

GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE

Date: 13 November 2019

Subject: GM Delivery Plan 2020 – 24, Greater Manchester’s implementation guide for *The Prospectus* (2019) and response to the NHS Long Term Plan.

Report of: Warren Heppolette, Executive Lead, Strategy and System Development, Greater Manchester Health and Social Care Partnership (GMHSCP)

PURPOSE OF REPORT:

The purpose of the report is to provide the GM Joint Health Scrutiny committee with an update on the ‘GM Delivery Plan 2020-24’ – Greater Manchester’s implementation guide for *The Prospectus* (2019) and the NHS Long Term Plan. It provides a narrative of the process taken during the production of the document, and includes the Executive Summary as featured in the most recent Delivery Plan draft.

RECOMMENDATIONS:

The Greater Manchester Joint Health Scrutiny Committee is asked to note the update provided, comment on the process taken to draft the plan and offer feedback on the summary of emerging priorities contained within the report.

CONTACT OFFICERS:

- Warren Heppolette, Executive Lead, Strategy & System Development, GMHSCP
warrenheppolette@nhs.net
- Conor Dowling, Strategy and System Development, GMHSCP
conor.dowling@nhs.net

1.0 INTRODUCTION

- 1.1. The GM Delivery Plan 2020-24 will set out how we will implement the Health and Social Care Prospectus¹ and the NHS Long Term Plan in Greater Manchester.
- 1.2. It does so in the context of the development of key Greater Manchester strategies including the Greater Manchester Unified Model of Public Services and the Local Industrial Strategy – underpinned by the Greater Manchester Independent Prosperity Review.
- 1.3. Our Delivery Plan is expected to be finalised early in 2020 at the conclusion of the national 5 year planning process. The GM Delivery Plan will describe how we will go beyond the Long Term Plan to realise the ambition we set out in the Prospectus: to create a comprehensive Population Health system in GM that spans all mechanisms of action from transport planning to housing policies, welfare design to educational curricula, and all actors – public, private and voluntary sectors, and crucially citizens themselves.
- 1.4. Running in parallel to this, each locality is also refreshing its Locality Plan setting out their strategies for how health and care services can join up with wider public services at neighbourhood level. These plans are due for submission to the Partnership on 29th November to inform the final Plan and ensure alignment between our shared objectives across Greater Manchester and implementation in each locality.
- 1.5. The emerging priorities prompted by both the GM Health and Social Care Prospectus and the NHS Long Term Plan are summarised in the appendix to this paper.

2.0 DEVELOPING THE PLAN

- 2.1. The NHS Long Term Plan was published on 7th January 2019 and its detailed implementation framework in June this year.
- 2.2. On 8th March 2019 an update and proposed approach to setting our Greater Manchester's Health & Care priorities for the next five years was provided to Greater Manchester Health & Care Board outlining the development of Greater Manchester's response to that document and the continuation of our collective

¹ The GM Health & Social Care Partnership published Taking Charge: Our Prospectus for the next 5 Years in April 2019. <http://www.gmhsc.org.uk/wp-content/uploads/2019/03/GMHSC-Partnership-Prospectus-The-next-5-years-pdf.pdf>

journey to integrated care supported through devolution and the implementation of Taking Charge.

2.3. The focus for the Delivery Plan therefore is to build on the start we have made over the past three and a half years and incorporate the additional impetus the Long Term Plan provides. The broader scope of our vision leads us to the ambition to create a comprehensive population health system in GM – that goes beyond the aim of Integrated Care Systems (ICS) set out in the Long Term Plan.

2.4 This does not mean that we will shy away from the immediate challenges that we face – in particular securing a return to the reliable delivery of NHS Constitutional Standards in all parts of GM.

2.5 As was the case in the development and implementation of Taking Charge, our ambition our approach will need to confirm clarity on three things:

- Those things we elect to do once across GM;
- Those things we elect to do consistently across the ten localities; and
- The implementation and innovation which is happening in the ten districts now and that which is planned in each locality during the coming period.

