

# The Integrated Care Partnership Strategy

**Greater  
Manchester  
Integrated Care  
Partnership**



Engagement Draft – January 2023

## Why a Strategy Now?

- GM is now an Integrated Care System – a partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in GM
- There is a requirement for all ICSs to develop a strategy. NHS organisations and local authorities must then by law have regard to this strategy when making decisions about the use of health and care resources. This is the strategy for the GM Integrated Care Partnership
- In GM we had a strategy for health and care, called “Taking Charge” which was developed in 2015. This strategy is the successor to “Taking Charge”
- We have developed an **Engagement Draft** of the strategy as the basis for conversations with the GM system early in 2023. These slides summarise the Engagement Draft.



## What's in the Strategy?

- The strategy shows how the health and care needs of the people of GM can be met through the work of the NHS, local authorities and other partners

The strategy comprises:

- A set of shared outcomes: “the Greater Manchester we want to see”
- A set of shared commitments “Together we will ...” describing the things we will do and our key priorities
- Supported by a description of how we will work together (“Ways of Working”)
- A set of high-level progress measures
- A small number of missions, responding to the most profound challenges our communities experience in pursuit of good health and good lives



## How does the Strategy Fit with Other Plans?

The strategy outlines how we will all work together to enable everyone in GM to live a good life.

The ICP strategy will align with:

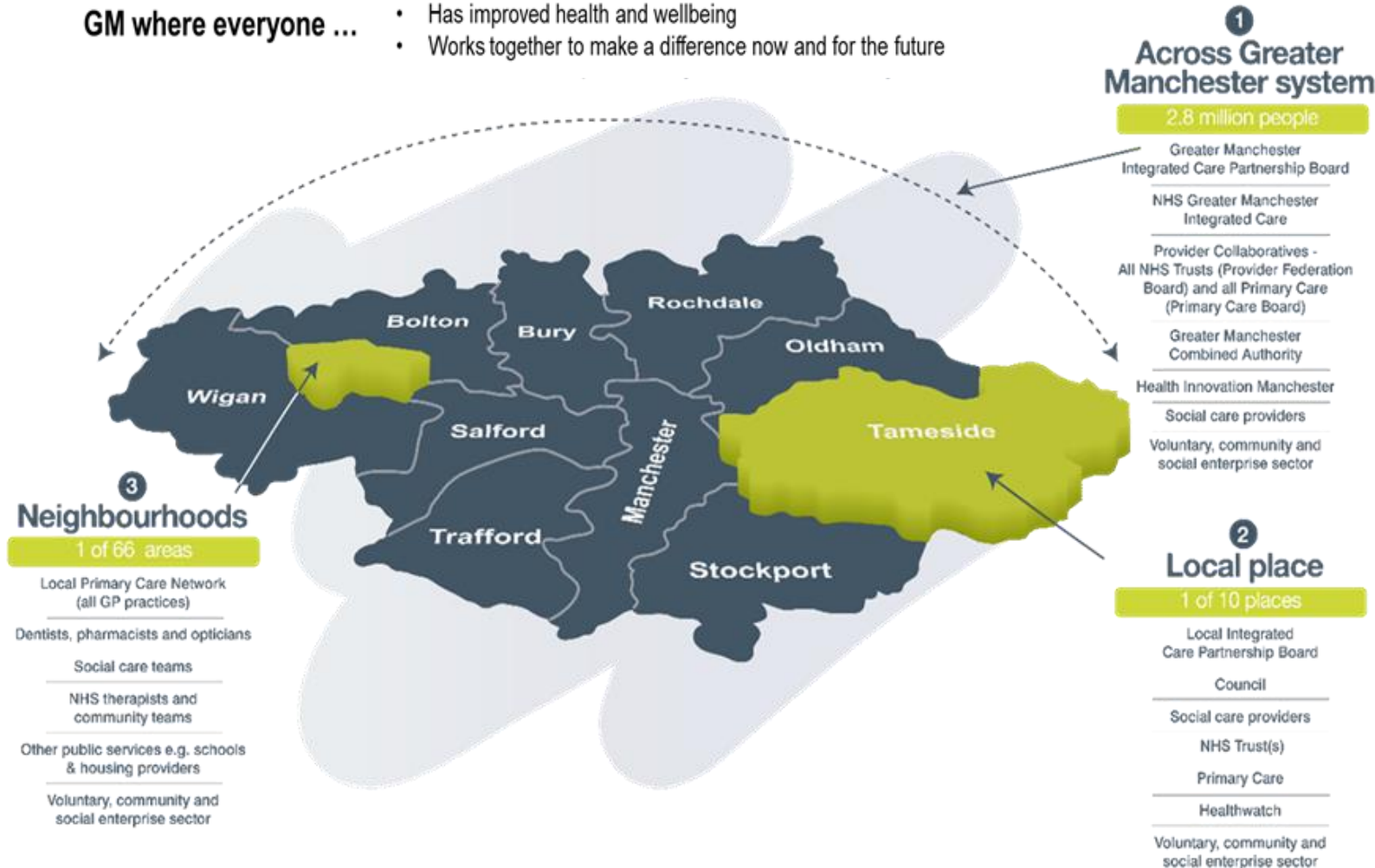
- The four objectives for Integrated Care Systems specified by NHS England
- The outcomes and commitments in the GMS including (but not limited to) the shared commitment related to health: “We will reduce health inequalities experienced by Greater Manchester residents, and drive improvements in physical and mental health”.



