



The Integrated Care Partnership Strategy - Update

ICP Board – February 2023
Warren Heppolette – Chief Officer – Strategy and Innovation
– NHS Greater Manchester Integrated Care



Greater
Manchester
Integrated Care
Partnership

Developing the Strategy

Since the Strategy Session at the ICP Board in December, we have:

- Produced an engagement draft of the strategy and sought comments on this from the GM system
- Continued to refine the model for health, missions and ways of working
- Commenced an engagement exercise with health and care staff in GM – building on the Big Conversation with communities across GM
- Completed an analysis of Locality Plans as a foundation for the GM Strategy
- Begun the process of describing how we will deliver on our strategic ambitions through the 2023/24 Operational Plan and the Joint Forward Plan



Acting on System Feedback

Partners across the system have provided valuable feedback on the engagement draft. We will act on this through:

- A sharper description on how we complete our journey to a radical model for health – conditions for good lives, prevention, integration across public services, collaboration based on shared standards, a digitally enabled system at the forefront of discovery
- How we apply this model to the real challenges of today through 6 missions as the priorities for our strategy

We will re-focus the overall document so that the reader moves more quickly from background and context into those actions that we will take collectively as a system



Introducing the Strategy

About the Greater Manchester Integrated Care Partnership

About Greater Manchester's integrated care system



How does our Greater Manchester system fit together?

Our system will be called GM Integrated Care Partnership and will be made up of two statutory elements:

- Greater Manchester Integrated Care Partnership Board, involving all the different organisations which support people's health and care
- NHS Greater Manchester Integrated Care, a new organisation, overseen by a Board, to support integration within the NHS to take a joint approach to agreeing and delivering ambitions for the health of the population

In addition there will be similar partnerships in each of GM's ten districts or localities.

Our system partnership will operate at three levels: neighbourhood, locality and Greater Manchester and will have a single vision and strategy. Hospitals, GPs, community services and other providers will come together to form collaboratives within all three levels.



About Greater Manchester's integrated care system

How does our Greater Manchester system fit together?



Introducing the Strategy

Our Vision and Foundations

Our 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

Greater Manchester Strategy

What this looks like in health and care:

A Greater Manchester where ...

- Everyone has a fair 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



Foundations

This is our core work as a system – underpinning all that we do

Together we will ...

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

Our Ways of Working

The way that we work together will play an important part in achieving our vision.

Behaviours	We will ...
Understand and tackle Inequalities	Understand and take action to address inequalities in everything we do
Share risk and resources	Work together whatever our organisation or place, sharing risk and resources to achieve our vision
Involve communities and share power	Working with people and communities so everyone plays a full part
Spread, adopt, adapt	Work quickly to take on and adapt the best practices in our places and organisations
Be open, invite challenge, take action	Build trust through speaking up, understanding and taking action
Names not numbers	Focus on people and place supported by organisations working together.



Introducing the Strategy

Our Model for Health

Completing our journey to a radical model for health



Our model for health

Creating the conditions for a good life in good health

- **Good Homes** - tackling and preventing homelessness and developing homeless healthcare as part of an inclusion health approach; connecting with the GMCA, local government and GM's housing providers to improve the availability, and quality of housing, including supported housing.
- **Healthy places** - developing neighbourhoods with clean air access to green spaces where communities can come together to improve and enjoy their local environment 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. Ensuring that places are age-friendly and that older residents can contribute to and benefit from sustained prosperity and a good quality of life to ensure they can age well.
- **Inclusive economy** - a people centred 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 we maximise the contribution of public services through our social value framework and our contribution as local economic anchors in relation to employment, procurement, building and land use, and our environmental impact.
- **Skills, education and good work** - supporting early years development to support 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 GM Good Employer Charter improving pay and supporting well-being in work.



Our model for health

Establishing an upstream model for health creation and disease prevention, in particular for those groups at greatest risk.

- **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 at the heart of our Public Service Reform journey for over a decade now and ensures we work across sectors to tackle the root causes of demand and improve population health on a more sustainable basis.
 - **Health & 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 who are seen in the criminal justice system, as offenders or victims. Working with Greater Manchester Police, 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. It 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.
-

Our model for health

Providing proactive primary care and support and reducing demand on acute services through a comprehensive neighbourhood model spanning public services, local business and community led groups.

- **Integrated neighbourhood teams** - typically organised for 30-50,000 residents and coterminous with primary care networks. Connecting , primary, community, social and local acute care with local VCSE and wider public services (such as housing providers, schools, employment support and the local police and fire and rescue service). Maximising the enormous potential of community pharmacy with those integrated teams to demand across the care system and reduce pressure on GPs and local 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.
 - **Living well at home** - our adult social care ambitions supporting people to live well at home, as independently as possible, making sure that the care and support people experience responds 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 people 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.
 - **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 well-being 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 support, and achieving financial stability.
 - **Ageing Well** - A change in approach to health & social care to ensure more proactive care. Preventing poor outcomes through healthy and active ageing. Quality improvement in existing acute & community services ensuring people get the right care when they need it
-

Our model for health

Providing exceptional specialist care led through our local trusts and their models of collaboration. Ensuring that we stay at the forefront of health innovation and discovery.

- **Urgent and emergency care** - using a clinically guided GM approach to develop the pathways between local urgent care services such as GP out of Hours, 111 and A&E and more specialist emergency care such as for Major Trauma, Hyper-Acute Stroke, and heart failure). Empowering the GM 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 outpatients and managing staff well-being. Managing the flow of new patients needing diagnosis and treatment enabling access to specialist opinion and developing models for community diagnostic hubs. Reducing unwarranted clinical variation through approaches including Getting It Right First Time and maximising bed and workforce capacity.
 - **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 peoples 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 team working that connects to neighbourhood and community based care and is strengths based, increases access to evidence based clinical interventions, psychological therapies and social support. Using "Thrive" principles to meet 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.
 - **Health Innovation** - connecting the healthcare system with academia and industry to respond to health and care challenges and stay at the forefront of the national and global agenda in discovery science, innovation into practice and population health. Unlocking the full potential of our digital and data assets to support redesign and transform care to benefit GM residents. Finally, to significantly grow our activity in community based research.
-

Completing our journey to a radical model for health



We have been developing this comprehensive model for health and integrated care for the last seven years and more.