2.6 This is relevant across each of the three main ambitions of Taking Charge – The Next Five Years and will inform the structure and key themes of the Delivery Plan:

- **building a population health system** – drawing on the health potential of the unified model for place based working and community connectedness in each district as well as the opportunity to develop as a Marmot City Region and the GMCA commitment to a ‘health in every policy’ approach;
- **creating a sustainable health and care system** – utilising the unified model to support integrated neighbourhood care and support and the LCO model, progressing place based commissioning to commission for health as well as health services, and working together to drive improvement and quality at scale and to implement the objectives of Improving Specialist Services; and
- **unlocking economic potential** - the unified model supporting health and work as well as the building on our strengths around health innovation.

2.7 Developing the Delivery Plan, especially in the context of the development of place based working in the ten districts, will reflect the mobilisation of leadership across Greater Manchester: political, clinical and managerial – and going beyond health and social care into the wider public service, the VCSE and civic society. The principle of subsidiarity is an important part of this. We will need to recognise that the implementation of the Prospectus starts with the citizen in each part of Greater

Manchester; builds to the neighbourhood (30,000 to 50,000 population) and then to the locality.

- 2.8 At the same time, and through the same process GM will be expected to offer that part of this detailed delivery plan which serves as a formal response to the NHS Long Term Plan. This will be important to ensure a coordinated and proactive approach to making the case for transformation resources associated with implementation.

3.0 REFRESH OF LOCALITY PLANS

- 3.1 Updated plans at locality level are therefore critical to the coherence and alignment of the Delivery Plan. The original set of 10 locality plans were constructed in 2015 and need to be updated to reflect the breadth of transformation in localities since then. A number of localities have reported that the original locality plans have been overtaken by their implementation and better described and better evidenced reality can now be presented.

- 3.2 Clearly, the shape and content of the 10 Locality Plans will need to be driven by stakeholders in localities themselves but will each provide:

- a reaffirmation of the outcomes they were seeking to influence
- a description of progress against those outcomes since 2016
- a description their plans for the pillars of the local system: the approach to place based, integrated delivery and the neighbourhood model, and the approach to place based commissioning.

- 3.3 In the context of the long term plan it will be evident that, as Greater Manchester made more progress in implementing the NHS 5 Year Forward View, there will be long term plan objectives which we have already delivered; others for which we are implementation ready; and those for which we need to prepare more fully to be ready to implement. These aspects will need to be drawn out in detail to help us make sense of phasing and the resourcing sought.

4.0 THE GM DELIVERY PLAN & THE LONG TERM PLAN

- 4.1 The updated locality plans, and the detail supporting them, will inform the Delivery Plan covering the period to the end of 2023/4 – and including how GM will deliver on its requirements as part of the NHS Long Term Plan.

- 4.2 The Implementation Plan for the Prospectus will both describe how GM will deliver on our ambition to create a population health system and how we will implement the totality of the Long Term Plan over the next five years.

- 4.3 In describing implementation of the Long Term Plan, we will reflect the progress we have made in GM and the unique system architecture we are building: where programmes in the Long Term Plan are already embedded in the care model in GM, we will say so; where there are new requirements, we will seek to phase these in and ensure they align with and complement the system architecture in GM. In doing so, we will provide a clear plan for consistent delivery of NHS constitutional standards in GM.
- 4.4 The Delivery Plan for the Prospectus will also need to serve as the basis for decisions for the allocation of transformation funding to GM as part of the implementation framework for the LT Plan.
- 4.5 The GM Delivery Plan and the Locality Plans will need to be connected by aligned and detailed finance, activity and workforce plans covering the period to 2023/4. This will both enable GM to meet the planning requirements for the NHS Long Term Plan and provide the basis for any future investment decisions for transformation funding in GM.
- 4.6 Formal engagement and submission of draft documents to NHS England is the focus of work through the autumn. The feedback from that engagement and the locality plans will inform the final plan which will be submitted to the GM Health and Care Board on 31st January 2020.

5.0 RECOMMENDATION

The Greater Manchester Joint Health Scrutiny Committee is asked to:

- Note the update provided.
- Offer feedback on the process taken when drafting the GM Delivery Plan.
- Offer feedback on the structure and content of this iteration of the GM Delivery Plan Executive Summary.

