

## Greater Manchester Joint Health Scrutiny

Date: 13 September 2023

Subject: Update on the Work of the Greater Manchester Integrated Care Partnership

Report of: Sir Richard Leese, Chair, NHS Greater Manchester Integrated Care and Mayor Paul Dennett, (GMCA Deputy Mayor), and GMCA Portfolio Lead for Homelessness, Healthy Lives and Quality Care

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### Purpose of Report:

This report provides an update on key issues and challenges for the Greater Manchester Integrated Care Partnership.

### Recommendation:

The GM Joint Health Scrutiny Committee is requested to note the update provided and determine the focus for the GM Joint Health Scrutiny Committee within the Integrated Care governance model.

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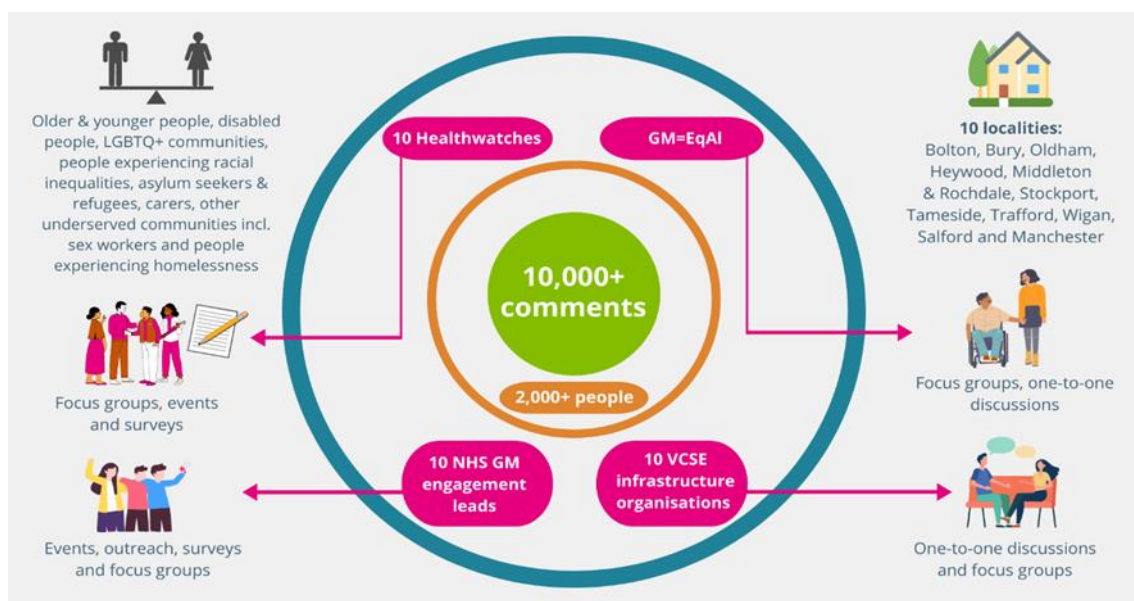
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## 1.0 BACKGROUND

- 1.1. The Greater Manchester Integrated Care Partnership was established on 1 July 2022 after the passage of the Health and Care Act. The Partnership has two statutory elements.
- 1.2. Greater Manchester Integrated Care Partnership (ICP) 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.
- 1.3. 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. It supports ten place-based integrated care partnerships in Greater Manchester to meet the diverse needs of our citizens and communities.
- 1.4. It is a statutory responsibility for ICPs to develop a strategy for the population they serve. We finalised our Integrated Care Partnership Strategy in March this year. It can be found here: <https://gmintegratedcare.org.uk/icp-strategy/>
- 1.5. The Strategy was developed through extensive engagement with communities, partner agencies and staff, across all ten localities. This was called the Big Conversation and is summarised below:



## **2.0 INTEGRATED CARE PARTNERSHIP STRATEGY**

2.1. The Integrated Care Partnership Strategy outlines the key challenges facing the Greater Manchester health and care system:

- How to continue the improvements already made in GM's approach to integrated care and population health improvement
- The wider influences on health and good lives
- Economic inclusion
- Access to services, operational pressures and increasing demand
- Health outcomes and health inequalities
- The challenge of financial sustainability

2.2. The Strategy is clear that we must both meet these immediate pressures and continue to address their underlying causes through improving the health of our population.

2.3. We described how we will meet these challenges through the continued implementation of the Greater Manchester Model for Health and our six core missions.