It is based on core principles of co-production and working with people and communities and not 'doing to'.

We have exceptional examples of integrated neighbourhood working, mature provider collaboration and public service reform and evidence of impact.

We also have enhanced potential to realise a social model for population health and prevention given the depth of relationships between the NHS, Local Government, wider public service partners and the VCSE.

We have a unique vehicle to drive our research, innovation and discovery efforts and support deployment at scale.

Our challenge, is that this is not universally realised across GM. Our aim through the strategy therefore is to confirm the actions and approaches necessary to reach the tipping point to ensure we complete this journey.



Introducing the Strategy

Applying our Model for Health to the Challenges of the Next Five Years through our 6 priority missions

Applying that model to the challenges of today & the next 5 years

- 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.
 - Everyday life for many is precarious and repeated shocks affecting people's sense of **security and wellbeing** are now widespread. This is evident in the effects of the cost of living crisis and what that means for food and fuel security, digital exclusion, housing and employment security. These represent profound risks for the health and wellbeing of our population.
 - 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.
 - The **health and care workforce** is at breaking point and faces an unprecedented crisis. Addressing our workforce challenges is the biggest barrier to improving the way we provide health and care for our communities. The GM public expressed its own concerns for the pressure on our health and care workforce. 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 failure to prevent illness and its late detection means that our health and care system remains locked in a cycle of responding to crisis. GM's population experiences higher mortality than it should, and people spend a greater proportion of their lives in poor health. An **upstream model of care and earlier intervention** remains a consistent ambition across each of our locality plans
 - The pressure on public finances over an extended period is evident in our inability to ensure resources match the demand on health and care services and ensure **long term financial sustainability**. The financial challenge facing the system is greater than at any point in the last 20 years.
-

6 missions to meet those challenges

The recovery of NHS and care services

Improving access to high quality, core services and reducing long waits

- Improve ambulance response and A&E waiting times
- Reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard
- Make it easier for people to access primary care services, particularly general practice
- Continue to value parity between mental and physical health and ensure universal coverage of core services
- Pursue best practice pathways to improve quality and reduce unwarranted variation

Strengthening our communities

Help people, families and communities feel more confident in managing their own health

- Supporting our communities to help each other and improve social connections.
- Promoting positive mental health and parity of esteem with physical health services
- Helping people remain independent whenever possible, through the promotion of self-care and prevention.
- Supporting communities through the cost of living crisis and ensuring accessibility of universal services for all and directly tackling digital exclusion
- Improving the reach of services into disadvantaged communities, and the way services are provided to those facing multiple disadvantage.

Increasing prosperity

Helping people get into, and stay in, good work within an inclusive economy

- Acting on the relationship between poor health, economic participation and productivity.
- Maximising social value through the contribution of local “anchor organisations”



6 missions to meet those challenges

Prevention and early detection

Helping people stay well and detecting illness earlier

- Partnering with our residents and communities to reduce mortality, particularly from cancer, cardiovascular, and respiratory diseases.
- Moving systematically and in an evidence based way from a reactive, crisis model which deepens inequality to one dependent on integrated neighbourhood working, anticipatory & person centred care.
- Reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard
- Make it easier for people to access primary care services, particularly general practice


Supporting our Workforce and Carers

Valuing the people who provide the care

- Demonstrating through action and reward the value we place on those providing care across health and care,
- Action to support, retain, develop and enable wellbeing in our workforce, as well as at home for carers.
Increasing pathways from education into caring careers

Achieving financial sustainability

Manage public money well to achieve our objectives

- Addressing the drivers of both cost and demand in the system, for example by heading off the need for high cost placements and crisis provision, supporting medicines optimisation, and improving productivity through digital technology.
 - Identifying and pursuing those changes to care provision which would maximise outcomes and reduce demand on formal and crisis care.
- 

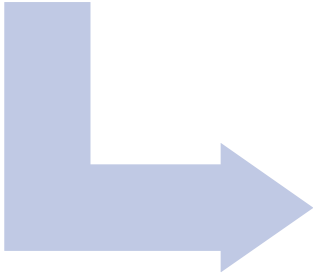
Introducing the Strategy

Next Steps

Setting Out How We Will Deliver on the Strategy

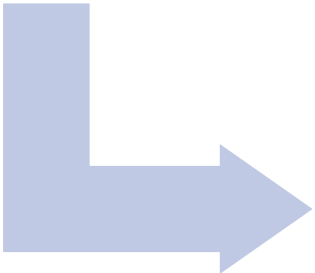
Integrated
Care
Partnership
Strategy

- Duration: 5 years
- Informed by: GMS; National Guidance; Locality Plans; Sector Plans
- Purpose: strategy for broad health and social care needs of the population including determinants of health
- Ready by: 24th March 2023



Joint Forward
Plan

- Duration: 5 Years
- Informed by: ICP Strategy; National NHS Plans
- Purpose: Delivery Plan for ICP Strategy
- Ready by: End of March 2023 (draft); June 2023 (final)



Operational
Plan 2023/4

- Duration: 2023/24
- Informed by: ICP Strategy; National NHS Plans
- Purpose: Detailed Delivery Plan for 2023/4
- Ready by: 23rd February (draft); 30th March (final)

Next Steps

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

