in mental health, learning disability and autism and expand our community-based provision through the Living Well model
- Embed the VCSE Accord to grow the role of the VCSE sector as an integral part of a resilient and inclusive economy
- Progress our Net Zero climate change contribution to achieve a net zero carbon footprint by 2038
- Deliver a Greater Manchester-wide consolidated programme to deliver better outcomes for those experiencing multiple disadvantage and co-occurring conditions building on learning and effective approaches from the Supporting Families (Troubled

Families) programme, Rough Sleeper Initiative, Housing First, Changing Futures and Working Well.

- Equip people with the skills, connectivity and technology to get online, partnering with the Digital Inclusion Action Network[40], and focusing on all under-25s, over-75s and disabled people.

CASE STUDY: Responding to multiple disadvantage

The Changing Futures programme in Oldham provides essential support and treatment for vulnerable adults facing a combination of homelessness, substance misuse, poor mental health, domestic abuse, or contact with the criminal justice system.

Originally set up with National Lottery Community funding, the service works with other public and voluntary sector services to help co-ordinate the support that is needed. It has helped people with learning difficulties to access local services, provided support with housing applications, helped people to access addiction support, make and attend appointments, provided support to parents to rebuild relationships with children that have been taken away from them, reduced drug use, and helped people access police support that reduces their vulnerability to crime.

The programme in Oldham now plans to secure a community space for hot drinks, showers, changing facilities and advice develop an online directory of services and recruit a peer support worker.

Other localities including Rochdale, Wigan and Manchester are working on similar programmes.

Helping people get into, and stay in, good work

One of the purposes of integrated care systems is to support wider social and economic benefits from NHS investment. This is important everywhere, but for Greater Manchester it has the potential to be nationally significant in raising overall productivity and supporting a necessary rebalancing of the national economy.

Current Government economic policy is centred on creating the conditions for accelerated economic growth. The public sector in the North makes a greater contribution to Gross Domestic Product (GDP), employment and economic activity than elsewhere in the country. We believe that approaching this mission with focus and energy is essential to helping to address the widening inequalities that we see across our communities. We also believe that supporting people to have full lives and to be healthy and well is the best way to reduce public service demand pressures over the medium and long term.

All ICSs are developing the role of the NHS in local economies and Greater Manchester is developing a network of anchor institutions[41] to further develop our contribution to the local economy in relation to employment, procurement, building and land use, and our environmental impact. We must consider what needs to be done to drive prosperity across Greater Manchester and the role of the Integrated Care Partnership in achieving this. In

[40] https://www.greatermanchester-ca.gov.uk/what-we-do/digital/digital-inclusion-agenda/
[41] https://www.health.org.uk/publications/reports/building-healthier-communities-role-of-nhs-as-anchor-institution

considering this we need to understand why children fall behind, why long term worklessness persists, and how Greater Manchester's health and skills inequalities can be addressed in order to reverse longstanding and structural inequality.

Our focussed actions here include:

- Expansion of our Work and Health Models[42] to prevent people falling out of work, getting people back into work, and supporting people with learning disability, Autism and severe mental illness to be placed and trained in work
- Working with employers on employee wellbeing, through the Greater Manchester Good Employment Charter, to ensure new and existing jobs right across Greater Manchester are 'good work'[43].
- Implementing the Greater Manchester Social Value Framework[44] and community wealth building approaches through a Greater Manchester network of anchor institutions

CASE STUDY: Working well early help

The Working Well Early Help (WWEH) programme has supported more than 7,000 individuals who had become newly unemployed (within the last six months) or were on medical leave from their jobs due to a health condition or disability.

As well as employment-related support, such as help with CV writing, interview techniques and signposting to training or job fairs, participants received health and wellbeing support in the form of Cognitive Behaviour Therapy (CBT), physiotherapy, dietary advice and help with managing stress and anxiety.

Additional signposting was provided for those who required grief counselling or help with financial, debt, housing or benefits advice.

The majority of participants reported a positive outcome in relation to their health and wellbeing, with 'health' and 'coping and confidence' showing the most positive change by the end of the programme.

Just over a third (38%) experienced a positive employment outcome by the end of the programme.

WWEH participant Zoe said the support she received had helped 'massively' with her health and wellbeing after undergoing a course of CBT and acknowledging she had a mental health condition. After a succession of short-term, unsatisfying jobs since leaving school, Zoe got a job as a support worker for a charity and said: "I would never have gone into this role without their support. I will be forever grateful, they were so great."

The WWEH model relied on integration with local services and involved key partners from local authorities, GP practices and Job Centre Plus.

[42] https://www.greatermanchester-ca.gov.uk/what-we-do/work-and-skills/working-well/
[43] https://www.shawtrust.org.uk/what-is-good-work-and-why-is-beneficial/
[44] https://www.greatermanchester-ca.gov.uk/what-we-do/economy/social-value-can-make-greater-manchester-a-better-place/

Helping people stay well and detecting illness earlier

We have described the features of a Greater Manchester Model for Health focused on putting health at the heart of all our city-region policies and integrating public services to address the wider determinants of health, alongside NHS Greater Manchester's ambitions for how health and care services are provided.

Many conditions which contribute to shorter healthy life expectancy are preventable. We will collaborate with focus and purpose to deliver comprehensive, scaled approaches to the main modifiable risk factors - tobacco, physical activity, obesity/food and alcohol – which can lead to death. At the same time we will also prioritise secondary prevention[45] - treating high blood pressure, high cholesterol, diabetes and other conditions which are risk factors for poor health and early death from cancer, cardiovascular, diabetes and respiratory diseases. We will move away from siloed approaches by partnering with our residents and communities, spreading evidence-based approaches, involving all providers and utilising innovative data architecture and capability to develop interventions and models of care that engage those from higher risk populations.

We recognise that specific communities face greater challenges concerned with prevention, early detection and early treatment. These include people with severe mental illness, people with disabilities, communities facing disadvantage or discrimination as a result of ageism, racially minoritised communities and communities in poverty. We will, therefore, embed a comprehensive approach to reducing health inequalities to deliver improved equity, equality and sustainability across health and care.

