

MANCHESTER LOCALITY PLAN

“Our Healthier Manchester”

2021 REFRESH

V2.0 MPB Approved

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The original Locality Plan: Our Healthier Manchester, produced in 2016, set out the ambition to improve health and care outcomes for the people of Manchester within a financially sustainable health and social care system. The initial focus led to a rationalisation of the Manchester system, through the creation of a single commissioning function (SCF), a single hospital service (SHS), and a local care organisation (LCO). The first update to the Locality Plan (April 2018) was set within the context of the city's Our Manchester strategy, shifting the emphasis away from structural change to a focus on Our People, Our Services and Our Outcomes.

A Locality Plan Refresh (November 2019) was produced within the context of a maturing health and social care system, and in response to both the Greater Manchester Health and Social Care Partnership's (GMHSCP) Prospectus (March 2019) and the requirements of the NHS Long Term Plan. It was reflective 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. Turning the 3rd Locality Plan into delivery was, however, interrupted by the advent of the COVID-19 pandemic.

The pandemic has had a major impact on the health and wellbeing of the people of Manchester, as it has impacted people all across the world. We are incredibly grateful for the herculean efforts made by NHS & Council staff, carers and the voluntary, community and social enterprise (VCSE) sector to maintain essential services and support people through such challenging times. What we have learned, however, is that the long-standing inequalities in our City have significantly disadvantaged people further in respect of COVID-19 morbidity and mortality, widening the gap in health outcomes still further. We need to recognise, therefore, that our vision, strategic aims and intended outcomes may still remain true to that original Locality Plan in 2016, but the targets we set for improved health outcomes have become more challenging.

We also need to recognise that the context in which we operate is going to change. The recent Health & Care Bill introduced new measures to promote and enable collaboration and integration in health and care. It also seeks to formalise Integrated Care Systems (ICS) by turning them into statutory bodies, whilst disestablishing Clinical Commissioning Groups (CCGs). In Greater Manchester this will mean a shift from the Greater Manchester Health & Social Care Partnership (GMHSCP) arrangements to a new Greater Manchester ICS. Work is underway to prepare for this shift, determining the future role and governance of the GM ICS and the 10 localities in the new structure. The Manchester health and care system continues to work collaboratively in pursuit of the Locality Plan vision, whilst the new health infrastructure and governance develops (see page 14).

Manchester was ranked as the 6th most deprived Local Authority in England in the 2019 Index of Multiple Deprivation¹, which takes into account factors such as income, housing, education and employment, all of which contribute to people's health and wellbeing. Furthermore, we are operating in the context of a growing and changing population in Manchester. The population is forecast to grow by more than 14% over the next decade, which is the equivalent of 84,900 people. This presents opportunities for the city, but also some challenges in how we plan for the health and care needs of this expanding population.

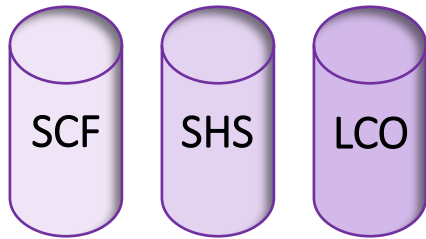
This latest refresh of Manchester's Locality Plan has been produced at a time of unprecedented change and we don't yet know or understand the full impact that this has had on the health and wellbeing of our people. Nevertheless, this Plan seeks to reaffirm our City's ambition to create a population health approach that puts health at the heart of every policy, improving health and care outcomes for the people of Manchester, whilst recognising that our plans for the future will need to continue to evolve and respond to those changing needs, within a new governance structure.

1. To allow comparison between the 317 English local authorities, the deprivation scores of each small area (LSOA) in a district are averaged and then the districts are ranked based on these averages. Manchester ranks as the 6th most deprived local authority on the index of multiple deprivation.

Manchester's approach to achieving the strategic aims of the Locality Plan has evolved since the first Locality Plan was written in 2016. The graphic below charts this evolution.