# The GM health and care system

**Operating at 3 levels to enable a  
GM where everyone ...**

- Has a fair opportunity to live a good life
- Experiences high quality care and support where and when they need it
- Has improved health and wellbeing
- Works together to make a difference now and for the future



# Our Model for Health and Care

- The creation of NHS Greater Manchester, and the statutory Integrated Care Partnership, gives health and care partners the opportunity to work together to face the challenges the current economic climate presents to our communities and to public services
- This will involve rapidly increasing the level of integrated place-based working that connects all partners and communities who can contribute to improving health and tackling inequalities and moving more quickly to a stronger model of collaboration, and common purpose at the GM level, ensuring more consistent and standardised responses to systemic challenges

To ensure we play our part in delivering our shared vision across Greater Manchester, we will capitalise on both:

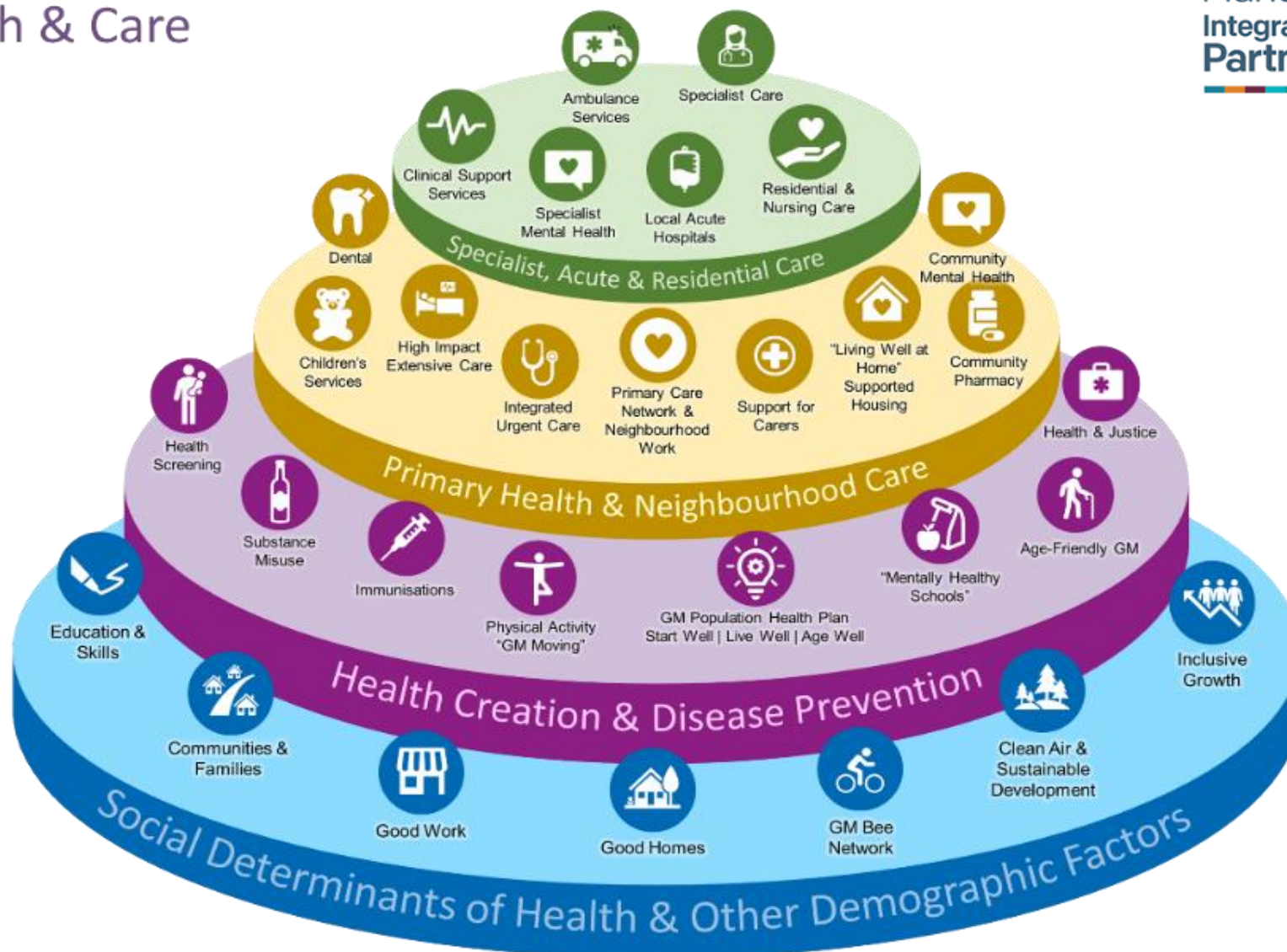
- The connection with neighbourhoods and communities that locality working offers – to integrate health and care with wider public services, reduce demand for formal care and tackle the root causes of poor health; and
- The scale that a single GM organisation offers – to drive consistent improvement; reduce unwarranted variation; and make the best use of our collective resources.