Our focussed actions here include:

- Application of CORE20PLUS5[46] to reduce health inequalities across Greater Manchester, drive early cancer diagnosis, hypertension case finding, reduce hospitalisation for COPD, increase health checks for people with severe mental illness or learning disability, and improve maternity outcomes
- Drive prevention through increased physical activity, reductions in smoking and obesity
- Expansion of culturally appropriate services that better reach into disadvantaged communities
- Apply evidence-based falls prevention approaches consistently across Greater Manchester.
- Monitor and target unwarranted variation for populations affected by inequalities.
- Expand the use of tools for finding people at risk of poor health and providing anticipatory care, partnering with our residents.

[45] "catching the causes of ill health as early as possible to prevent or reduce the chances of them leading to more serious conditions" https://www.england.nhs.uk/ourwork/prevention/about-prevention-programme/
[46] https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/core20plus5-cyp/

CASE STUDY: Targeted lung health checks

People at risk of lung cancer had the disease detected at a much earlier stage thanks to a pilot scheme in Manchester and Tameside. The Lung Health Check was aimed at past and current smokers aged 55 to 74 through a series of roadshows and mobile CT scanner units set up in supermarket car parks.

Lung cancer is the most common cause of death in Manchester in people under the age of 75, and most cases are diagnosed at a late stage when survival is poor. Through targeted screening, the Lung Health Check detected lung cancer and other lung conditions such as Chronic Obstructive Pulmonary Disease (COPD) at a much earlier stage than they would normally have been diagnosed – after reporting symptoms, for example.

As a result, people were offered potentially curative treatment and advice to manage their previously undiagnosed disease. Early detection, intervention and treatment is not only beneficial for the patient but also less costly for the NHS.

In Manchester, more than 2,500 individuals undertook a lung check with just over half deemed to be high risk and qualifying for a CT scan on site. The team found 46 lung cancers affecting 42 individuals, with the majority (8/10) being at an early stage and therefore offered potentially curative treatment (9/10). In comparison, half of lung cancers diagnosed outside of screening are advanced and therefore curative treatment is not an option.

The recovery of core NHS and care services

Improving access to high quality, core services and reducing long waits is the main issue raised by Greater Manchester residents participating in the Big Conversation and this will be delivered through our approach to the recovery of services. This covers the full range of core NHS and care services where reliable and timely access has been set back.

Our focussed actions here include:

- Improving ambulance response and A&E waiting times
- Reducing elective long waits and cancer backlogs, and improving performance against the core diagnostic standard
- Making it easier for people to access primary care services, particularly general practice
- Ensuring universal and equitable coverage of core mental health services and continuing to value parity between mental and physical health
- Pursuing best practice to improve quality and reduce unwarranted variation

There are activities underway already to ensure these improvements occur, but we are also signalling where further action needs to be undertaken through this strategy. Recognising that NHS Greater Manchester must have regard to this strategy in developing its own plans with NHS partners, additional detail is provided here in relation to those areas where NHS Greater Manchester has the most direct influence.

Primary care – We recognise the role of primary care as part of the wider Greater Manchester urgent and emergency care system and its aim to deliver responsive same day services. In organising primary care, we always seek to balance convenience and continuity of care in

relation to who sees a patient, between online or face to face appointments according to the patient's wishes and needs. NHS Greater Manchester will seek to secure additional capacity when periods of surge demand occur, which we assess through our framework for reporting pressures. Primary care providers will enable the spread of access to online advice on symptoms and self-care, going to a community pharmacy, a GP appointment, an urgent treatment centre, or the 111 out-of-hours clinical assessment service. NHS Greater Manchester and primary care providers will also engage on options to address the current issues surrounding access to NHS dental services and develop a dental access plan.

Urgent and emergency care – Our collective improvement activities will support people to be seen more quickly in emergency departments through better ambulance handover and initial decision making. Improved flow across the system will be supported through embedding approaches such as 'Discharge to Assess'[47]; and to reduce need for hospital attendance and admission through a two-hour urgent community response in all ten localities in Greater Manchester, improved NHS 111 call handling, and enhanced support to care homes.

Planned care –we will increase the number of surgical hubs – focused only on planned surgical procedures to protect capacity for elective (planned) activity. We will reduce unwarranted clinical variation through approaches including 'Getting It Right First Time'[48] and maximise bed and workforce capacity, including expanding the availability of virtual wards. We will increase system theatre utilisation, reducing length of stay for elective patients and overall day case rate. Improved support for patients waiting for treatment will be provided through better care navigation, consistent patient initiated follow up and more 'While You Wait'[49] and 'My Recovery' resources. A focus on health inequalities will run through each of the elements of the elective recovery plan.

For children and young people, we will reduce waiting times to within national standards through a Greater Manchester-wide approach to paediatric elective recovery with common clinical prioritisation, establishment of dedicated paediatric surgery hubs, sharing of best practice to maximise activity and transforming pathways.

Cancer Care **–** We will strengthen Greater Manchester compliance with best practice pathways defined nationally, initially in breast, skin, head and neck, breast and gynaecology and then on to tumour sites where national guidance does not yet exist. We will improve diagnostics through enhanced mutual aid (organisations supporting each other) and increased diagnostic capacity and reporting dedicated to cancer. We will roll out the 'Single Queue' diagnostics approach[50] and increase sustainable diagnostic capacity through community diagnostic centres[51]. We will implement the Greater Manchester lung model of care and accelerate roll out of targeted lung health checks.

Mental Health and Learning Disability – We will continue to support high levels of mental health needs and the ongoing provision of crisis services including increases in liaison and system working with Greater Manchester Police (GMP) and the North West Ambulance Service (NWAS). We will also work in partnership to support people with a serious mental illness to access housing and employment and. to reduce long waits, additional support to tackle waiting lists will be sought alongside reducing waits for physical health checks, as it will for with a learning disability.

[47] https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/overall-approach/discharge-to-assess
[48] https://gettingitrightfirsttime.co.uk/
[49] https://whileyouwait.org.uk/
[50] https://gmcancer.org.uk/single-queue-diagnostics/
[51] https://www.gov.uk/government/news/40-community-diagnostic-centres-launching-across-england

We will adopt a proactive approach to supporting children and young people to reduce the impact of mental health problems, and specifically to improve the pathway for eating disorders, and improve the interfaces of inpatient services with the whole system including alternatives to admission and discharge.