CONTACT OFFICERS:

Warren Heppolette, Executive Lead, Strategy and System Development, GMHSCP
warrenheppolette@nhs.net

Conor Dowling, Strategy and System Development, GMHSCP
conor.dowling@nhs.net

GM DELIVERY PLAN: STRUCTURE, THEMES AND PRIORITIES

INTRODUCTION

Since 2016 devolution has enabled Greater Manchester to take charge of its health and care spending and decisions. Over the past three years we have progressed the implementation of our strategy to meet the ambition outlined in *Taking Charge Together* (2015): to deliver the greatest and fastest possible improvement to the health and well-being of the people of Greater Manchester.

The Health and Social Care Prospectus, published in 2019, took stock of the first three years of the Health and Social Care Partnership. It presented what we learnt and achieved; and set out where we want to go next as a Partnership.

This Delivery Plan 2020-24 represents the GM system's implementation strategy for the Prospectus and incorporates our response to the responsibilities set out in the NHS Long Term Plan. As with the Prospectus, this plan is set within the context of the development of key Greater Manchester policies such as the GM Unified Model of Public Services (2019), the GM Transport Strategy 2040 and the Local Industrial Strategy (2019) – which is underpinned by findings from the GM Independent Prosperity Review (2019).

The Greater Manchester Unified Model of Public Services

As a devolved city region, we want to push beyond the boundaries of an Integrated Care System (ICS) to create a comprehensive Population Health system in GM that spans all mechanisms of action from transport planning to housing policies, welfare design to educational curricula, and all actors – public, private and voluntary sectors, and crucially citizens themselves.

To create a population health system, health and social care will need to integrate with wider public services in Greater Manchester. The GM Unified Model of Public Services is based on the fundamental principle that change is done with, and not to people and that we build on what individuals, families and our communities can achieve rather than focusing on what they lack. The White Paper clearly states that the neighbourhood of 30,000 to 50,000 population is the geographical unit through which our reform endeavour across all public services, including our model of care and support, will focus.

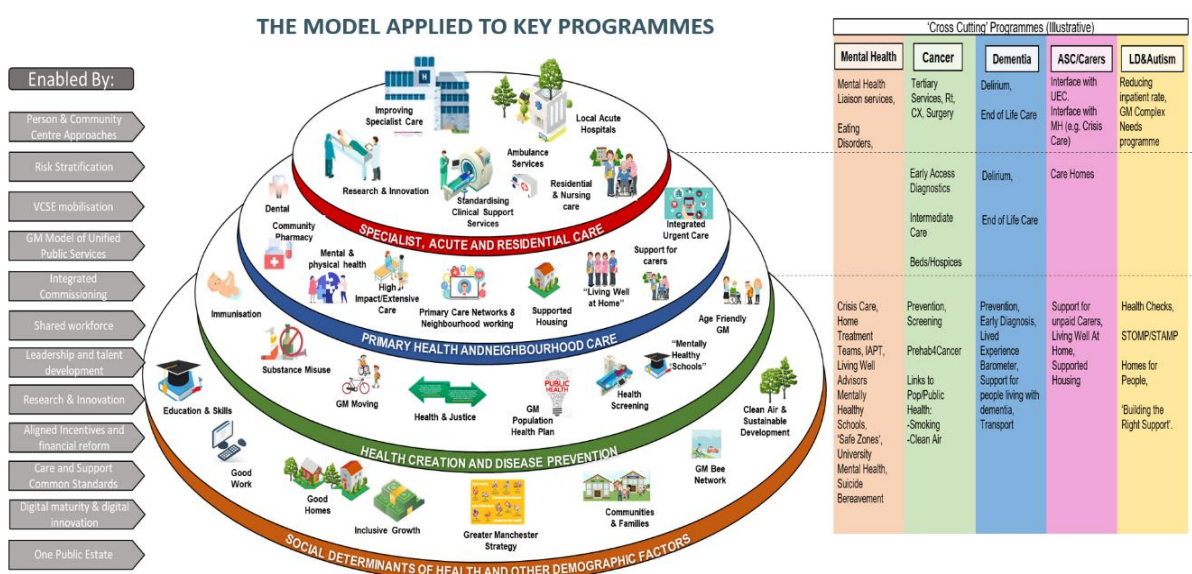
A Model of Care and Support for the 21st Century

The resetting of the health and care landscape in Greater Manchester stems from the recognition in *Taking Charge* that our system was characterised by a stark imbalance: weighted towards reactive services that respond to crisis or exacerbation with insufficient focus on models to keep people well at home and in their communities.