# Our Model of Health & Care

## Enabled by...

- Provider Collaboration
- Health in Everyday Policy
- Aligned Incentives & Financial Reform
- Care & Support Common Standards
- Population Health Management
- Person & Community Centred Approaches
- Contribution of the VCSE
- Shared workforce
- Leadership & Talent Development
- One Public Estate
- Health Innovation & Research
- Digital Strategy & Maturity



## Influences on strategy development

- What **existing and developing plans** are telling us
  - Including locality plans, GMS, recovery plan, Green Plan etc
- What the **evidence** is telling us
  - Analysis of the past 7 years and the learning from this has already been incorporated into the strategy development process
- What the **data** is telling us
  - Analysis of relevant data from locality and GM level will be used to inform the priorities in the strategy and in particular the progress measures that will be used.
- What the **public** are telling us
  - Big Conversation plus the outputs of other relevant engagement activities






## What the evidence is telling us


The years following devolution from 2015 onwards have been times of change for the whole population and a range of improvements in health were achieved. These include:

- a faster decrease in the number of people smoking in GM compared to the rest of England, prior to the pandemic
- more babies being born smoke free, as a result of a programme of support for smoke-free pregnancies was showing benefit across GM
- more people were being active in GM compared to the rest of England prior to the pandemic, and since then, activity levels have been rising again.
- an increase in people have been supported to remain in, or go back to, work through programmes which support health
- an improvement in life expectancy against comparable areas.


Sadly, the Covid-19 pandemic had a huge impact on the poorest in our society, slowing our progress and reducing life expectancy nationally. Our work to turn the tide on inequalities is more important than ever. There is, therefore, much more to do to improve health