We intend to increase our longer-term baseline investment in mental health services, recognising that demand now is substantially above pre- pandemic levels and that Greater Manchester has historically under-invested in mental health, learning disability and autism compared to other areas. This has resulted in significant variation in the availability of services across Greater Manchester, which must be properly resourced going forward through an agreed investment plan. This is consistent with seeking parity of esteem for mental health services with physical health services and will be challenging for the Greater Manchester system in terms of allocating limited resources. Recognising the starting position, our ambition would be to move Greater Manchester to the middle quartile of expenditure per capita with consequent improvements in access and outcomes across the life of this strategy.

Supporting our workforce and our carers

These are extremely challenging times for our health and care services as we face significant financial pressures and a workforce crisis. We have high sickness absence rates, recruitment and retention challenges. At the same time, we recognise the enormous pressures faced by carers, making life harder for the people they are trying to support. As an Integrated Care Partnership, we need to take action to create the conditions to allow our people to provide the best possible care – including our paid and unwaged workforce.

We have a People and Culture Strategy[52] to promote integration, better partnership working and good employment practices. The strategy also seeks to address the causes of sickness to keep our workforce well and addressing the inequalities we know people face in the workplace.

Our intention is to ensure we have more people choosing health and care as a career of choice, and that they feel supported to develop and stay in the sector. We want a cultural shift to create a more compassionate and inclusive leadership culture, bolstering a culture of collaboration and a culture where wellbeing matters.

Our actions will demonstrate the value we place on those providing care across health and care and our commitment to support, retain, develop and enable wellbeing in our workforce, as well as at home for unwaged carers.

Our focussed actions here include:

- Increase in membership of the Greater Manchester Good Employment Charter[53] and payment of the Real Living Wage, which will improve employment standards including security, flexible working, employee engagement, recruitment, people management, wellbeing provision and inclusion.
- Improve workforce wellbeing: we will increase access to wellbeing and absence management resources, with the aim of improving wellbeing and reducing sickness to support better workforce planning and ensure safe staffing.
- Address inequalities: we will improve diversity at senior manager and executive level and improve the experience for our workforce with protected characteristics

[52] GM People and Culture Strategy https://gmintegratedcare.org.uk/workforce/
[53] https://www.gmgoodemploymentcharter.co.uk/

- Grow and develop our workforce: we will increase recruitment to the sector from within our own communities, including key areas such as nursing, midwifery, social care and mental health. We will support more people to develop and stay and improve our workforce planning system infrastructure.
- Workforce Integration: we will increase the opportunities for sharing and partnership working across our system and organisational boundaries and increase the number of people working in integrated roles.
- Provide more consistent and reliable identification and support for Greater Manchester's unwaged carers, building on the Greater Manchester Carers' Charter and the Greater Manchester Working Carers' Toolkit.

CASE STUDY: A new approach to recruitment

NHS Greater Manchester and key partners across the system have delivered a number of recruitment events in localities.

Events in Salford and Oldham collectively attracted more than 500 people, with 143 job offers made on the day and another 200 interviews to take place afterwards.

Attendees were given the opportunity to discuss career pathways, enrol onto a course or a pre-employment programme, or interview for a job vacancy.

Candidates secured entry-level roles as Healthcare Support Workers, porters, care workers, as well as roles in primary care and the voluntary sector.

Plans are in place to work with the Prince's Trust to support younger people into health and care roles at future events.

Similarly, a jobs fair in Brinnington promoted a number of entry level and local roles, including part time and flexible jobs, drawing in 120 job seekers from one of Stockport's most deprived areas.

This event involved employers from a range of industries – not just health and social care – including construction, transport, digital, and a local brewery. A further jobs fair is planned for another deprived area of the town.

These events are developing a novel recruitment model that:
- Helps break down barriers to recruitment
- Puts greater emphasis on lived experience
- Can be utilised to target under-represented groups
- Reduces the time and costs to recruit
- Gives all good candidates the opportunity to be recruited

Achieving financial sustainability

Achieving financial sustainability for the health and care system can be described as 'living within our means' and ensuring that expenditure does not exceed income. As previously highlighted, our system has a deficit because spending has been higher than income. Action is urgently required to address the drivers of both cost and demand in the system.

In the initial phases of delivering this strategy a necessary focus on financial recovery, to achieve a balanced position, will drive our activities.

The first step is to address each of the principal reasons for the financial, efficiency and productivity challenges in the Greater Manchester integrated care system, in order that the Greater Manchester system leadership collectively owns the outputs from this process and agrees to the actions necessary to address the challenges.

Our focussed actions here include:

- ✔ Develop and implement a comprehensive system wide programme spanning cost improvement, productivity, demand reduction and service transformation.
- ✔ Identify factors from successful system working to implement the programme, including the behaviours and incentives for system working.

This programme will be specific and well-defined, requiring close monitoring and tracking of each of the system financial improvement interventions, and comprises the following:

