
HEALTH AND SOCIAL CARE PARTNERSHIP REVIEW UPDATE FOR JCB MEMBERS

OCTOBER 2020

1. INTRODUCTION

As members are aware, we are currently engaged in a review process relating to the next steps for our Health and Social Care Partnership. The update note from Sir Richard Leese and Sarah Price, reproduced in Section 2 below, sets out some key themes and headlines emerging from the work done.

As Members are aware, the JCB is closely linked into all elements of this review programme and members will continue to be engaged in the process, to ensure we are able to influence and shape the final outcomes.

The planned completion date for this review process is the end of October 2020 and members will continue to be engaged in the process over this key period.

2. UPDATE FROM CHAIR AND CHIEF OFFICER OF THE HEALTH AND SOCIAL CARE PARTNERSHIP

Future of Greater Manchester Health and Social Care Partnership

It's approaching five years since the launch of [Taking Charge](#), Greater Manchester's very first 'big health and social care plan' and we wanted to update you on some critical work happening during October to prepare us for our next five years.

Over recent weeks we have been engaging with members of Greater Manchester Health and Social Care Partnership (GMHSCP) to inform and guide our future approach. We're pleased to say their collective response is one of support for our original objectives, and commitment to continuing to strengthen our long term collaboration in to the future.

Over the next few weeks a lot of work will take place, based on that feedback, to further shape our long term priorities and reconfirm that commitment to our original vision.

'Taking Charge', published in December 2015, marked the beginning of our devolved health and social care journey. It was our five year plan which set out how we would work in partnership across all Greater Manchester's councils, NHS organisations and wider partners, including the VCSE sector,

to deliver our joint vision of the biggest and fastest improvement to the health and wellbeing of the people here.

We wanted to do this by closing the gap between us and the England average in areas where, for many years, people here had unfairly suffered poorer outcomes.

We said we would do it in three ways:

Helping people stay healthier and closing health inequalities: A fundamental change in the way people and our communities take charge of – and responsibility for – managing their own health and wellbeing, whether they are well or ill. We wanted to help people develop a new relationship with NHS and social care staff. We would also invest far more in preventing ill health so that everyone could start well, live well and age well, while addressing the issues in our lives and communities that were unfairly limiting health and opportunities of too many residents.

Joining up health and social care locally, and with wider public services, to give people better access to high quality support: The development of a new care model via local care organisations where GPs, hospital doctors, nurses and other health professionals come together with social care, the voluntary sector and others in looking after people's physical and mental health - so when people do need support from public services it's largely in their community, with hospitals only needed for specialist care. The local care organisations would, in turn, be far more closely linked to other local public services such as schools, job centres, police and probation as part of a city region wide model of public services.

Ensuring we have innovative thinking and strong partnerships to create consistent and high standards across Greater Manchester: in our workforce, our digital and technological support, our research, development and innovation sectors, as well as our finances and estates.

We've made real progress in delivering improvements, for example:

- **School readiness** for all pupils has improved in Greater Manchester. In the school year 2018/19, 68.2 percent of children achieved a good level of development, compared with 71.8 percent nationally, in 2013 this figure was 47.3 percent. In Greater Manchester, levels of good development at the end of Reception for children eligible for free school meals have improved by four percentage points since 2015/16, a rate of improvement faster than for England as a whole.
- Our **Making Smoking History** Programme has reduced smoking by 2.4 percentage points since 2016 and by 4.3 percentage points among routine and manual workers. There are now 52,000 fewer smokers than in 2016. And for the first time this quarter, the number of pregnant smokers has fallen below the England average in the nine areas of Greater Manchester that have adopted our innovative Smokefree Pregnancy Programme. Since 2018 an additional 510 Greater Manchester babies have been born smokefree.
- **Being active:** between November 2015-2016 and November 2018-19, the proportion of adults doing 150 minutes or more of physical activity a week has increased by 2.6% - more than double the national increase of 1.2%. Differences in activity levels have fallen in key areas of gender, disability, socioeconomics and age.
- We have seen big improvements in the quality of **social care**. Care Quality Commission good/outstanding ratings for care homes have increased to 81%, with a reduction in inadequate rated services. Where care is provided at home, this jumps to 92% at good/outstanding. New supported routes into social care careers have been progressed through the North West Be a Care Hero campaign and the Greater Manchester Step into Care sector-based work academy.
- Our **mental health** transformation work has introduced several services across Greater Manchester including the Mentally Healthy Schools Pilot and the university student mental health service. Over 44% of children and young people are accessing NHS funded community mental health services; exceeding the national access target for 2020/21 of 35% and outperforming the North West region at 39.5%.

You can read more here in [Taking Charge is working](#), published in March 2020.

Our success is in part due to the unique trusted networks and relationships we've built, stretching beyond organisational boundaries in to neighbourhoods, communities and places, working with colleagues in the voluntary sector, communities, carers and the people of GM. It's their devolution too. Getting things done has often involved multiple conversations about the same thing with lots and lots of different people. Sometimes that's made our governance feel complicated and cumbersome, but that is how engagement and co-design and partnership works. The challenge is to continually try and streamline this as those relationships mature.

But we've not achieved everything we wanted to, and we've not always found ways to work together to progress some of our ambitions.

There is still too much variation in care and too much inequality. We also promised to meet the NHS constitutional standards but, like the rest of the country, we've found this very difficult, even before the current Covid issues.

So, as we head in to the next five years, in the context of a very different national environment, we have been thinking through the next phase of our development as a Partnership. As part of this we have invited some of the country's most notable NHS, health and care leaders to challenge and support us in that.

Having independent experts remind us of how far we've come, and how well we've done, has given us a real boost after five years of what has been, in some cases, pioneering activity, and of course what has been a very challenging last six months.

Over the next few weeks we will come together to work some of these challenges through. Representatives from different sectors in Greater Manchester will all contribute, and at the end of that time we aim to have a really clear proposal to share with you, setting out how we will continue to mature as a Partnership and move confidently forward on our devolution journey.

Sir Richard Leese, chair of the Greater Manchester Health and Social Care Partnership

Sarah Price, interim chief officer of the Greater Manchester Health and Social Care Partnership

3. CONCLUSION

The JCB is asked to note the attached update and the timeline to the completion of the review process at the end of October.