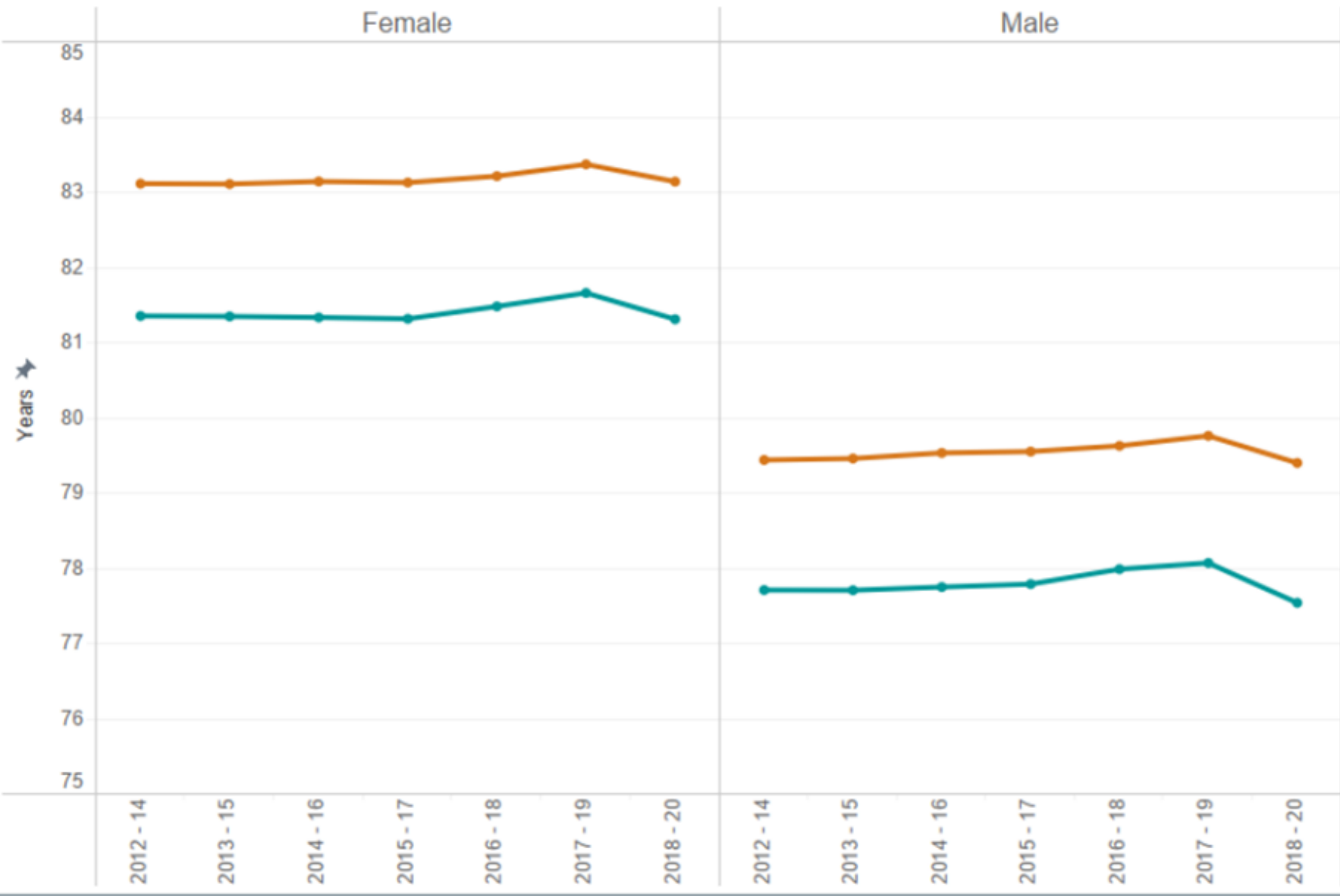
## What has been learned

- **The challenges facing the health and care system can limit improvements in health**
    - Whilst a lot has been achieved, working together across organisations with a limited set of resources is challenging and that must be recognised;
  - **Improving health is not just the role of the NHS**
    - It involves wider public services, the VCSE, as well as people in their neighbourhoods and communities, and employers;
  - **It takes time to make a difference**
    - Especially in terms of health outcomes and the impact of prevention initiatives, and aims must not over-ambitious in the time available;
  - **Working in partnership, and working with people in their neighbourhoods makes a difference**
    - It is possible to make a real difference to the things that influence health.
  - **Relationships and leadership are crucial**
    - across the system, organisations and sectors and culture – including trust and use of power – which both enables and hinders progress
  - **Holding each other to account is important**
    - This follows from clear aims and understanding and use of levers for change
  - **Governance and structure both help and hinder**
    - National requirements are challenging to reconcile with devolved powers, and there is a need for effective system (GM) and locality governance and operation
  - **The challenges to integration are common to all systems**
    - These are not unique to GM, and include workforce, estates, IT, and social care funding. These require national action as well as local response.
  - **Reaching and supporting those facing the most entrenched inequalities and disadvantage requires radically different approaches**
    - This challenges traditional models of universal service delivery.
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## What the data is telling us

