

Appendix 1

**Greater
Manchester
Integrated Care
Partnership**

The logo for Greater Manchester Integrated Care Partnership, featuring a horizontal bar with nine colored segments: teal, orange, maroon, cyan, green, magenta, purple, blue, and red.

NHS GM update

Mark Fisher, Chief Executive, NHS Greater Manchester

Setting the scene – a recap



Who we are



NHS Greater Manchester is in charge of making decisions about health services across the city-region and how we spend NHS money.

We are part of the **Greater Manchester Integrated Care Partnership**. Working with organisations such as hospitals, local councils, GP practices, pharmacists, dentists, voluntary, community, faith and social enterprise groups, and patient representatives Healthwatch, to plan, deliver and improve health and care services.



Our challenges

- People are living longer, but also spending **more years in poor health**
- Living with long term health conditions - like high blood pressure, diabetes and mental illness - can affect quality of life and puts **more pressure on NHS services**
- With more people needing services than ever before, people are **waiting longer** for diagnosis and treatment
- The increasing cost of everything, and impact of the pandemic, means **there is not enough money** to continue to deliver everything that is currently offered in the same way
- Being efficient and productive to bring local NHS finances back to balance is one of our main challenges for 2024/25 – as well as supporting people to live long, healthy lives and to have great services that are easy to access with short waiting times



Introduction

- We enter 2024/25 needing to address the most complex set of challenges that the health and care system in Greater Manchester has faced. The scale of the deficit is significant, but we are clear that we need to change what we do and how we do it.
- We are also working more closely with NHS England, who are providing additional support to deliver a single improvement plan
- We want to work with staff, stakeholders, people and communities across Greater Manchester to make the right decisions
- Our next step is to launch our 'Fit the Future' engagement plan

What we're doing about it

An NHS Fit for the Future

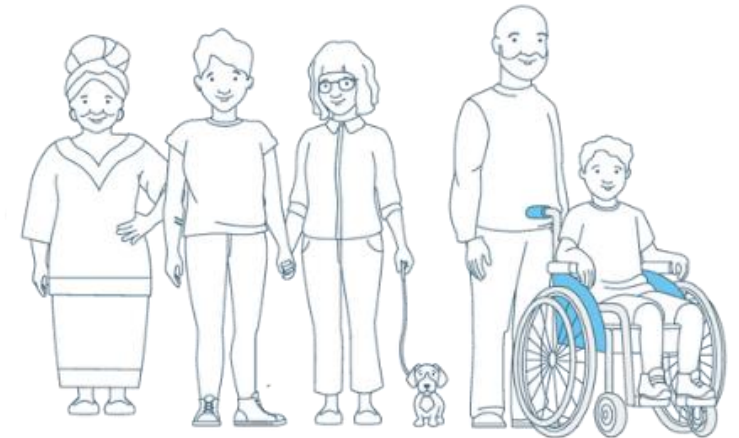
- A phased approach to share and discuss these challenges and our plans, bringing people on the journey with us and being more informed on the challenges that face health and care services in Greater Manchester
- Following on from The Big Conversation in 2023 when we asked people across Greater Manchester what would make the biggest difference to their health and wellbeing and used this feedback to draft the Greater Manchester Integrated Care Partnership Strategy
- We want to create an NHS that is fit for the future for all GM residents, families and communities and focuses on improving people's health and wellbeing



An NHS Fit for the Future

Running until autumn, this programme will allow us to take the public along with us on the journey towards achieving our population health, performance and financial goals; to give our staff, stakeholders and communities the opportunity to tell us what is important to them and what we should prioritise, and to increase awareness and understanding of the challenges we face.

To find out more about Fit for the Future and get involved, visit the [NHS GM website](https://www.nhs.uk/greater-manchester-integrated-care-partnership). If you have any further questions, please do not hesitate to contact us via gmhscp.gm-stakeholders@nhs.net



Sustainability plan – update

- We described at the previous meeting of Joint Health Scrutiny that we are developing a Sustainability Plan to address the unprecedented health and social care challenges we face in Greater Manchester.
- These challenges cover finance, performance, quality and population health. We have a significant underlying financial deficit; we need to do more to meet core NHS delivery standards; and the health of our population is projected to get worse
- We know that we need to change what we do and how we do it. We must do this to deliver on our responsibility to improve the health of our population – and to do this within the resources available to us
- We know that this will take longer than a single year, so the plan covers three years initially
- The draft Sustainability Plan will be presented to the NHS GM Integrated Care Board on 18 September.