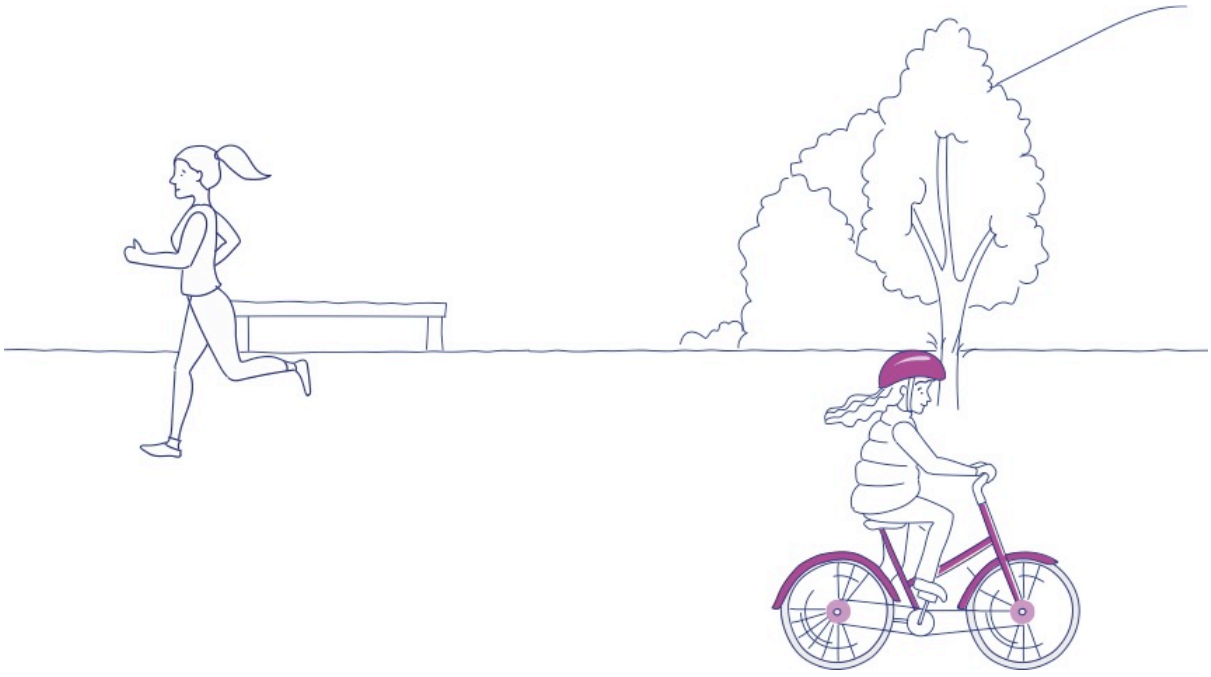
- Identifying and addressing the most significant demand drivers across the Greater Manchester integrated care system
- Developing a comprehensive system wide programme spanning cost improvement, productivity, demand reduction and service transformation.
  Specifically, to:
  - Confirm the assessment of in-year cost improvement opportunities
  - Maximise patient flow and theatre productivity approaches
  - Incentivise Provider Collaboratives to optimise their collective sites and workforce and reduce structural costs
  - Balance incentives and funding to support the management of new demand in primary and social care and reduce demand elsewhere in the system
  - Scale social support and prevention to reduce demand for formal health and social care

9. Monitoring Our Progress

We are committed to reporting on how successful we are in achieving the ambitions set out in this strategy and have identified progress measures against our outcomes and missions. These are high-level measures, on which we expect to see change in the longer term.

We want to see a Greater Manchester where ….

Everyone has an opportunity to live a good life		
This is prioritised in our missions for…	**We will measure**	
Strengthening our communities	✔ Reduced anxiety ✔ Improved life satisfaction ✔ Feelings of safety	These measures are already monitored through the GMS and progress can be seen here: GMS improved health and reduced inequalities measures GMS safe and vibrant communities measures These are from the Work and Health programmes regular monitoring
Helping people get into, and stay in, good work	✔ Number of people starting work ✔ Number of people staying in work	



Everyone experiences high quality care and support where and when they need it		
This is prioritised in our missions for…	**We will measure**	
The recovery of core NHS and care services	✔ Year-on-year improvement in meeting national targets for core services	Taking the number of measures in the NHS operating framework (as defined each year) as a base and measuring the number where Greater Manchester has met the target compared to other ICSs We are aiming for an increase in the % of targets being met year on year
	✔ Equitable service provision across all areas in Greater Manchester	Specific initiatives will be identified each year, from priority programmes for spread, and equitable provision monitored until it is achieved
Supporting our workforce and carers	✔ Increase in Good Employment Charter membership from the health and care sector	This will be monitored through the People and Culture strategy
	✔ Number of health and care organisations paying the RLW	

Health and care services are integrated and sustainable		
This is prioritised in our missions for…	**We will measure**	
Achieving financial sustainability	✔ Deliver balanced recurrent ICB and system financial position by 2024/25	This will be monitored through routine ICB reporting
The recovery of core NHS and care services	✔ See above	

Utilising data to address inequality

We are committed to utilising the intelligence generated to give us a better understanding of inequality across the city-region, in terms of both spatial and demographic variation. We also want to understand how outcomes vary for our diverse communities, including variance by age, sex, ethnicity, disability, sexual orientation and trans status, and religious affiliation. The development of our Greater Manchester Health and Care Intelligence Hub is key to this, building on the Greater Manchester Digital Platform[54]. The hub is a web-based portal that is being co-designed to bring together data, community insight, web-based tools, guidance, shared learning and workforce development resources to support people working in health and care to better understand health inequalities and variation in care in their areas and implement models of care.

We will develop and publish a Joint Forward Plan (JFP) by the end of June 2023 as a delivery plan for the ambitions in our Integrated Care Partnership Strategy and this plan will be updated annually. It will include progress measures for the elements of the plan which support the overall ambitions in this strategy.

[54] https://greatermanchester-ca.gov.uk/what-we-do/digital/empowering-people/the-greater-manchester-digital-platform/

Appendix 1 – Locality plans

Our ten localities in Greater Manchester - Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan - all have local authority plans (or strategies), locality plans for health and care and Health and Wellbeing plans. The Joint Strategic Needs Assessments (JSNAs) in each locality have specifically informed the Health and Wellbeing plans, as well as the other plans.

It is a statutory responsibility for the ICP strategy to have regard to these plans[55], which have informed the whole of the strategy.

Links to each of these plans for each of the localities, where information is available at time of writing, are given in the table below, along with a link to the Health and Wellbeing Board in each locality. This information will be updated as plans in localities are updated and confirmed.