- People in GM experience a range of inequalities which are ‘entrenched, systemic and intergenerational’
  - The main socioeconomic inequalities are centred on housing and the lived environment; education and skills; power, voice and participation; income, wealth and employment; connectivity; and access to care and support.
  - GM’s productivity has been about 10% below the national average in recent years. Among the causes – explaining about 30% of the productivity gap is lower labour market participation caused by health problems.
  - For many years the health of people in GM has generally been worse than the England average.
  - A slow steady increase in life expectancy in the years up to the start of the pandemic was followed by a relatively sharp decline due to the increase in mortality related to the disease
  - The COVID-19 mortality rate in Greater Manchester has been higher than the average in England, and is related to socio-demographic characteristics, previous health status, living and working conditions and occupations, ethnicity, levels of deprivation and physical interconnectedness
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# Life Expectancy at Birth: Greater Manchester and England by Sex



# What people are telling us: Big Conversation Phase 2 Analysis


Over 2000 people engaged using a range of methods across all 10 GM localities in Oct 2022:

- Including older and younger people, carers, LGBTQ+, people with disabilities, multiple BAME communities, asylum seekers, refugees and other excluded groups including sex workers and the street homeless

## Top 5 Themes

- **Funding and staffing:** widespread concern with funding and staffing levels for the NHS, as well as social care and the local VCFSE
- **Access to services:** widespread concern the difficulties experienced in accessing GP appointments, as well as other access problems such as waiting times for hospital care
- **Personalised care:** a demand for more personalised and person-centred care, which takes account of the different needs of different individuals and communities, and recognises that one size does not fit all
- **VCSE partnership working:** a demand for more and better partnership working with the VCFSE sector which is seen as ideally placed to help statutory services negotiate some of the above
- **Wider determinants of health:** an expressed need for more action on prevention and the wider determinants of health, including help with the cost of living

First two (funding and staffing, access) are the major themes



# Engagement Questions

## **Q1. What would make the biggest difference for you/the communities you serve in relation to being healthier, happier and better?**

- Better access to the NHS, particularly GPs, and to mental health support
- Properly funded services
- Healthier lifestyles
- Action on cost of living and other determinants of health i.e. housing, employment, environment, transport
- Equal opportunity to be listened to: personalised/person centred care

## **Q2: What is stopping this?**

- Systematic problems with making GP appointments
- Underfunded services
- A range of barriers to achieving a healthy lifestyle
- Lack of money/cost of living crisis
- Communication problems
- Lack of support around mental health
- Lack of partnership with the VCFSE sector



## Engagement Questions

### Q3: What would help?

- More and longer term funding for the VCFSE sector
- Access problems to GPS being fixed; longer, face to face GP appointments; out of hours services, more NHS dentists.
- Support with the cost of living
- Help with achieving healthier lifestyles particularly food and activity
- Better partnership with VCFSE sector
- A focus on early intervention and prevention

### Q4: What is the most important thing for health and social care?

- Better communication (between services as well as with the public)
- more accessible services including access to primary care and waiting times
- partnership working with the community and the community sector
- better funding, more training and better wages for NHS and care staff
- personalisation/person centred care




## Our Vision

Discussion with a range of system partners since late 2021 has led to agreement to share the vision of the GMS as the vision for the health and care system:

*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.*

## Shared Outcomes

### A GM where everyone ...

- Has a fair opportunity to live a good life
  - Experiences high quality care and support where and when they need it
  - Has improved health and wellbeing
  - Works together to make a difference now and for the future
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# Shared Outcomes and Shared Commitments


## A GM where everyone ... Together we will ...

Has fair opportunity to live a good life	• Ensure our children and young people have a good start in life
	• Support good work and employment
	• Enable local environments which support good health for everyone
	• Play a full part in tackling poverty and long-standing inequalities
Experiences high quality care and support where and when they need it	• Ensure that health and care services are accessible
	• Reduce unwarranted variation in access and experience of care
	• Use technology to improve care for everyone
	• Drive continuous improvements in the availability and quality of care
	• Ensure we have a sustainable workforce that is supported to provide the best possible care
Has improved health and wellbeing	• Enable everyone to have a healthy lifestyle
	• Use the strengths of communities to enable wellbeing
Makes a difference now and for the future by working together	• Build trust and collaboration between partners to ensure co-ordinated services
	• Ensure that all our services recover from the effects of the pandemic as effectively and fairly as possible
	• Secure a greener Greater Manchester
	• Ensure that health and care organisations play their part social and economic development
	• Manage public money well to achieve our objectives and ensure value for money
	• Be at the forefront of innovation and discovery in health and care

# Our missions

- This strategy emerges at a moment of profound challenge for the communities we serve and for our ability as a health and care system to respond to those needs
- We need to prioritise a small number of deeply impactful missions, responding to the most profound challenges our communities experience in pursuit of good health and good lives, and the most pronounced threats to the long term sustainability and resilience of the health and care system in GM.