Sustainability Plan – update

We need to show *how* the system:

- **Both** returns to financial balance through addressing the underlying deficit
- **And** secures a sustainable future through addressing where demand on services is expected to increase and implementing new models of care year on year
- We know that we must fundamentally change our model of care for the system to be sustainable. We cannot solely rely on current cost improvement programmes within our NHS services as they are not sufficient to address the underlying deficit
- There is a need to act both on reducing the prevalence of poor health and to ensure we provide preventative, proactive care to stem further deterioration.



Health and Growth: Four Initial Outline Offers to Government

1

**A Prevention First
Approach**

2

Skills, Work and Health

3

**Advancing Health
Innovation**

4

**Capital Investment and
Regeneration**



1. A Prevention First approach

- We want to go even further with our integrated neighbourhood model – GM therefore offers the opportunity to test at scale national reforms in primary and social care. This would include connectivity with other public services, local VCFSE organisations and local political leadership as convenors of people in place. Our **Live Well model** is the perfect vehicle to deliver this.
- For example, GM could rapidly **test and implement a new minimum wage for care workers** and **integrate our Live Well offer with primary care** to reduce demand on GPs arising from non-medical issues and drive down mental health waiting lists.
- To support this, we want to partner with Government to **expand the current Single Settlement to enable locally driven public service reform** that provides greater flexibility and innovation in how our systems of support deliver prevention. This would enable sustainable funding approaches to see *progress with unity* and encourage **more community-led approaches to prevention**.

Integrated Neighbourhood
Level



Place Level



Integrated
System Level



2. Work and health

Devolve employment support currently delivered by Job Centre Plus (JCP) to GMCA. This means devolving the funding and delivery functions for all JCP/DWP grant and contracted employment support, and for NHS funding for employment support to also be devolved.

A mission led approach to growth, and to tackling barriers to opportunity requires place-based, joined-up delivery of public services. The Government's manifesto commits to devolving employment support. We've developed a proposal to devolve employment support, to bring it into the single settlement, and develop a work, health, and skills unit integrated with a new 'Live Well' model for GM.

Deliver more for the same £

We can pool resources, assets, and investment across multiple agendas and agencies at sufficient scale to deliver impact.

Deliver transformational integration of the core public services

Services must work together to help residents secure, enter, sustain and progress within work.


Reach more people

Particularly 'harder to reach' groups that do not engage with DWP JobCentres, but who do often engage with other local services in the health system and local community

Avoid silos by designing provision with a multi-agency approach

Often, national programmes are siloed in their own departmental outcome frameworks and would benefit from multi-agency approach

In the context of a Local Growth Plan, this would allow us to tackle binding constraints on the GM economy by bringing more people closer to the GM labour market and helping them progress into good work through targeted support



3. Advancing Health Innovation




Health innovation is one of the GM city region’s ‘frontier sectors’ owing to its strengths in integrated health and care, academia, digital and life sciences. Unlocking these strengths to address the drivers of population health and deliver economic growth are key priorities. Building on GM’s existing strengths and assets, there are four strategic areas of focus to outline to Government:

Health innovation in places	Life sciences ecosystem development	Academic accelerator	Accelerated life sciences market access
<p>Alongside the capital investments and redevelopment projects outlined, there is opportunity to develop next generation health innovation and wellness approaches for local people, using modern facilities underpinned by digital and multi-channel approaches, with embedded commercial property for life sciences, health care and wellness innovation, and housing.</p>	<p>GM has undertaken a robust analysis of its health innovation and life sciences ecosystem, identifying a significant cluster with high recent growth, but there remains a lack of clear specialisation and large businesses. We will prioritise key sectors building on existing strengths and drive growth through local and inward investment, to further GM’s position as a globally important life sciences cluster. This will include a focus on biologics manufacturing, a major global growth market.</p>	<p>Building on our GM academic and industry strengths, we last year secured investment from Innovate UK into an advanced diagnostics accelerator programme, which is delivering benefits for patients through specific projects and maturity of the academic- industry interface. This short-term funding is due to complete in March 2025, but we believe there are major opportunities to improve outcomes for local people and drive economic growth by furthering this approach within GM, under a devolved innovation settlement.</p>	<p>GM has all the ingredients to become a global life sciences superpower, with a focus on accelerated regulation, effective and efficient clinical trials, a learning market for pharma/medtech for real world evidence generation, and accelerated access for citizens to novel innovations at scale. This will require us to build on existing digital and data assets at population level, and strengthen links to industry partners to accelerate the pharma product lifecycle management process.</p>

