

**Manchester Locality Plan
Progress**
Health and Wellbeing Board
8th July 2015

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Overview

- First draft submitted to GM Devolution Team.
- Work in progress. Will continue to be developed over the next six months.
- Will also align with city's Health and Wellbeing Strategy.
- Will flow from and align with the reshaping of the City's Community Strategy

What good looks like in 2021

- A transformed, integrated health and social care system.
- A 20% shift from acute to community settings.
- Better outcomes for Manchester People: health inequality gaps closed.
- High quality, safe and clinically sustainable services meeting NHS constitutional standards.
- A balanced budget and financially sustainable.

What good looks like to Manchester people in 2021

- As a citizen I work to keep myself and those I care for healthy
- The health and social care system guides and supports me to keep healthy
- My City of Manchester is a healthy City .
Together we make the right choices
- I use services responsibly so all can benefit

What good looks like for Manchester as a place in 2021

- Our environment and economy will make healthy choices the easiest choices
- Our vision is about health not just health care services
- Manchester people and health care services will work together as partners
- We will spend our limited resources wisely

Whole System Redesign

- Acute specialist and tertiary
- Social care
- Primary care
- Public Health
- Acute District General Hospital
- Mental health
- Learning Disabilities
- Children's health

Public Service Reform and Shared Services

- Public service reform principles are at the heart of the plan.
- Better integration of all public services for cohorts who place most pressure on services.
- Devolution is the opportunity to remove barriers to reform
- LLLB One Team integrated within neighbourhoods, districts, across the City (12:3:1)

Hospital services, community health and adult social care

- Shared services across hospitals
- District General Hospital role part of LLLB.
- Next phase of LLLB early 16/17 Single Point of Access, integrated rehabilitation, integrated care assessment, care planning and case management

Primary Care and Mental Health

- Primary Care
 - targeted primary care part of LLLB
 - universal primary care: 7 day access (including social care) and a consistent offer for the whole population
- Mental health
 - mental health and work – integrated with other targeted services within Confident and Achieving Manchester
 - GM mental health review
 - community mental health part of LLLB

Public Health

- Social movement for change: Age Friendly Manchester and self care.
- Drugs, alcohol and wellbeing integrated with other targeted services for cohorts within the Confident and Achieving Manchester.
- Action to tackle the 3 big causes of death: circulatory disease, respiratory disease and cancer.

What's radical or new?

- Bringing together a large group of providers into a Manchester Provider Group and looking at options for future organisational form.
- The role of Housing in reducing demand for acute health and social care.
- The role of assistive technology and telemedicine in preventing hospital admissions and shifting care from hospital to home.
- A radical approach to developing and managing an integrated estate.

What's radical or new?

- Bringing externally commissioned providers into the Manchester model, e.g., Homecare providers.
- A new delivery model for residential and nursing care.
- A single integrated health and care record.
- Applying cost benefit analysis methodology to underpin design and close the funding gap.