Locality	Local Authority Plans/ Corporate Plans	Health & Care (Locality) Plans	Health & Wellbeing Plans Health and Wellbeing Board	Commonalities
Bolton	Bolton Vision 2030 (currently being updated)	Currently being updated	Same as LA plan H&WB Board: Active, Connected and Prosperous Board 2014 Onwards > The Active, Connected and Prosperous Board (bolton.gov.uk)	LA plan = H&WB Plan
Bury	Let's Do It! Strategy (bury.gov.uk)	Currently being updated	Same as LA plan H&WB Board: Browse meetings - Health and Wellbeing Board - Bury Council	LA plan = H&WB Plan
Manchester	Our Manchester Strategy- Forward to 2025 | Manchester City Council	Refreshed 2019/20 https://democracy.manchester.gov.uk/documents/s14060/Locality%20Plan%20Refresh.pdf	Making Manchester Fairer https://www.manchester.gov.uk/makingmanchesterfairer H&WB Board Browse meetings - Health and Wellbeing Board (manchester.gov.uk)	3 separate plans
Oldham	Corporate Plan | Corporate Plan | Oldham Council - 2022-27	currently being updated	Currently being updated H&WB Board: Committee details - Health and Well Being Board (oldham.gov.uk)	3 separate plans
Rochdale	https://www.rochdale.gov.uk/downloads/download/393/corporate-plan	Rochdale Borough Locality Plan 2020-2024	Same as locality plan **H&WB Board** https://democracy.rochdale.gov.uk/mgCommitteeDetails.aspx?ID=558	Locality plan = H&WB Plan

[55] https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies

Locality	Local Authority Plans/ Corporate Plans	Health & Care (Locality) Plans	Health & Wellbeing Plans Health and Wellbeing Board	Commonalities
Salford	Our priorities, the Great Eight • Salford City Council	Salford Locality Plan 2020-25 (partnersinsalford.org)	Same as locality plan H&WB Board Browse meetings - Health and Wellbeing Board • Salford City Council	Locality plan = H&WB Plan
Stockport	borough-plan.pdf (onestockport.co.uk)	Enc 1 - One Health and Care Plan.pdf (stockport.gov.uk)	Same as locality plan H&WB Board https://www.stockport.gov.uk/health-and-wellbeing-board	Locality plan = H&WB Plan
Tameside	'Our People Our Place Our Plan'	Currently being updated	Currently being updated H&WB Board https://tameside.moderngov.co.uk/mgCommitteeDetails.aspx?ID=221	LA plan = Locality Plan (possibly)
Trafford	Corporate-Plan-2021-2024.pdf (trafford.gov.uk)	2021 refresh Trafford Together Locality Plan (traffordpartnership.org)	2019 version http://www.traffordpartnership.org/about/Docs/Trafford-Health-and-Wellbeing-Strategy.pdf H&WB Board: Health and Wellbeing Board (traffordpartlonership.org)	3 separate plans
Wigan	The Deal 2030 (wigan.gov.uk)	Currently being updated	Same as locality plan H&WB Board: Committee details - Health and Wellbeing Board (wigan.gov.uk)	Locality plan = H&WB Plan

Appendix 2 – Engagement on the strategy

This strategy has been developed through engagement with the public, staff and stakeholders in the Greater Manchester system, in addition to the analysis of a wide range of documents and reports (see Appendix 1). This process has been iterative with comments from initial engagement used to inform versions of the strategy considered later in the process.

Public engagement

Phase one of the Big Conversation took place in Spring 2022, with organisations, staff and citizens giving their views on the vision and priorities at that time, through an on-line survey. 1,334 people responded (including staff and citizens).

Respondents were somewhat representative of the population but less representative of sex (males) and age (younger and older people). In general, there was overwhelming support for the vision and principles, however, it was suggested that the language used to describe priorities was not accessible to some groups of people and did not give a clear indicator of what was being done.

Findings from phase one were considered at a collaborative event attended by over 100 VCSE organisations and NHS engagement leads. This led to a further deep dive to reach underserved communities and understand what matters most and we named this Big Conversation phase two.

Phase two took place in October 2022 and was led by the voluntary and community sector including GM=EqAl[56], Healthwatch and local infrastructure organisations. This enabled us to reach deep into communities and involve those who are less likely to take part in surveys or provide their views in traditional ways. Phase two was more detailed and focused on priorities and actions.

Individuals and groups considered the following questions, which were developed in partnership with the public and a range of VCSE organisations:

For community groups: What would make the biggest difference for communities you serve in relation to being healthier, happier, and better?

For individuals: What would make the biggest difference to your life in relation to being healthier, happier, and better?

- What's stopping this?
- What would help this?
- What's the most important thing health and care services need to improve?

Engagement from phase two reached over 2,000 people representing communities of identity/interest and elicited over 10,000 views. Responses are summarised in the strategy section 'what residents are telling us'.

[56] https://www.gmcvo.org.uk/GMEqualityAlliance

Staff engagement

Although staff, as members of the public, may have taken part in the Big Conversation, we carried out a separate engagement process with staff from across Greater Manchester in February 2023, using an online survey with telephone support if needed. This engagement focused on the missions and the ways of working.

Responses from 156 staff indicated broad support for the missions, although with feedback on the language and terminology used, and strong support for the missions for prevention and early detection, and for our workforce and carers. The ways of working were also supported, with many describing how they could promote them in their own role. Communication of the ways of working across the whole system was regarded as important.

System engagement

We have taken an iterative and inclusive approach to engagement across the Greater Manchester system since the initial development of the outline for the strategy.

March-Sep 2022

We established a strategy working group comprising a range of stakeholders from across the system, including localities, which met monthly from March 2022, to support this strategy development work. The group developed a set of draft outcomes and shared commitments during the first part of 2022, taking into account the four national objectives for ICSs and the original principles from devolution which were reaffirmed in the review of partnership working undertaken during the pandemic. These were tested through the Big Conversation phase one.

Sep-Dec 2022

A revised version of the strategy was therefore developed, discussed, and agreed by the strategy development group in September, prior to approval by the Integrated Care Partnership (ICP) Board at its first (shadow) meeting on 20th September 2022, with further development and the engagement process considered at the first formal (public) meeting of the ICP Board on 28th October 2022[57].

The ICP Board held a workshop focused specifically on the ICP strategy on 2nd Dec 2022, where the Board was supportive of the proposed missions which had been developed from the analysis of data and evidence undertaken to date.

Jan-Feb 2023

During this period, a written 'Engagement Draft' and accompanying slide set was considered by stakeholders across the system, including at the ICP Board on 20th Feb 2023[58] where the importance of the Joint Forward Plan, now under development, being the delivery plan for the strategy was emphasised[59].

Much of the feedback during this time came from a range of meetings including locality boards and Health & Wellbeing Boards, Trust boards, Greater Manchester networks spanning primary, secondary, social care and VCSE sectors, trade unions, professional networks including public health leadership, finance and estates, and clinical networks including medical and nursing directors and Allied Health Professionals. Over 30 meetings

were attended with feedback gathered through those discussions, and written feedback also received from localities, VCSE leadership and interest groups.