Outline offer and ask to Government:

- Affirm GM’s aspirations to be a major global health and life sciences superpower to contribute to national and local economic growth, improve health of local people.
- Co-develop a GM sector specific plan with Government
- Further develop GM’s dialogue with national industry/innovation funding bodies to ensure optimal resource availability to pursue this ambition
- Progress freedoms under the devolution opportunities for better use of local funding to super charge these ambitions

4. Capital investment and regeneration

- Unlocking the potential of **NHS capital investment and new models of care as part of wider regeneration and place development**. This can act as a driver of economic growth – creating good quality jobs and providing suitable sites for building new homes.
 - Using the formalised relationship between health, the housing sector and GMCA to test innovative approaches that **connect housing, health and care to reduce demand on services and boost growth**. This includes upscaling delivery of Supported Housing and working with Government to implement the Warm Homes Plan – in conjunction with other Retrofit Programmes and Decent Homes.
 - We want to work in partnership with Government to accelerate the work we have underway to **reform the children’s social care market** through access to additional capital funding.
 - Access to national NHS capital pipelines remains problematic with a disjointed capital application system. We want to work with Government to **find new ways for ICSs to access capital** on a consistent basis and deploy it to boost growth.
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Single Improvement Plan

- Now working more closely with NHS England to deliver a single improvement plan outlining a set of formalised agreed actions on four categories (or pillars):
 1. **Leadership and governance** – improve how we work together to make decisions and lead our health and care system
 2. **Performance and assurance** – put solid plans in place to meet our constitutional standards both now and in the long term
 3. **Financial sustainability** – make the most of the money allocated to Greater Manchester to bring our finances back into balance
 4. **Quality of Care** – approach patient safety consistently, and make improvements to access and experience of care, putting patients and their families at the heart of the improvements we make
- This will build and strengthen the quality standards and assurance we already have in place
- A NHS GM programme team is delivering the plan, overseen by a Board chaired by NHS England's regional director, providing us with additional support and resources to help us make further progress.



Single Improvement Plan – the 4 pillars

Leadership and Governance

- Deliver recommendations from leadership and governance review
- Implement the Good Governance Institute well led review
- Undertake gap analysis on our capability to work as a system
- Develop and implement system owned culture, values and beliefs

Financial Sustainability

- Robust assurance and oversight on delivery of annual financial plan
- Transition into an effective Finance and Performance Recovery process
- Develop three year plan to address underlying financial deficit position
- Clarify system commissioning intentions and implement

Performance and Assurance

- Stress testing the system and provider operational plans
- Identifying drivers of performance and implementing plans to address them
- Developing sustainable services for the future
- Identify and spread best practice and minimum standards of delivery

Quality

- Implement robust approach to provider oversight
- Align GM system and locality assurance processes
- Develop and implement approach to clinical quality and improvement
- Implement a comprehensive GM approach to patient safety

Each element of each pillar has a detailed improvement plan behind, which will be monitored through the system improvement process

Performance – current position

- **A&E 4-hour target** – steady improvement being made, however performance in July was 68.6% below target of 71.6%. Performance to 26 August seen an increase to 69.9%
- Delivery of operational plans **in category 2 ambulance response times** - exceeding national targets.
- Increased percentage of patients receiving a **faster diagnosis of cancer** - exceeding target with end June position at 77.2% against a target of 74.6%.
- The percentage of people waiting **62 day for first cancer treatment** has seen an improvement in June to 67.6% against a target of 68.2%
- In June, the number of patients over **65 weeks** was slightly above plan. Local data suggests this number is now reducing although there remains a risk to delivering no over 65 week waits by the end of September.
- **Mental Health Out of Area Placements** – Improving trend. Current month to date figure at 81 against an end of August plan of 73.
- **6 week wait diagnostics** - performance for June also improved
- Availability of **GP appointments** – monthly GP appointments now at c. 1.5m, 15% higher than same period 2023