2.4. The Greater Manchester Model for Health describes how we work with communities to protect against and prevent poor health and ensure support is available before crises occur to reduce demands on formal NHS and social care services. It is a social model for health and well-being with people and communities at its heart. It recognises that Greater Manchester will make the most progress in improving health if steps to tackle the social causes of health complement our clinical interventions.



2.5. Our strategy sets out our core missions in response to the current challenges. These are:

- **Strengthening our communities**

We will help people, families and communities feel more confident in managing their own health and wellbeing. 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 disadvantages.

- **Helping people stay well and detecting illness earlier**

We will collaborate to reduce smoking rates, increase physical activity, tackle obesity and drug 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. Working in partnership and with targeted interventions, we will embed a comprehensive approach to reducing health inequalities.

- **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 Manchester Good Employment Charter<sup>1</sup> and developing social value through a network of anchor institutions.

- **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 for adults and children alike. Consistent delivery of NHS constitutional standards is a priority as our system recovers.

- **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 a focus on financial recovery of the health system to achieve a balanced position. We will identify the main reasons for financial challenges in our system and implement a system-wide programme of cost improvement, productivity, demand reduction and service transformation. Our work needs to address the current significant challenges we face across health and social care as well as taking the steps to make our system more sustainable for the long-term.

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<sup>1</sup> <https://www.gmgoodemploymentcharter.co.uk/>

### 3.0 JOINT FORWARD PLAN

3.1. Each ICS is required to publish a Joint Forward Plan setting out its key priorities for the next five years. The Greater Manchester Joint Forward Plan sets out how we will deliver the Greater Manchester Integrated Care Strategy and what we will focus on. It was approved by both the ICB and ICP in June 2023 and can be found at: <https://gmintegratedcare.org.uk/icp-strategy/joint-forward-plan/>

3.2. For each of the six missions, the Joint Forward Plan describes the actions that we will take collectively as a GM system to deliver on our ambitions. Examples of these include:

- Enhancing the Role of NHS GM in Tackling Poverty as a Driver of Poor Health
- Giving every child and young person the best start in life
- Delivery of the CORE20+5 framework<sup>2</sup> for adults and children
- A renewed Making Smoking History Framework
- Early Cancer Diagnosis
- Early detection and prevention of cardiovascular disease
- Working with employers to deliver the GM Good Employment Charter across health and social care
- Improving urgent and emergency care and flow
- Reducing elective long waits and cancer backlogs
- Making it easier for people to access primary care services, particularly general practice
- Implementing our Mental Health and Well-Being Strategy
- Developing our Primary Care Blueprint
- Building a leadership culture committed to addressing health inequalities
- Delivery of Finance and Performance Recovery Programme

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<sup>2</sup> Core 20 plus 5 outlines the key clinical areas that should be targeted to reduce health inequalities

3.3. For each area of work in the Joint Forward Plan we have set out:

- The main aims of the programme and who is involved
- How we will measure delivery
- Who is accountable for delivery

3.4. We completed the Joint Forward Plan by the national deadline of 30th June. In doing so, we recognised that further work was needed on our delivery plans, including:

- Setting out in detail the phasing of all the programmes set out in this plan – across years 1,2 and 3 of the plan and prioritising those initiatives that will have the greatest impact
- Ensure that all elements of the plan are costed in line with our medium-term financial plans and ensure we are maximising efficiency across the range of our activity
- Continue to strengthen the delivery metrics and accountability arrangements

3.5. These additional steps related to the review of Leadership and Governance across NHS GM that concluded in May 2023.

#### **4.0 IMPLEMENTING THE LEADERSHIP AND GOVERNANCE REVIEW**

4.1. We commissioned an independent review of our leadership and governance to gather views from across our large and complex system to better understand how we might make our longstanding journey of partnership and collaboration as effective as possible under the new statutory ICS arrangements. Some 200 senior leaders across Greater Manchester took part in the review.

4.2. The review made recommendations for improvement covering our operating model, delivery planning, the nature and frequency of meetings and the development of a single information and data system that all partners recognise and use. The review seeks to ensure that the ten locality boards are empowered to drive integration at place level – and builds on the fact that all ten are now formally established.

- 4.3. An action plan was agreed to implement the recommendations, and each is led by a senior executive. We expect to provide a full report on the completion of the recommendations to the Integrated Care Board on 20<sup>th</sup> September and will provide a further update to Scrutiny following this.