Through Local Care Organisations (LCOs) in our 10 localities, we are already beginning to see the potential of what coordinated, anticipatory, integrated neighbourhood and community-based care can provide to local populations. The development of integrated models of care across Greater Manchester is the focal point of our Delivery Plan. We describe our approach to the delivery of GM-wide programmes and our responsibilities under the Long-Term Plan through this care model.

These new models of neighbourhood care are enabled by joined up commissioning between CCGs and local authorities that allow us to focus on the full public service spend in a place to improve health and well-being.

Through our model of care and support, we will enable hospitals in Greater Manchester to focus on what they do best: providing more specialist care to those who are most ill. We will help hospitals to share expertise, experience and efficiencies across clinical services so everyone can benefit equally from the same standards of specialist care. Through our model of care and support, we will enable hospitals in Greater Manchester to focus on what they do best: providing more specialist care to those who are most ill. The model of care emerging through our integrated work with Localities and beyond provides a platform for the delivery of GM and NHS Long Term Plan Ambitions and is displayed diagrammatically in the figure below. The columns on the right-hand side show illustrative examples of how individual and



cross cutting programmes can be staged and delivered within a regional Population Health system approach:

All of this will be supported by Greater Manchester system architecture where it makes sense to do so. This includes workforce, digital and estates for example.

SYSTEM PRIORITIES IN THE FIRST TWO YEARS

For the first two years of the delivery of this plan, we have confirmed the following collective priorities in Greater Manchester – all of which build on progress we have made since Devolution. These are:

A MODEL OF CARE AND SUPPORT FOR THE 21ST CENTURY

Local Care Organisations

- **New neighbourhood delivery models** will be fully in place in every part of Greater Manchester based on 30-50,000 populations with **Primary Care Networks (PCNs)** at their heart. These neighbourhoods will form Local Care Organisations (LCOs) in every GM locality and will be the focal point for the health and care contribution to the **GM Model of Unified Public Service**.
- Each LCO will have a defined leadership structure and will offer a mature provider platform that can manage new contractual arrangement that can deliver on activity shifts from the acute sector to the community and improve population health. They will be **whole population models** with neighbourhood teams embracing a broad range of partners – including the VCSE. Whilst the ambition is the same across our city region – the precise organisational form of each LCO will be for each locality to determine.
- We will see **risk stratification** models in place in all neighbourhoods identifying the most vulnerable cohorts of our population so that we can provide **systematic anticipatory care**. Increasingly, these models will go beyond health data to bring together but bringing together data sets from wider public sector partners: for example, on school readiness. We will also put in place an agreed set of **GM neighbourhood metrics** that receive the same level of system attention as acute sector metrics do currently. We will deliver major transformation programmes through these care models – including on cardiovascular, stroke, respiratory, diabetes and community frailty pathways.
- Our neighbourhood models will operate on the principle of **putting people and communities genuinely in control of their health and wellbeing**. This requires an integrated response that focusses on preventative approaches and a shift away from the medical model of illness towards a model of care which considers **the expertise and resources of people and their communities**. The VCSE has a significant role to play in this.

Primary Care

- We will bridge the gap between primary and secondary care **by supporting high risk patients through intensive proactive care to avoid hospital admissions**. This will build on the intermediate or extensivist models that are being developed in localities across

GM where seamless support can be provided during periods of crisis and the transition to and from hospital-based care.

- We will continue the **alignment of our 67 Primary Care Networks to our integrated neighbourhoods based on GP-registered lists**. In GM we will deliver the national ask of PCNs as a minimum. However, our neighbourhoods will deliver a much wider vision in order to tackle the social determinants of health. Community pharmacy, general dentistry and optometry, are all critical to this.
- Primary Care is integral to our neighbourhood models. We will deliver the **refreshed GM Primary Care Strategy (2019-24)**. As part of this, we will facilitate the roll out of group consultations as a routine model for **supporting people with long-term conditions**; provide full population coverage of **online consultations** by April 2020 and video consultations by April 2021; ensure every person who needs a **same day intervention** can receive one; deliver seamless provision of **routine and urgent and emergency primary care**; routinely offer **general practice appointments during evenings and weekends**; roll out the **GP Excellence programme** and expand GP Excellence to all primary care providers by 2021; implement the GM Primary Care Workforce Strategy.