Performance – current position

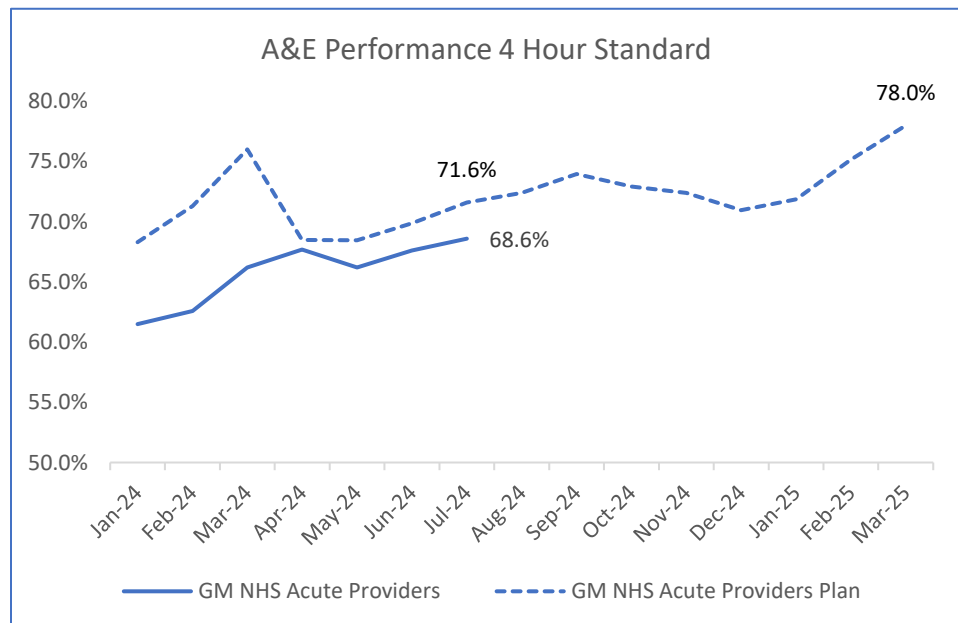
Implementing the 24/25 plan – we have identified performance challenges and for these higher risk areas, performance improvement plans (PIPs) have been developed. PIPs were presented to NHS GM's Quality and Performance Committee and updates will be reported monthly to NHS GM's Performance Improvement and Assurance Group. Ongoing scrutiny of provider plans is via the newly established provider oversight groups and the place-based assurance meetings. Each programme/provider has identified risks and has mitigating actions within their PIPs.

Thematic risks across all plans include:

1. **Workforce**
2. **Demand**
3. **Industrial action**
4. **Productivity**
5. **Financial constraints**
6. **Estates**



Performance – urgent and emergency care (UEC)