## Why these missions are important

- Everyday life for many is precarious and repeated shocks affecting people's sense of security and wellbeing are now widespread.
  - Poor health remains the single most important factor driving long term exclusion from employment and participation in the economy
  - 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
  - Late presentation and late detection of illness means that our health and care system remains locked in a cycle of responding to crisis.
  - 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.
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**A Greater Manchester where everyone ...**

**Has a fair opportunity to live a good life**

**Experiences high quality care and support where and when they need it**

**Has improved health and wellbeing**

**Works together to make a difference now and for the future**

**Economic inclusion**

**Our workforce**

**Early detection**

**Financial sustainability**

Creating the conditions for good lives and acting on the relationship between poor health, economic participation and productivity;

Demonstrating through action and reward the value we place on those providing care across health and care. Our commitment to support, retain, develop and enable wellbeing in our workforce, as well as at home for carers.

Partnering with our residents and communities to reduce mortality, particularly from cancer, CVD, and respiratory diseases. Moving from a reactive, crisis model which deepens inequality to one dependent on integrated neighbourhood working, anticipatory & person centred care.

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

**Strong communities**

Supporting our communities to help each other and improve social connections; to help people remain independent whenever possible, through the promotion of self-care and prevention; to strengthen connections between health, care and welfare support services; and to ensure accessibility of universal services for all, by directly tackling digital exclusion, improving the reach of services into disadvantaged communities, and the way services are provided to those with multiple disadvantage



# What we will do and what will be different



A Greater Manchester where everyone ...

Has a fair opportunity to live a good life

Experiences high quality care and support where and when they need it

Has improved health and wellbeing

Works together to make a difference now and for the future

## Economic inclusion

## Our workforce

## Early detection

## Financial sustainability

- Expansion of Work and Health Models
- Working with employers on employee wellbeing, through the GM Good Employment Charter
- Scaled application of GM Social Value Framework and Community Wealth Building approaches through a GM Anchor Network

- Universal application of Real Living Wage
- Applying the GM Good Employment Charter across all public services
- Building on the GM Carers Charter

- Further improvement to Primary Care access, and expansion of key tools for enhanced case finding and anticipatory care partnering with our residents
- Scaled application of CORE20PLUS5 to drive early cancer diagnosis, hypertension case finding, reduce hospitalisation for CPD, increase health check for people with severe mental illness, and improve maternity outcomes
- Expansion of culturally appropriate services that better reach into disadvantaged communities

- Driving productivity improvements through the expansion of digital technology and health care innovation Reducing demand for unplanned crisis provision through neighbourhood and community working, and better primary care access;
- reducing reliance on costly OOA provision that is not ideal for patients and families;
- Ensuring a smooth flow out of secondary care at the end of treatment, to lower cost and more effective care settings, in people's own homes where preferable.

## Strong communities

- Coordinated civil society response to food, fuel, and transport poverty
- Embed the VCSE Accord to grow the role of the VCSE sector as an integral part of a resilient and inclusive economy
- Digital Inclusion Action Network to equip all under-25s, over-75s and disabled people with the skills, connectivity and technology to get online.

## How we will work

We have agreed together to work in the following ways to achieve the outcomes and commitments. We have identified the ways in which we want to behave, and how we will do this. These are currently draft proposals


<b>Behaviours</b>	<b>We will ...</b>
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.



## Next Steps

- It is essential that the final version of the strategy is informed by a range of views from stakeholders in Greater Manchester
- We have designed a programme of engagement with the system over the next six weeks to the end of February.

At each of the discussions on the strategy, we will ask stakeholders to consider a common set of questions. These are (as currently drafted):

- What are your views on the key potential actions arising from the missions – what needs to be emphasised or added? (slide 20)
  - What do you think are the key measures we need to use to determine whether we are making progress? (slide 20)
  - Does the ‘How we will work?’ slide (21) capture the right behaviours we need to exhibit as a system – is there anything else that should be added here?
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