Adult Social Care

- We will continue to make significant **improvements in the quality of Greater Manchester's social care provision** – building on the strong Care Quality Commission ratings for both care homes and domiciliary care.
- We will **implement our Living Well at Home programme** - a new model of independent living supporting people to stay well in their own homes and communities of **choice**.
- We will **develop new 'blended' neighbourhood-based care roles** which will support and **enable** care staff to undertake some healthcare tasks – providing better career opportunities and job enrichment for the workforce, as well as better support for the individual
- We will put in place an agreed set of **local metrics to measure the quality of life, care and system partnerships** for care homes and living well at home. All localities will also have an **electronic real time care home bed state tracker**. This will be linked to our Tableau business intelligence to facilitate enhanced capacity and demand management.
- We will play our part in **improving the supported housing offer** for people in GM. We will see an increase and improvement in the supported housing offer working with planning and housing colleagues to achieve our ambition of **providing a further 15,000 supported housing units** in Greater Manchester by 2035.

- We will continue the delivery of our **co-designed strategies on learning disability and autism**. We will support people with learning disabilities or autism or both to live in the community and move safely out of inpatient settings.
- We will continue to explore new solutions to transform social care and are keen to work with Government on these. We believe that our experience of operating a devolved health and care system can be helpful in **developing future social care policy**. We would want to see any future funding model for social care based on the risk being shared across the whole population, in a similar way to the NHS.

Improving Mental Health Care & Wellbeing

- We will continue to implement the agreed deliverables in our Mental Health Strategy and work to ensure **parity of esteem with physical health**.
- We will deliver the 12 standards in the **Mental Health Five Year Forward View** by March 2021 and maintain delivery of core constitutional standards affecting access and recovery.
- We will go above and beyond the Long-Term Plan, including: continuing to grow the **GM Mentally Healthy Schools** approach (a forerunner of the National Schools Trailblazer) and establishing a **GM Universities Service Pilot**.
- We have identified further actions to **improve the IAPT (Improving Access to Psychological Therapies) access rate** in order to achieve the target increase of up to 25% by 2020/21. These include GM procurement of **digital therapies**, a GM joint recruitment process for new and replacement therapists and development of a GM IAPT workforce modelling tool.
- We will develop **new and integrated models of primary and community mental health care and crisis support** for adults and older adults with severe mental illnesses including complex mental health difficulties associated with a diagnosis of ‘personality disorder’
- We will **increase the number of children and young people who have access to mental health support**. We are currently ahead of national targets on this – but we recognise that there is a lot more to do. We will put new services in place for children and young people including Rapid Response Teams and Safe Zones and we are planning to test the transition model with both ADHD & Eating Disorders.
- Our ambition is that **all acute hospitals in Greater Manchester will have mental health liaison services** that can meet the specific needs of adults and older adults. Our plan is that all large acute hospitals in GM will have liaison/core 24 services in place by March 2021.

Improving Hospital Care

- We will develop a **thriving network of hospitals that are part of integrated local models of care**, are networked in terms of single services and mutual support whilst retaining distinct identities based on a mix of both core District General Hospital functions and areas of specialism.
- We will pursue this transformation in a **safe and sustainable way** – without compromising on our commitment to the highest levels of service quality. We will tackle the challenges faced by hospitals across Greater Manchester – including shortages in key areas of workforce and out-of-date estate.
- Our transformation work must enable us to secure a return to the **consistent delivery of NHS Constitution Standards**.
- We will continue the **delivery of our Improving Specialist Care programme** – including the successful implementation of Healthier Together. We are aiming to develop pre-consultation business cases for all the models of care by the summer of 2020.
- We will deliver on the **Greater Manchester Elective Reform Programme**. This will reduce demand for elective care; standardise our approach to referral; and make more efficient use of available capacity including the potential for resource to be shared across the system.
- We will significantly **reduce demand for face to face outpatient appointments** by supporting more individuals to self-care; identifying alternative mechanisms and services that can help manage symptoms/conditions (including digital solutions); as well as supporting healthier lifestyle choices.