[57] https://gmintegratedcare.org.uk/wp-content/uploads/2022/10/developing-the-gm-integrated-care-partnership-strategy.pdf
[58] https://democracy.greatermanchester-ca.gov.uk/documents/s24691/Item%205%202023%2002%2010%20ICPB%20-%20Integrated%20Care%20Strategyv2.pdf
[59] https://gmintegratedcare.org.uk/wp-content/uploads/2023/03/2023-24-planning.pdf

This enabled the missions and the Model for Health to be refined, ensuring that they align with other plans and strategies, with emphasis on the response to the key challenges facing the system.

We would like to thank all those who have been involved in any way in this development process and look forward to ongoing engagement as the delivery plans are developed and agreed across Greater Manchester.

NHS Greater Manchester

Integrated Care Partnership Board

Date: Friday 24 March 2023

Subject: Greater Manchester (GM) Moving and Health Integration

Report of: Tom Stannard, Chief Executive for Salford City Council / Chair GM Moving Executive Group

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Purpose of Report

To provide an update on GM Moving as a key and successful transformative GM movement and confirm the contribution of the GM Moving in Action strategy to the new Integrated Care Partnership (ICP) strategy and the GM Manchester Strategy.

The report and presentation will show how the GM Moving approach works and creates the conditions for population scale impact. It will also provide an example of how the strategic leadership of the ICP can enable collective and distributed leadership, as we deliver on our strategy's two core themes:

1. Continuing our journey towards a radical model of health and care.
2. Achieving the six missions within the strategy.

It will:

- Reflect on how moving matters to the ICP strategy outcomes and missions.
- Share the latest trends on our shared GM Moving mission: Active Lives for All.
- Reflect on findings from the evaluation of GM Moving and health integration and consider what will make further change in this context.
- Share the priorities for the next phase and the pragmatic support required for system integration to contribute to 1 and 2 above.

- Engage the Board with **two questions** to support the next phase:
    - How can Locality Boards help to enable Active Lives for All in every locality and neighbourhood?
    - How can we create the conditions for movement, physical activity, and sport to be embedded across our health and care system?

Recommendations:

The Integrated Care Partnership Board is asked to:

1. Agree the priorities for the next 3-5 years of GM Moving and Health Integration.
2. Reflect on the questions posed above and contribute to the discussion at the Board meeting.

Contact Officers

Hayley Lever, Exec Lead GM Moving & CEO, GreaterSport, hayley@gmmoving.co.uk
Beth Sutcliffe, Strategic Director, Health & Operations, GreaterSport beth@gmmoving.co.uk

1. Introduction/Background

1.1 The health integration journey so far

GM Moving is a 'movement for movement' and a collective strategy with the shared mission of enabling Active Lives for All. People across GM are aligned behind the knowledge and belief that:

• Moving matters to us all

• We need to design movement back into our lives

• We all have a role to play

Since health and care devolution in 2017, work has been taking place at GM, locality, and neighbourhood spatial levels to support the integration of physical activity into health, and to ensure active lives contributes to our work to address health inequalities across GM. This work has been locally led and supported by a range of investments, programmes, and co-ordinated work at the GM and national levels to create the conditions for integration and population level change.

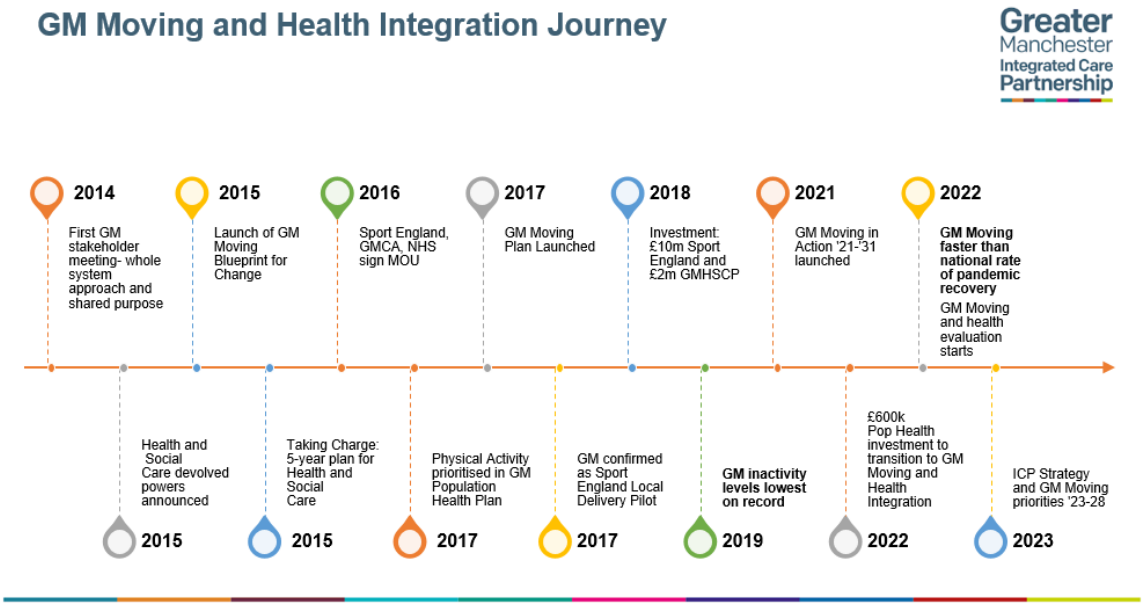

Figure 1: GM Moving and Health Integration Journey: timeline.

1.2 Progress

The two graphs below show Active Lives inactivity data for GM since 2015/16. In GM we have seen good progress. Pre-pandemic we were seeing decreases in inactivity levels for both adults (Figure 2) and children and young people (Figure 3). The graphs also show a significant negative impact of the pandemic, but now offer a sense of hope in the form of a faster than national rate (white line) of recovery in activity levels for adults and children and young people.