## **5.0 SYSTEM PERFORMANCE**

- 5.1. Our Partnership is currently facing significant financial and performance challenges.
- 5.2. The past few years have seen a deterioration in our financial position, with considerable cost savings required to achieve financial balance in 2023/24. NHS Greater Manchester inherited a system structural budget deficit This reflected the ongoing cost of additional resources (mainly workforce) put in place during the pandemic.
- 5.3. Our 2023/24 financial plan is highly challenging to deliver. As reported at our August Finance Committee, our year date deficit position is £86.5m (as of the end of June 2023) against a plan of £20m. A range of factors has led to this position including a shortfall in efficiency delivery within providers, the effects of industrial action and agency and bank costs being above plan.
- 5.4. We are under increased scrutiny by NHS England. We have been moved into various programmes linked to lower levels of assurances – for example on urgent and emergency care, elective care, and cancer care.
- 5.5. We have set up a single Finance and Performance Recovery Programme to meet these challenges and improve services for people across Greater Manchester.
- 5.6. We looked at a wide range of opportunities to address these financial and performance challenges. These can be summarised into the following themes:
- a) Increasing the work, we put into reducing demand for both physical and mental health services from the NHS, by:
- Looking at alternatives to hospital
  - Improving support for people with long-term conditions
  - Improving support for those who are frail and/or vulnerable



- b) Improving our productivity so that we can optimise the care delivered within our resources in the most efficient way. This includes setting clear goals around activity levels and length of stay
- c) Identifying savings which can be made without impacting on the quality and safety of patients. Ideally, these will be reductions outside of delivery of services, but it is possible some funding decisions will need to be made which affect services.

- 5.7. In the short term we need to exercise greater control over our costs to achieve our financial targets and make action plans to improve performance. All proposals will undergo a quality and equality impact assessment.
- 5.8. It is vital that we continue to support our health and care workforce through these challenges. There are areas of our spend on workforce, however, that we are scrutinising closely to ensure the most effective use of our resources. These workforce pressures have increased due to a combination of factors, including high levels of sickness absence; the financial impact of industrial action; and the shortfall in funding for this year's pay award. We are working with partners across Greater Manchester to tackle these pressures and make sure we are getting best value from our spending on workforce.
- 5.9. To improve grip and control on workforce spend, we commissioned a rapid pilot review of providers' variable pay spend to understand what additional efficiencies could be available.
- 5.10. The findings of this review highlight areas to improve grip and control with a potential opportunity of over £69m. These findings and recommendations have been incorporated into the list of controls (both pay and non-pay) that have been agreed and adopted by providers in the system. They include strengthening of vacancy control panels and agency control panels and reviews of consultant job plans and nursing policies.

- 5.11. NHS GM has set up a Finance and Performance Recovery sub-committee with its NHS provider partners. This will provide collective leadership to address these challenges and a set of shared priorities. There will also be strong clinical and care professional leadership running through the programme.
- 5.12. This Recovery Plan covers this financial year, 2023-24, and will create a stronger starting point for the 2024-25 period. It will focus on three broad areas:
- Firstly: short-term cost reduction schemes, stepping down additional capacity which was put in place as our response to COVID-19, assessing new recruitment for business-critical roles, assuring our non-pay spend is best value for money
  - Secondly: short-term action plans to improve challenged performance areas, increasing the number of procedures done as a day case, improving theatre productivity to improve elective waiting times
  - Thirdly: commence a series of improvement projects that are expected to show impact in the second half of this financial year and into 2024/25. For example, establish a high intensity use service for the most complex and high need people in our population which will provide targeted support to reduce avoidable hospital admissions
- 5.13. Looking longer term, we have begun a programme of work to develop a Strategic Financial Framework to support our ICP Strategy and Joint Forward Plan. This will assess the financial impact of our strategy and plan and the extent to which our current and planned delivery programmes close the financial gap.
- 5.14. The framework will look at how different segments of our population utilise health and care services and will examine the impact of forecast demographic change. It will position the key choices on what we should prioritise and invest in as a system and what activities we may need to stop to make the most effective use of our resources. We are aiming to complete the framework by early October.
- 5.15. The next key review meeting with the NHS England Chief Financial Officer is on 4th September when we will update on the financial position and the progress of the measures we are implementing.

5.16. We will keep Scrutiny updated on the delivery of this vital recovery and financial planning programme.

## **6.0 RECOMMENDATIONS**

The GM Joint Health Scrutiny Committee is requested to:

- Note the update on the work of the Integrated Care Partnership and determine the focus for the GM Joint Health Scrutiny Committee within the Integrated Care governance model.