Reform of the Urgent and Emergency Care System

- We will deliver on our agreed **Urgent and Emergency Care Improvement and Transformation Programme**.
- Partners in GM have co-designed a **fully integrated urgent care service model** that brings together a single GM Clinical Assessment Service (CAS) and a community-based MDT urgent care response within each locality. We will commission a single GM CAS from April 2020 onwards.
- We will undertake a full evaluation of locality integrated urgent care models to support the wider adoption and scaling of innovation across all localities to deliver a **consistent community-based MDT urgent care response** in all localities by Autumn 2020. This will include the implementation of an agreed Urgent Treatment Centre model as part of a

fully integrated service. The community-based MDT urgent care response will have the ability to respond within two hours to urgent requests and will have the ability to provide a wide range of assessment, treatment, care and support.

- We will co-design GM standards for **Same Day Emergency Care (SDEC)** that include; streaming, acute medical and surgical specialities and acute frailty. These standards will be embedded by the end of March 2020. As part of the SDEC development, we will introduce a GM 'refer to ED' streaming model that is consistent with the GM CAS assessment and streaming process. We will increase the proportion of acute admissions discharged on the day of attendance from 20% to 33% through delivery of effective SDEC operating a minimum of 12 hours a day, 7 days per week.
- GM will continue to test and roll out the **GM Discharge and Recovery standards** during the remainder of 2019/20 and focus on achieving our ambitions to reduce the number of patients with a length of stay of 21 days or more. In addition to this, we will work across health and care to reduce our DTOC (Delayed Transfers of Care) to 2.5% or less during the next two years.
- Year on year, we will **reduce attendances to Emergency Departments** and reduce the length of stay for those admitted to an acute hospital bed by enabling patients to self-care and recover through improved primary, community and social care services working together. This will be underpinned by a philosophy of 'home first' wherever safe and appropriate.

OUR POPULATION'S HEALTH

Creating a Population Health System

- We will fully implement our **GM Population Health Plan** and evidence the impact of this approach.
- We will shift towards a whole system approach to Population Health which will see health as a primary consideration across all GM policy with a focus on **reducing health inequalities**. This will include: transport, housing quality and availability, spatial planning, town centre and neighbourhood developments and green space provision, jobs and the economy, sustainable development and early childhood development, education and skills.
- Given our devolved status, GM is also in a strong position to move faster on the **application of social value** in our city region. As the Health and Social Care Partnership we have an important role to play in our city region's approach to inclusive growth and we will accelerate our progress on the contribution of health and care organisations as **anchor organisations** in GM.

- We aim to **close the Life Expectancy and Healthy Life Expectancy gap** to the Northwest average by 2021 and the England average by 2026. Our plan for GM to become **the first 'Marmot City Region' in England** will help to drive this work.
- Building on the success of **Making Smoking History**, we aim to reduce smoking prevalence in GM to 13% by 2021 and the prevalence of smoking in pregnancy to 6% by in the same period.
- We will also work to ensure that children in GM have the best possible start in life. By 2021, our aim is to **meet or exceed the national average for the proportion of children in Greater Manchester reaching a good level of development by the end of reception** with 100% of our early years settings rated 'good' or 'outstanding'.
- Through our **GM Moving Strategy**, our goal is to increase the physical activity rate in GM to 75% by 2026.

GM's Cancer Plan

- We will increase the pace of delivery of the GM Cancer Plan. A **comprehensive integrated cancer system is in place in Greater Manchester** and is led by committed patients affected by cancer, clinicians, managers, VCSE organisations and others.
- We will strive to meet the national aim of **55,000 more people surviving cancer** for five years or more each year by 2028. This equates to approximately, 2,750 people each year surviving cancer for longer in Greater Manchester.
- We are committed to ensure more **consistent delivery of cancer waiting time standards across Greater Manchester**. We will work with all localities in GM to support delivery of the **28-day Faster Diagnosis Standard (FDS)** from April 2020. GM Cancer will support providers in the delivery of the 28-day standard in identified disease groups, especially in high volume cancers including lung, colorectal and prostate. We will implement the recommendations from the clinically-led review of providers' processes and performance in respect of the 62-day standard. In respect of emergency cancer presentation, we have set an expectation that less than 18% of cancers will be diagnosed as a result of an emergency presentation; the current GM position on this is 19.8%.
- Approximately **2,000 people in GM will benefit from participating in the Prehab 4Cancer** programme over the next two years: the first prehab programme to be delivered at scale nationally. Our aim is that 100% of patients are offered appropriate prehab for Cancer before all treatment modalities.