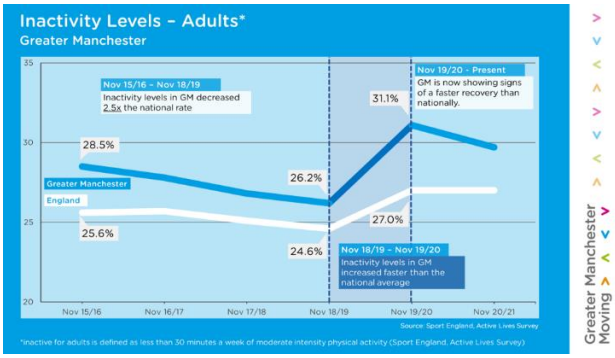

Figure 2. Inactivity Levels for Adults in GM Nov 15-21

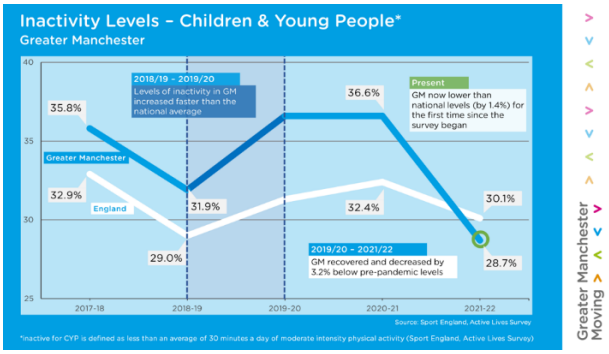

Figure 3. Inactivity Levels for Children & Young People in GM Nov 15-21

Despite a sense of optimism for recovery, stark inequalities remain and grew during the pandemic. For example, people with long-term health conditions, those from socio economic groups, and those 75+ remain the least active groups (Figure 4 & 5). These require our continued and collective efforts to address as we implement the ICP strategy together.

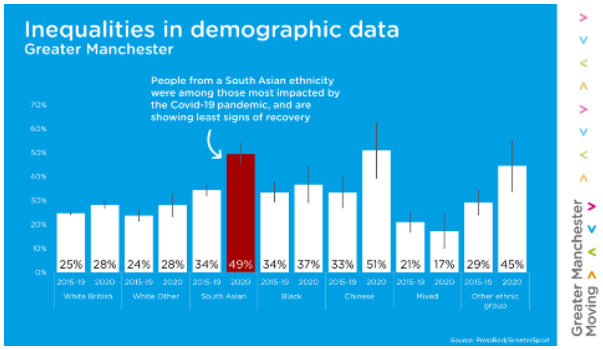

Figure 4. Inactivity levels in GM by demographic 2015-20

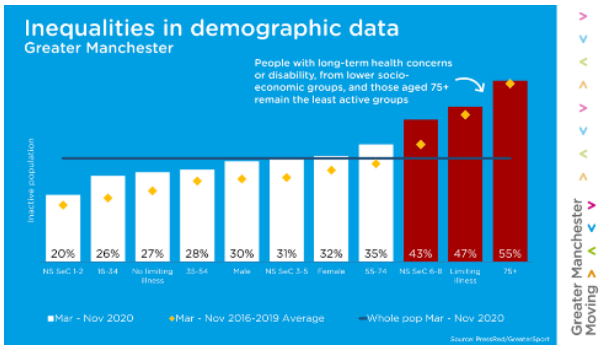

Figure 5. Inactivity levels in GM by demographic (2) 2015-20

Movement, physical activity, and sport also have a critical role to play in reducing health inequalities, contributing to the NHS approach to reducing healthcare inequalities (CORE20 PLUS5).

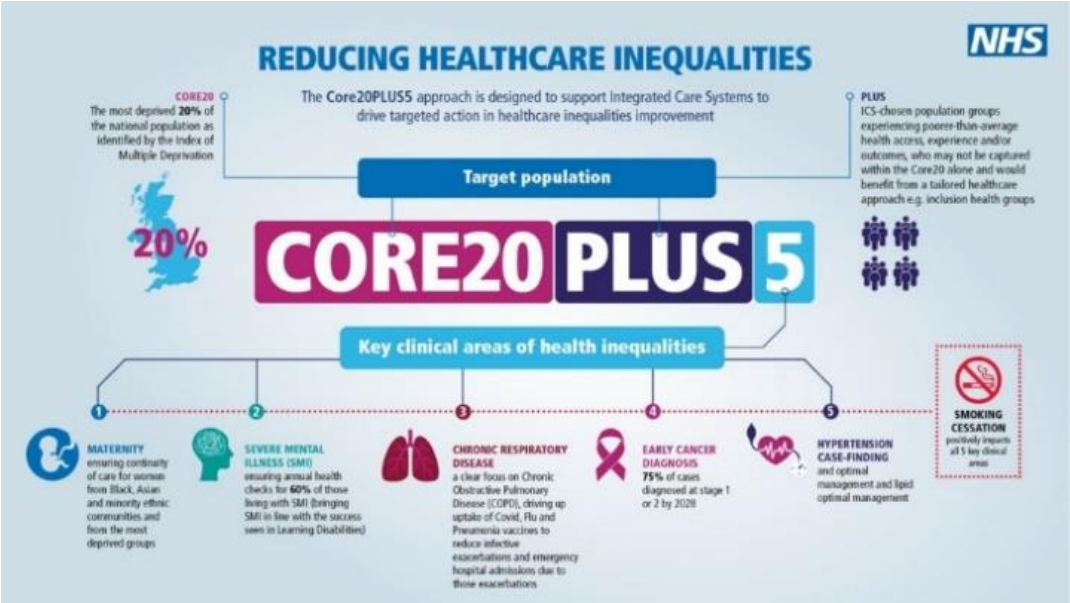

Figure 6. CORE20PLUS5 Infographic.

There are many brilliant examples across GM of approaches demonstrating the impact of increased physical activity on the lives of those least likely to be active and the ways of working and conditions needed to enable that to happen. For example:

- The Together Fund supporting the communities hardest hit by the coronavirus pandemic access opportunities to be physically active.
- The Prehab4Cancer and Recovery programme. Free exercise, nutrition, and wellbeing programme, helping people with a recent diagnosis of cancer prepare for and cope better with their treatment.

1.3 Why moving matters: reducing health inequalities as we build back fairer

The inequalities in Active Lives data mirror the wider socio-economic inequalities that we see across places and demographic groups in the city-region. It is vital that we work together to address both. We are designed to move and moving more matters to us all. Evidence shows the value of physical activity to society across a wide range of social outcomes.