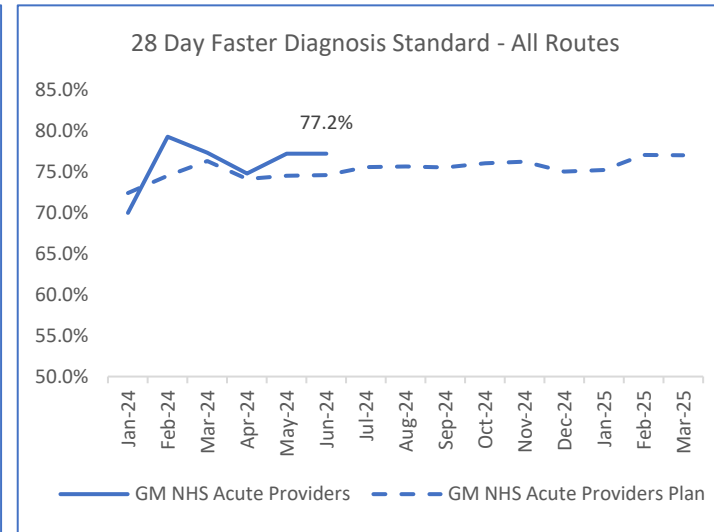
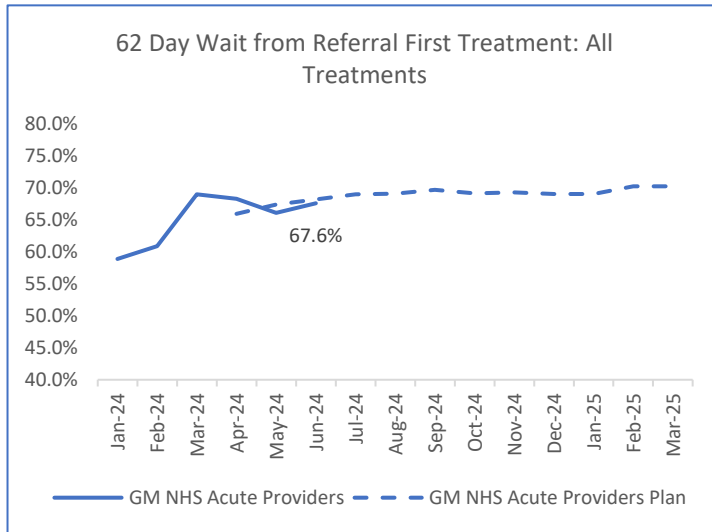


Key elements of the Performance Improvement Plan:

- Wider support
- System Coordination Centre
- Care coordination
- Ambulance handover
- Capacity & Discharge schemes
- Development of 3 year Urgent and Emergency Care Plan
- Review of UEC system governance

- **Ambition to deliver 78%** - the system is planning to deliver the national target of 78% by March 2025. This has been identified as a risk.
- **Current position on 4hr target** – steady improvement being made, performance in July was 68.6% below target of 71.6%. Performance to 26 August has seen a further increase to 69.9%
- **Maintain G&A beds** - the GM system is planning to deliver on average the same number of G&A (General and Acute) beds across 23/24 as 24/25 and to continue to maintain bed occupancy below 92%
- **Deliver Category 2 ambulance performance** - expected to remain within the standard.
- **Improvement plans** – system plans being refreshed through, includes review by Quality and Performance Committee & System Improvement Board.
- **Risks** – achieving 78% is a significant risk. Increase in demand is contributing along with wider pressures e.g. Mental Health system, impacting on UEC