- We will **refresh our health inequalities strategy to ensure that we focus on the areas of lowest uptake and coverage across cancer screening programmes**. We will explore funding possibilities to pilot innovative changes such as cervical screening home testing, delivery of cervical screening and breast screening in co-located venues and working with the Primary Care Networks on extended hours access to cervical screening appointments.

BUILDING A SUSTAINABLE SYSTEM

Continued Reform of the Commissioning System

- We will continue to implement the recommendations from the Greater Manchester Commissioning Review (2017). Principally, these are: **local authorities and Clinical Commissioning Groups to come together to form Strategic Commissioning Functions**, (SCFs); and the Joint Commissioning Board, supported by a GM Commissioning Team, to discharge commissioning functions on behalf of CCGs, Local Authorities and NHS England.
- All 10 localities will continue to develop their Strategic Commissioning Function and embed this as a core element of implementing the GM model for Public Service Reform. This particularly relates to the commitment to bring together commissioning and an understanding of the full public spend in a place.
- We will continue to drive the benefits that come from the SCFs. These include: **pooled budgets across the Local Authority and CCG**; opportunities for further pooling of targeted investment in local communities and neighbourhoods; alignment of investment to ensure it is directed towards reform in its widest sense; integration of teams to facilitate the delivery of efficiencies; and radical reform of payment methods to incentivise outcomes to secure improved health, early intervention and prevention and long term sustainability.
- Our **Joint Commissioning Board will continue to mature and provide a vehicle for system wide commissioning leadership and activity**. It will draw on its founding principle that political, clinical and managerial leaders meeting in public to make decisions on the future shape of public services in GM is a necessary and very powerful representation of our integrated, devolved system in operation.

Delivering our Workforce Strategy

- In 2017 we produced the Greater Manchester Workforce Strategy, which was built from the 10 locality plans and identified 4 priority areas. Since then, the **Greater Manchester Workforce Collaborative** have together been delivering the Greater Manchester workforce programme. The GM Workforce Collaborative structure will provide the vehicle to enable further workforce transformation and address the requirements set out in the Health and Social Care Prospectus, the GM Unified Model of Public Services and the NHS Long Term Plan and Interim People Plan

- We continue to implement programmes to **address areas of greatest workforce shortage**. This includes working together across system partners to support workforce transformation in: primary care, social care, mental health services, acute services as well as development and innovation in hard to fill professions such as nursing, medical and AHP (Allied Health Professional) workforce. These will be supported by overarching workstreams that support: **talent management, leadership development, apprenticeships and education transformation**.
- The Strategic Planning Tool submissions highlight for trusts and primary care a small projected growth of the workforce over the next five years (3.4%). Consequently, to support workforce development and transformation required to achieve our vision, **optimising new ways of working, new roles and innovation will be crucial**.
- **Realistic and integrated workforce planning** will be essential to enable continued understanding of the workforce over time. We are developing tools to support workforce planning across the health and social care system at organisational, locality and GM levels. Use and embedding of these tools will be supported by facilitated networks of peer support that will share and spread best practice in workforce planning. Building up the picture of current and planned future workforce locally and across GM will **ensure locality and GM plans meet demand and are informed and underpinned by real intelligence**.
- The **Guaranteed Employment Scheme** for nurses who complete their studies in Greater Manchester was recently announced with the practicalities for implementation of the scheme currently being finalised with organisations. Additionally, across GM the number of nurses finishing training **will increase over the next three financial years**. Adult Nursing in 2019/20 - 584 nurses are due to qualify rising by 34% to 784 in 2021/22. Mental Health Nurses increase from 135 to 173 in the same period.
- Local Education establishments are working in partnership with trusts to **increase the numbers of Physicians Associates** as a key part of future proofing GM's workforce. In line with the Interim NHS People Plan commitment to grow Physician Associate (PA) to over 2,800 by the end of 2020, GM trusts have committed to increase PAs by 107%; the largest increase for any area in the North. In addition, we will put in place two physician associate preceptorship programmes in primary care, using NHSE funding that we successfully bid for.
- We will put in place a **collective approach to leadership and talent across public services** that supports system and place-based working, through providing consistent underpinning principles for GM and locality leadership programmes and targeted talent initiatives
- In 2018 all public sector employers in Greater Manchester made the historic commitment to **working together to tackle race inequality in the workplace**. Our commitment will be

measured against three key outcomes: BME applicants will be just as likely to be appointed from shortlisting as white applicants within three years; to close the gap in the disproportionate rate of disciplinary action between BME and white staff, such that there will be no difference in the likelihood of BME and white staff entering the formal disciplinary process within 3 years; that we will see a 10% minimum (15% stretch) shift in BME representation into more senior grades in organisations – taking into account an organisation's starting position.