Figure 7. Why Moving Matters (GM Moving in Action 2021-31).

2. Evaluation and Learning

In Autumn 2022, work began to develop a Forward Plan for GM Moving, ensuring it played its part in the emerging ICP strategy. These two plans have been developed alongside each other, using data, evidence, and insight from local, GM, and national sources.

2.1 Learning from the journey so far

The process evaluation was designed to capture the journey and learning so far and help to shape the Forward Plan. The evaluation methodology, including desk research, in-depth interviews, stakeholder engagement and workshops, have enabled the learning from the journey so far to be brought together to inform the 'what' and the 'how' of the GM Moving and Health Integration Forward Plan. This builds upon existing evaluations such as the GM Moving & Local Pilot Evaluation since 2018.

Developing a sophisticated approach to evaluation and learning includes new ways to codify, operationalise and measure change in a complex system, including the following five key indicators: strategic enabling collective leadership, effective work across and between sectors, involvement of local people and growing assets, transforming governance and processes, and learning and adapting.

3. Forward Plan

3.1. Purpose

Our shared purpose is to ensure that active lives for all create the conditions for good lives for all, through a universal and targeted approach to tackle inequalities in inactivity. GM Moving can support in every part of the model for health shown below, and the forward plan will create the conditions to ensure that it does.

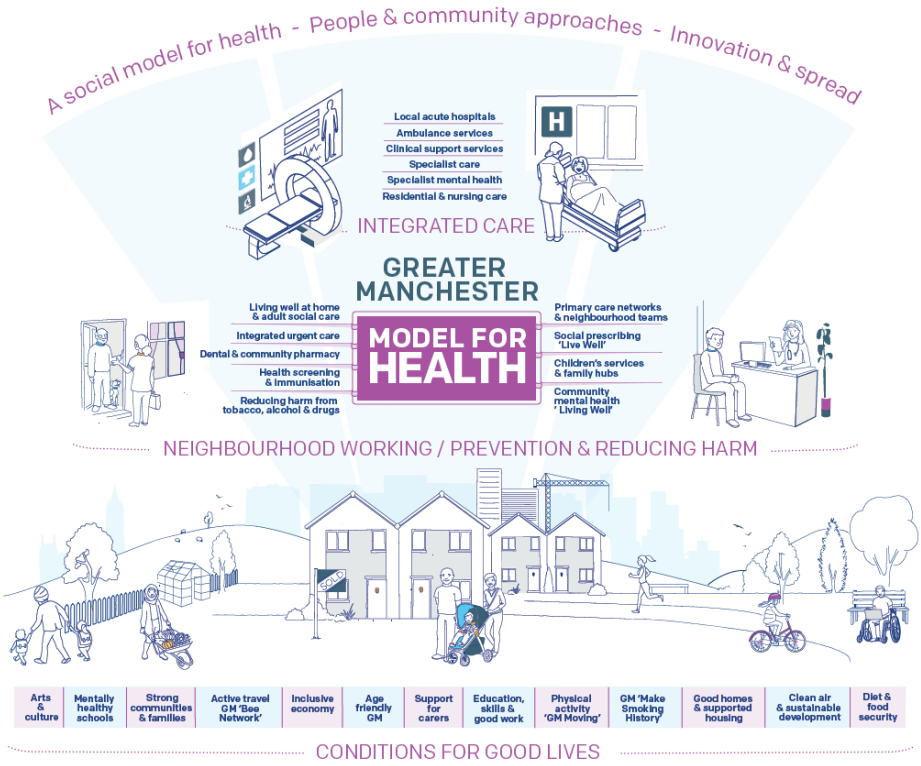

Figure 8. Greater Manchester Model for Health

3.2. Priorities and pragmatic support to system integration

The evaluation and engagement process identified the key challenges and needs where GM Moving can support the missions of the ICP strategy and the target population and clinical

areas requiring accelerated improvement (CORE20PLUS5). These are outlined below and will be the focus of our collective efforts in this area, in the next three to five years:

1. While You Wait
2. Deconditioning and Falls Prevention
3. Mental Health and Wellbeing
4. Health inequalities and SEND
5. Live Well
6. Health and Care Workforce Wellbeing
7. Priority Clinical pathways (Respiratory, CVD and Cancer)
8. Healthy Active Places

The challenges of health inequalities can only be addressed with a focus on the missions for action in each neighbourhood, in all ten localities and across the whole of GM. The way we work together on GM Moving will also contribute to the ICS missions to:

1. Strengthen our communities
2. Help people get into, and stay in, good employment
3. Support the recovery of core NHS and care services
4. Help people stay well and detect illness earlier
5. Support our workforce and our carers
6. Achieve financial sustainability

All these missions are underpinned by the need to ensuring equitable opportunity and service provision across the whole of GM.

The pragmatic support to system integration outlined below will help to put this plan into action.

Figure 9. Pragmatic Support to System Integration.

3.3. Leadership capacity and investment

To deliver on the plan, priorities and support outlined above, there is a need to harness and grow belief and agency across the system at every level in every place. There is also a need to provide clarity about what needs to change and how. Authentic strategic leadership that enables collective and distributed leadership is needed, as we work together to support culture change, system change and behaviour change. Supporting locality leadership and action through locality boards in each place will be key.

There is an opportunity and need to align our people, investment, and resources across health, local government, community and voluntary sector organisations towards health creation and active lives for all in every neighbourhood. Pragmatic support to place-based leads as they drive integration and population health with those volunteering and working locally is vital.

Evidence shows that lasting change happens through networks of people in every community, every place, every part of the health and care system who believe that moving matters and have a sense of agency and influence in supporting active lives through their voluntary and paid work, their community leadership, and their support to family, friends, and colleagues.

To achieve our shared goals and tackle health inequalities through physical activity, we need to:

- Retain our current focus on the importance of active lives for all in every locality across GM as part of the ICP strategy in action.
- Continue to develop whole system approaches to physical activity at GM, locality, and neighbourhood layers and work collectively to shift national enablers for change.
- Continue to invest in the strategic leadership and pragmatic system support that will deliver on the identified priorities, alongside Sport England and other key co-investment partners.

Together we can create the conditions to design movement into health and care.