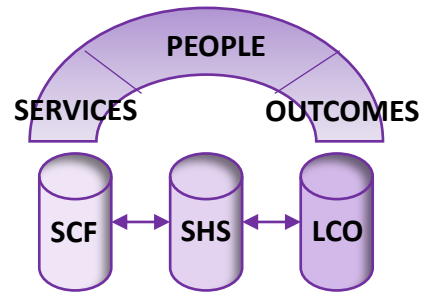
2016

Three Pillars



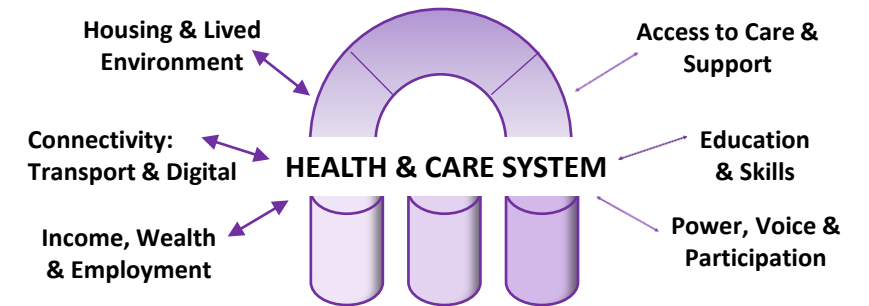
2018

The Rainbow



2021

System Integration & Collaboration



Laying the foundations

Manchester's first Locality Plan in 2016 emphasised the need to focus efforts on establishing the building blocks for system integration by prioritising structural change. This involved the creation of three new integrated organisations (three pillars): a single commissioning function (SCF); a single hospital service (SHS); and a local care organisation (LCO), plus confirmation of Greater Manchester Mental Health Trust (GMMH) as the provider of integrated mental health and care for the City.











Focusing on outcomes for people

The second iteration of the Locality Plan in 2018 emphasised the need to switch the focus from structural transformation – the three pillars – to achieving better outcomes for people. A 'Rainbow' graphic was introduced to illustrate the new focus. A number of key milestones were identified up to 2026/27 under the headings: 'Our Services'; 'Our People'; and 'Our Outcomes'.

Build Back Better – Build Back Fairer

Health care is only one of the many factors that impacts on health outcomes and we know that the COVID-19 pandemic has further exacerbated deep-seated inequalities experienced by many in our population. Building on the 2020 Refresh, this plan acknowledges the many challenges that we face, whilst reaffirming our resolve to work collaboratively, as an integrated system, to improve outcomes. We also recognise that the Locality Plan doesn't exist in isolation. It sits alongside the Manchester Population Health Plan (2018-2027) as a primary strategy driving improved health and care outcomes, and together they form the health & care element of the overall city strategy: **Our Manchester**.

Manchester’s Locality Plan has five Strategic Aims, outlined in the graphic below. Progress is tracked against a range of indicators in the Locality Plan Outcomes Framework, with the key intended outcomes included below. The Manchester Partnership Board (the City’s newly formed senior leadership forum for integrated health and care) has identified eight key priorities that will contribute to the achievement of these strategic aims. The priorities and associated work programmes are explained in more depth in Annex 1.

STRATEGIC AIMS	KEY INTENDED OUTCOMES	NOTABLE PROGRESS/CHANGES	MANCHESTER PARTNERSHIP BOARD PRIORITIES
 <p>Improve the health and wellbeing of people in Manchester</p>	<ul style="list-style-type: none"> ➤ Narrow the life expectancy gap between the city’s residents ➤ Improved health & well-being – social care quality of life ➤ Reduction in preventable deaths (all causes). 	 <p>Under 75 Mortality Rate from causes of death considered preventable *</p>	<ol style="list-style-type: none"> 1. Health infrastructure developments as a driver of economic regeneration 2. Covid response and recovery 3. Reduce inequalities 4. Supercharging the MLCO 5. Major transformation programmes 6. Development of Greater Manchester ICS and Manchester Local System arrangements 7. Refresh of key City strategies 8. Development of a short and long term approach to resource allocation
 <p>Strengthen the social determinants of health and promote healthy lifestyles</p>	<ul style="list-style-type: none"> ➤ Reduction in smoking prevalence to 15% or lower by 2021 ➤ Increase in the number of children who are school ready ➤ Reduction in residents who are out of work due to an underlying health condition/disability. 	 <p>A sustained decrease in smoking prevalence **</p>	
 <p>Ensure services are safe, equitable and of a high standard with less variation</p>	<ul style="list-style-type: none"> ➤ All providers have a CQC rating of good or above ➤ All national and local quality standards are met. 	 <p>Percentage of GP practices, Nursing and Care Homes CQC rated good or above **</p>	
 <p>Enable people and communities to be active partners in their health and wellbeing</p>	<ul style="list-style-type: none"> ➤ Increase the level of knowledge and confidence that people have in managing their own health. 	 <p>People feeling in control of their daily life, and feeling safe and secure (pre-COVID-19) **</p>	
 <p>Achieve a sustainable system</p>	<ul style="list-style-type: none"> ➤ Achievement of financial balance across the system ➤ Achievement of constitutional and statutory targets ➤ Developing a sustainable workforce. 	 <p>Number of people and the length of time waiting for elective care, diagnostic tests and cancer treatment. **</p>	