Performance – cancer



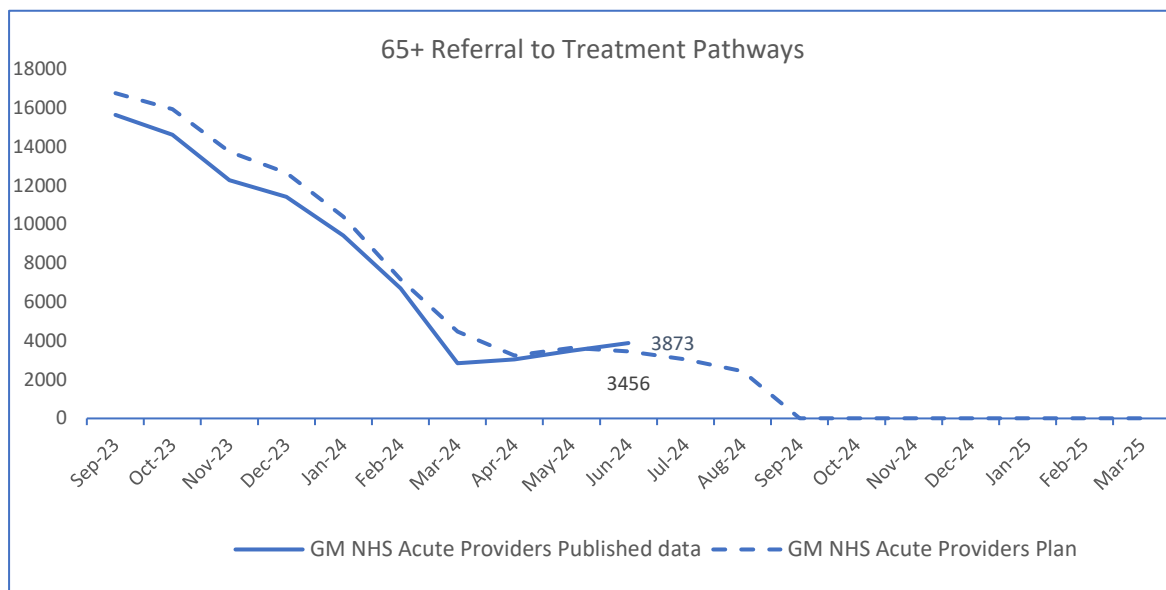
Key Focus Areas

- 3 accelerated improvement plans
- The 24/25 Cancer Alliance planning ambitions
- Stratified follow ups - embed personalised stratified follow ups for cancer to facilitate release of clinical time.
- Health economics approach
- Fit for the future assessment – horizon scanning for diagnostic and treatment pathways, increased use of genomics in pathways, capacity and demand assessments for key services, prepare operationally for increased treatment of lower stage cancer

Key messages

- **62 days RTT (Referral to Treatment)**– Performance increased in June to 67.6% against a plan of 68.2%.
- **Above target for FDS (Faster Diagnosis Standard)** – performance remained stable in June and is currently above target for June (77.2% compared to target of 74.6%)
- **Performance Improvement Plan** – Key focussed areas already developed and moving to implementation phase.
- **Waiting time growth** - The key risk in cancer waiting times is the continued demand growth of 7% a year, with a consistent conversion rate to positive diagnosis.

Performance – elective (planned) care



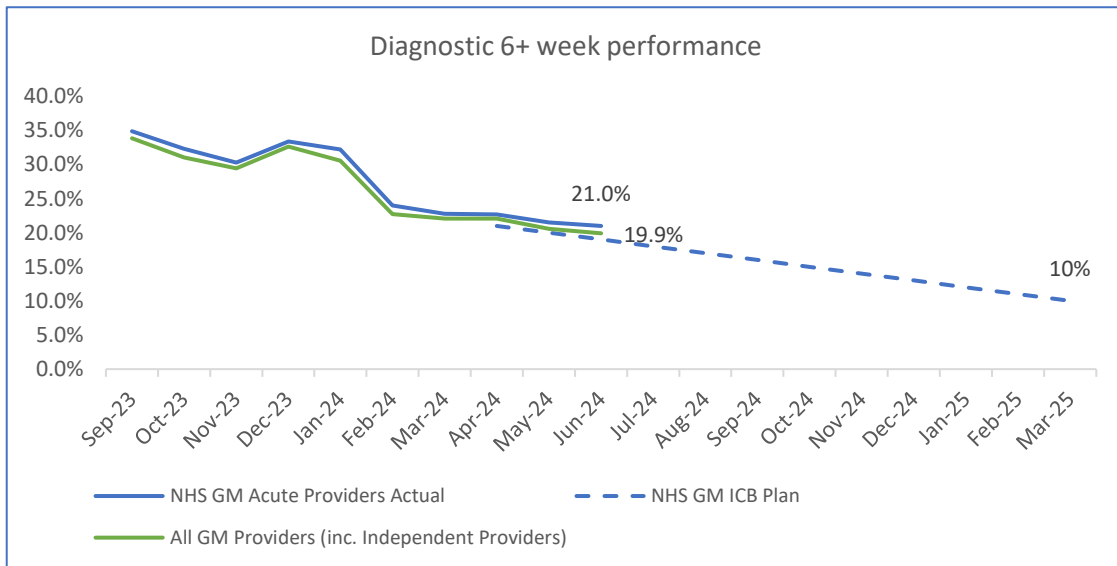
Key messages

- **Eliminate long waiters** - GM plans to eliminate 78 week waits as soon as possible (except for agreed exceptions) and 65 week waits by September.
- **Current 65 week waits** – in June the number of patients over 65 weeks was slightly above plan. Local data suggests this number is now reducing although there remains a risk to delivering no over 65 week waits by the end of September.
- **ERF (Elective Recovery Fund)** - GM planning c 107% and expecting £44m of additional income.
- **Elective waiting list** - key specialties of concern including dermatology and gynaecology are being addressed through GM's sustainability programme.