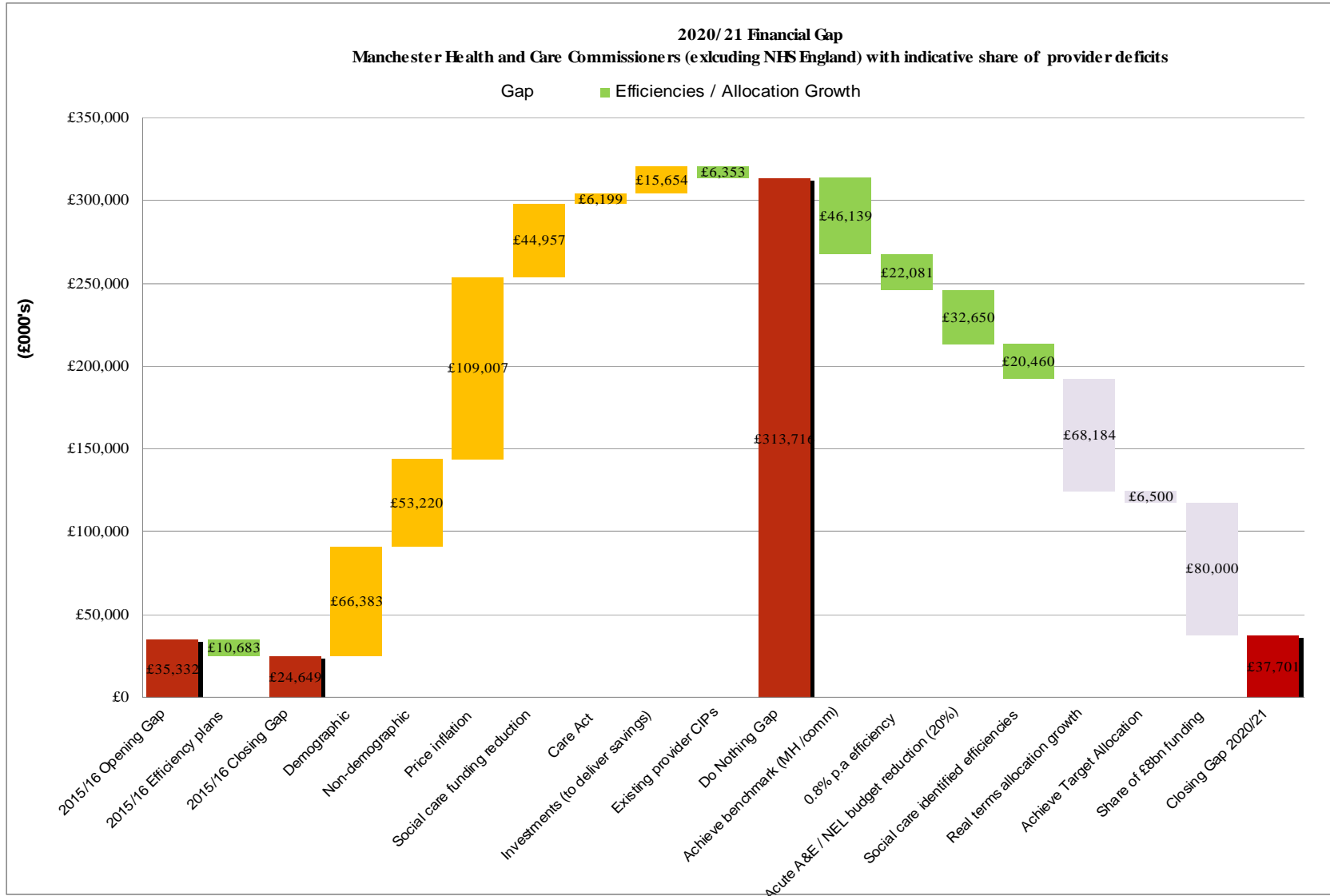
Financial Assumptions

- Gap by 2020/21 = £314m.
- The existing proposals in the Plan and increased efficiency would reduce spend by £275m.
- Remaining gap = £39m.
- Investment required to deliver at pace and scale
- Will require both capital investment to transform our estate , ICT, housing, assistive technology and new models of residential and nursing care alongside revenue investment to drive transformation and recognise the transition costs

How the Plan reduces spend by £275m

- Efficiency savings (22m NHS, £20m MCC) = £42m
- 20% reduction in urgent and unplanned acute care = £33m.
- Further efficiencies which could be delivered based on benchmarking = £46m
- Estimated growth in CCG allocations = £74m.
- Estimated share of national £80bn - £80m.

Financial gap



Next Steps: Lot of Work still to do!

- Further work to verify the financial assumptions and to align reductions with specific proposals.
- Comparison with the other 9 first draft Locality Plans.
- Complete the requirements for investment – capital and revenue.
- Apply CBA to individual demand reduction proposals and put in place methodology to track investment to reductions in demand and spend.

Next Steps continued

- Further develop and lock down ambition and scope of all proposals within the Plan and phasing.
- Further development of technology, workforce and estate proposals and establish what is GM and what is Manchester.
- Further work to clarify contributions to GM early implementation priorities, including workforce, mental health, dementia and public health.
- Option appraisal for organisational form for Provider(s) of integrated community services.
- Review of governance below H & W Board, to include primary care.