*Indicators relating to data available for period 2017/19 **Indicators relating to data available over the period 2019/21

The Manchester Partnership Board priorities outlined on the previous page also take account of the need to address the challenges Manchester's health and care system is currently facing, many of which have been exacerbated by COVID-19. A selection of pressing system challenges related to standards, access and quality of care have been grouped into 'operational', 'financial' and 'workforce', and are detailed below. In addition to these challenges, the next few pages identify the challenges, and emerging approaches, associated with population health, health equity and the wider determinants of health.

Key system OPERATIONAL challenges

Acute and Mental Health system pressures

- The acute health care system continues to experience operational pressures as a result of the national pandemic that is impacting on delivery of NHS constitutional targets for Manchester patients. Safety is being prioritised across emergency, urgent and elective pathways and system-wide improvement programmes are in place to support recovery (MPB priority 2). It is envisaged that progress will be made in reducing elective backlogs over the coming months, however this will be incremental and in the context of wider pressures. Specific operational challenges include:
- **Impact of COVID-19 on long waits:** COVID-19 has had a profound impact on the shape and size of the waiting list at MFT. The overall waiting list size at the end of June 2021 was 141,545 with 14,706 patients waiting over 52 weeks.
- **Urgent Care:** As a result of high demand and the continued need to split estate and flow to meet infection prevention and control requirements the number of breaches to the 4 hour A&E standard has been significantly high across all sites.
- **Cancer:** Delivery against the 62-day referral to treatment standard has been challenged throughout the pandemic. Reducing the number of patients waiting for cancer treatment is a key priority with good progress being made across all hospital sites in Manchester.
- **Mental Health:** Mental Health Services in Manchester have experienced extreme pressure with increased demand being seen in a number of service areas; Manchester Community Mental Health Teams have experienced sustained, higher levels of demand that are above pre-COVID-19 rates, delayed transfers of care remain challenging, and there has been a rise in demand for inpatient beds resulting in an increase in patients being placed out of area.

Primary care

- The COVID-19 pandemic has led to unprecedented change in the way General Practice works. The continued provision of services throughout the pandemic combined with the rapid implementation of digital and triage first models of care and the increasing demands for the delivery of the largest vaccination programme in history is seeing General Practice endure one of the most challenging periods in its history.
- A combination of reduced staffing levels in primary care due to sickness and self-isolation, coupled with increasingly complex patients presenting who did not access care throughout the pandemic is presenting significant operational challenges.
- The primary care quality, recovery and resilience scheme (PCQRRS) is focusing on restoring service provision, preparing for future waves of the pandemic, and supporting reform and recovery. It will support the recovery, boost the resilience of our primary care workforce and fund time to ensure quality is embedded in recovery across Manchester General Practice to meet the needs of our diverse communities.

Social Care

- There are real challenges being experienced in the care home and home care markets particularly in relation to staffing capacity which will potentially be exacerbated by the mandated vaccinations for care home workers – a risk which is being managed closely. In home care in particular workforce capacity is a national issue which continues to create challenges locally in both the community and in supporting hospital flow.

Community

- High levels of COVID-19 related sickness/vacancies are leading to challenges in the delivery of community services, where both activity levels and complexity are greater now than pre-pandemic, at a time when community staff are also supporting the COVID-19 vaccination programme.

Key system FINANCIAL challenges

The current financial landscape is very different to those which previous locality plans have been based upon. In response to the global pandemic the health and care financial regimes have been changed to allow greater focus on the response to the crisis, targeted resources to critical areas and now as we emerge – focus on recovery. Arrangements for the coming years in respect of the level of financial autonomy and national requirements post pandemic are still awaiting clarification, including the outcome and scope of the spending review for Local Authorities. What will be of particular focus for Manchester is the transition to the ICS arrangements and how this will impact the funding flows between a Greater Manchester and a locality level.

We are aware of significant national pressures on resources and likely efficiency targets. Greater Manchester and Manchester health and care systems are currently spending significantly more than previously notified allocations. The Manchester system will need to identify issues arising from non recurrent funding and prioritise future funding in line with the delivery of the locality plan.

Finance system leaders are working in partnership to ensure that Manchester is able to respond in a coordinated and agile manner to address the challenges outlined above.