Key elements of the Performance Improvement Plan:

- Optimised Outpatient/Productivity
- Improving Theatre Productivity
- Mutual Aid
- Capacity and demand model

Performance – diagnostic



Key messages

- NHS GM has an agreed target with NHS England for no more than 10% of people waiting in excess of 6 weeks for diagnostic tests (across all DM01 tests and not limited to the subset included in the planning guidance) by the end of March 2025.
- Performance continues to steadily improve.
- Modelling - indicates without additional capacity and new ways of working demand will outstrip capacity. Provider and test level trajectories are currently being refreshed as part of the stress testing process.

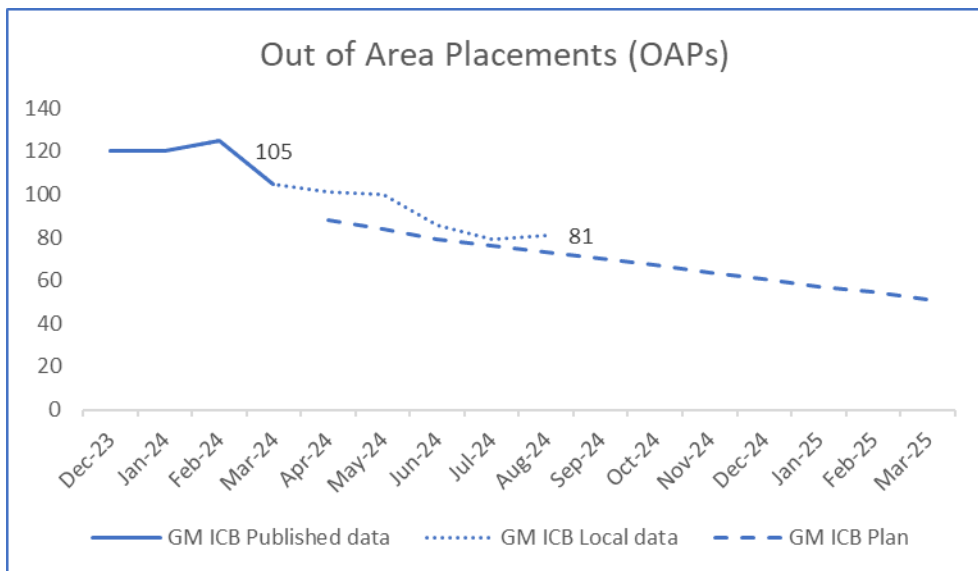
Key elements of the Performance Improvement Plan:

- Maximising use of technology
- Maximising use of Community Diagnostic Centres (CDCs)
- Redesign and transformation – focused work on sleep studies, pathology operating model and portable diagnostics, continue delivery of Aseptic Pharmacy scheme and agreement of other Pharmacy transformation schemes.
- Productivity - KPIs agreed across imaging, endoscopy and pathology aim to improve productivity and minimise variation.
- Mutual Aid - Implement the standard operational process to support mutual aid between trusts.

Performance – mental health

Key messages

- Despite financial pressures, the system is planning to deliver the MHIS targets
- Targeted savings programme linked to existing investment and performance oversight to ensure a reduction in OAPs expenditure 24/25.
- Improving trend. Current month to date figure at 81 against an end of August plan of 73.
- OAPs plan - a triangulated approach for quality, finance and performance to ensure we achieve our target and financial position for 24/25.