- We will **continue the development of our 'Employment Offer'**: our unique selling point, which sets the region apart. This approach seeks to promote Greater Manchester as an attractive place to work in order to recruit and retain our workforce.
- We are launching a new, **integrated health and care careers hub**. The new service will build on the current NHS careers hub to include social care and primary care in its offers and will be hosted by Manchester University NHS Foundation Trust. The service will include engagement sessions with schools, colleges and other target groups supported by a network of ambassadors, as well as launching a new health and care careers website for Greater Manchester.

Sustainable Development

- We recognise that climate change and wider environmental degradation are unprecedented threats to the health and wellbeing of our population. Health and social care organisations **have a crucial role to play in sustainable development** across Greater Manchester.
- By embedding sustainable development principles in every aspect of our services and programmes, we can also **secure the public health gains** that come from benefits such as cleaner air, cleaner water, more active people, healthier eating, reduced inequalities and resilient economies.
- On **Carbon Reduction, we will seek annual reductions** of approximately 10% per year within our Partnership. **On Air Quality, we will cut our air pollutant emissions** from business mileage and fleet by 20%. We will also set out proposals to incentivise health and care staff to use public transport and improve opportunities to walk and cycle for patients and staff at NHS sites in Greater Manchester.

UNLOCKING ECONOMIC POTENTIAL

Innovation (including Digitally-Enabled Care)

- Greater Manchester will discover, develop and deploy new solutions that will lead to transformed service models and improved outcomes. **Health Innovation Manchester** is positioned at the heart of this with a role to strengthen and confirm Greater Manchester as the place to conduct world-leading research, foster partnerships and deliver innovation for the benefit of our citizens.
- Working with Health Innovation Manchester, we will establish a set of performance indicators that deliver value for city-region partners and citizens. This will include **developing up to 10 key innovations that are ready for deployment at scale across all 10 localities**. The pipeline will pull innovations through from discovery to develop up to 20 value propositions to feed the pipeline in subsequent years.
- We will continue to build a **close partnership with industry – ranging from global life sciences and technology companies, through to SMEs**. This work will be underpinned by GM's strategic agreement with the Association of the British Pharmaceutical Industry (ABPI) and Association of British HealthTech Industries (ABHI).
- The Health and Social Care Partnership, working closely with Health Innovation Manchester, will play a significant role in the **implementation of the GM Local Industrial Strategy (LIS)**. This includes an **'Innovation Partnership' on healthy ageing**
- We will continue to use our devolved health and social care arrangements, excellence in **health research and thriving life sciences and digital industries** to act as a test-bed for large scale clinical and medical technology trials and accelerate the pace of application of new technologies to manage and treat diseases – including through our work on genomics.
- The Health and Social Care Partnership is playing a full role in **digital transformation in Greater Manchester** by upgrading our offer of an integrated digital care record system and supporting with the development of digital strategies across the 10 localities. Our plans will be drawn together in an updated Digital Strategy.
- We will **build on our participation in the Local Health and Care Records Exemplar programme (LHCRE)** to integrate digital care record system across GM using the Graphnet platform. All localities are already committed to this platform and integration is underway with every secondary care provider.

- **Graphnet should be available integrated into all organisational (Electronic Patient Records) EPRs with single sign on by end of 2019/20.** The LCHRE programme will be implemented in four localities for Dementia and Frailty use cases by September 2020.
- In support of the GM Elective Care programme, we will work with referral management providers to **deliver electronic referral mechanisms** from primary dental and primary optical services which will integrate with the NHS e-referral arrangements. As part of this, discharge letters will be electronically provided by to referring dental providers.
- All GM localities have **committed to the roll out of online consultations** by March 2020. The localities will be procuring and implementing their solution during the remainder of 2019/20.