Performance Improvement Plans:

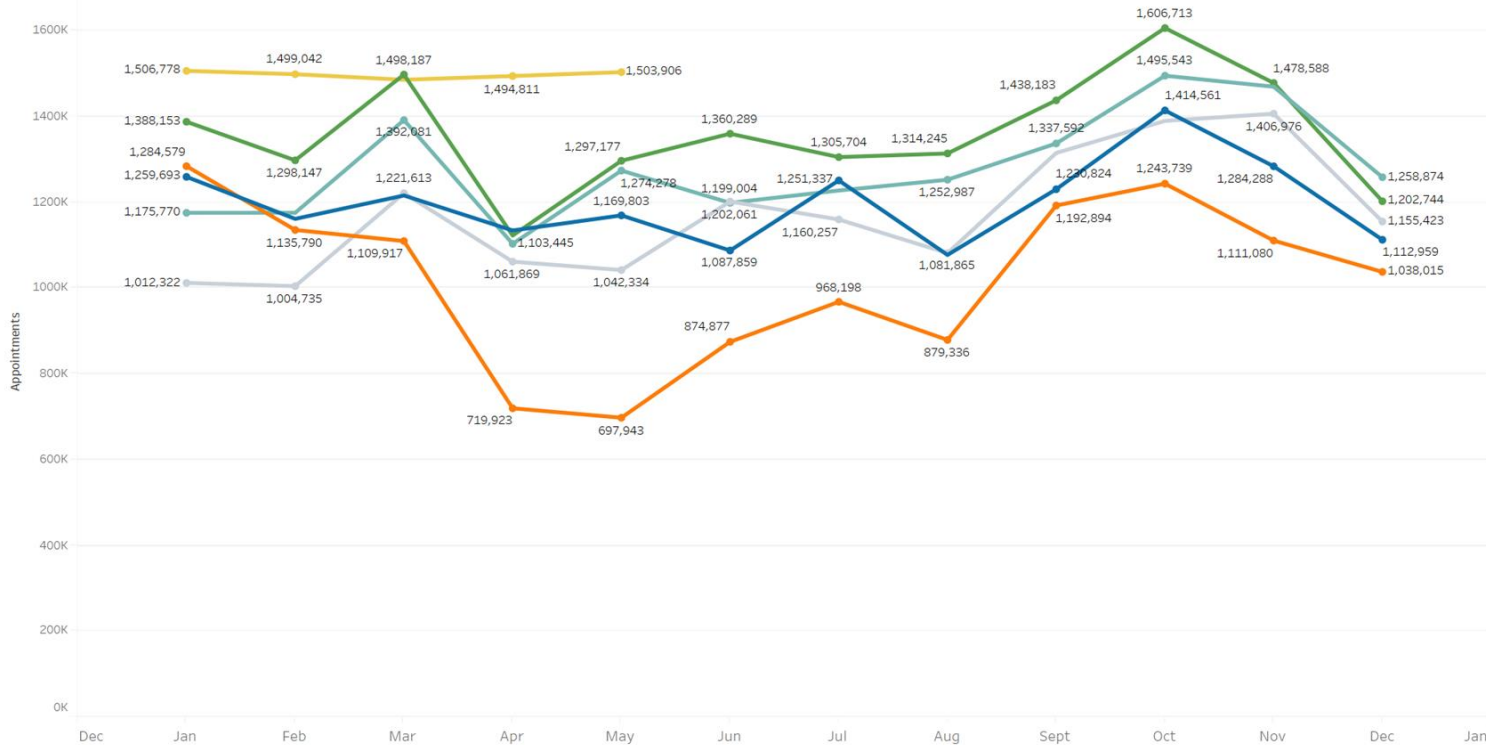
Focused on reducing inappropriate Out of Area Placements (OAPs) to improve quality and experience for people as well as reducing costs related to OAPs. Comprehensive improvement plan has been put in place.

Performance – primary care

Monthly GP appointments

Year on Year Change

■ 2019 ■ 2020 ■ 2021 ■ 2022 ■ 2023 ■ 2024



Key messages

- Access – the number of appointments through general practice across GM has remained high at c1.5m per month an increase of 15% compared to the same period in 2023
- Pharmacy First service – In addition to the increased numbers of appointments being delivered through general practice, community pharmacy services across GM have significantly stepped up to deliver Pharmacy First service
- Primary Care Access Recovery programme – for GP appointments being delivered within 14 days NHS GM is mid-table across national ICBs
- Improvement programme – there is ongoing work to address unwarranted variation across GM Localities, PCNs and practices, not least through the GP Improvement Programme.
- GM working group – established to deliver this programme locally, working collaboratively across primary care commissioning teams and the Primary Care Provider Collaborative (using the established GP Excellence programme) to engage, facilitate and support practices