CASE STUDY – DIGITAL PRIMARY CARE

The COVID-19 pandemic has accelerated previous plans to build a different relationship between patients and primary care. Alongside the face to face appointments that remain important to many people and for many conditions, an increasing number of patients are now able to use digital technology to access and interact with primary care. We have found that for some patients, digital access has revolutionised their experience of GP care, whereas others preferred the traditional system. Knowing that digital is not better for everyone means that digital inclusion is now a key priority going forward. We now have the challenge of embedding the benefits that digital working provides, whilst ensuring that patient experience and digital inclusion are improved for all.

Key system WORKFORCE challenges

Previous iterations of the Locality Plan have recognised the need for our health and care system to work collaboratively **‘to make Health and Care in Manchester the best place to work’**, with priorities set around: Recruitment, Retention and progression; Equality, Inclusion and Social Value; Health and Wellbeing; Workforce Development; Workforce Planning; and the development of a Workforce Operating Model.

Our strategic intent is unchanged, however, we need to recognise the impact that the pandemic has had on our workforce. The demands placed upon our people in the last 18 months were unprecedented and we know that they are exhausted and need to recover. We recognise, therefore, that supporting staff health and wellbeing will be crucially important if we are to continue to support the health and care needs of our population effectively.

We also know that the pandemic has disproportionately affected people in our population who experience racial inequality which includes our staff. We have, therefore, renewed our commitment to creating a culture where people can develop and thrive in a compassionate and inclusive environment that addresses systemic and structural inequalities. We want our health and care system to be representative of the people we serve, celebrating diversity.

CASE STUDY – SHARED CARE RECORD

The rollout of the Greater Manchester Care Record (GMCR) was rapidly accelerated due to the COVID-19 pandemic, as technological and information governance barriers were addressed, allowing patient information sharing across GM regardless of organisation or geography. This meant, for the first time, those providing care had access to a wider range of health and care data from organisations across the whole of Greater Manchester.

When the vaccination programme began in December 2020 Manchester developed an innovative solution to utilise data from the GMCR, including a suite of resources to understand vaccination coverage by multiple population groups. These resources were used to identify and reduce vaccination inequalities in BAME groups through targeted interventions. Vaccination data, coupled with the development of a re-identification tool, has supported vaccination sites to identify and target patients that may have been otherwise missed.

Health Equity & Wider Determinants

Manchester has entrenched health inequalities dating back for generations. The City has amongst the worst health inequalities in the country and also experiences wide variation between different communities within the City itself. The wider determinants of health such as employment and education also have worse outcomes than the country as a whole. The Manchester Population Health Plan (2018–2027) details these inequalities.

COVID-19 has had a profound impact upon the population's health. It has impacted disproportionately on different communities within our City, largely exacerbated by existing inequalities experienced across different ethnic groups and areas of deprivation. For example, life expectancy has reduced and instances of life limiting illnesses have increased. This comes on top of the recent Marmot report 'Build Back Fairer', which identified that mortality was already double in areas of highest deprivation, nationally, compared with the least. Our response to the pandemic has mitigated some of this differential but we expect to see greater variation in health outcomes across the City and compared to the rest of the country. Some of this variation is evident now; some we know will emerge in the future and some impacts may, as yet, remain unknown.

Reducing Health Inequalities

We recognise the need for continuous improvement in addressing inequalities and promoting inclusion and, in support of This, Manchester has identified seven priority actions: -

- Improved demographic data collection;
- Community research to inform service delivery;
- Improved access, experience and outcomes;
- Culturally competent workforce risk assessment;
- Culturally competent education and prevention;
- Targeted culturally competent health promotion and disease prevention;
- Ensure recovery plans reduce inequalities caused by wider determinants.

Manchester has put these priority actions into practice throughout the pandemic. COVID-19 Health Equity Manchester (CHEM) was set up to address the disproportionate effects that COVID-19 has had on specific population groups in Manchester including: communities that experience racial inequality; disabled people and Inclusion Health groups. A number of Sounding Boards (see panel) were developed to build insight and inform action planning. These included, for example, changes to how our vaccine delivery occurred e.g. pop up sites in different locations and community leaders engaging directly with their communities to encourage uptake.

As part of the Population Health Recovery framework, the CHEM approach and infrastructure will be built on to address a broader health and wellbeing remit and support the implementation of the Locality Plan.

How we work – Sounding Boards



Sounding Boards have been set up to help CHEM address the needs of Communities that Experience Racial Inequality*

They are a forum to discuss ideas and proposed activities to deliver CHEM's objectives, and act as "critical friends" to the Strategic Group.

The main functions of the Sounding Boards are to

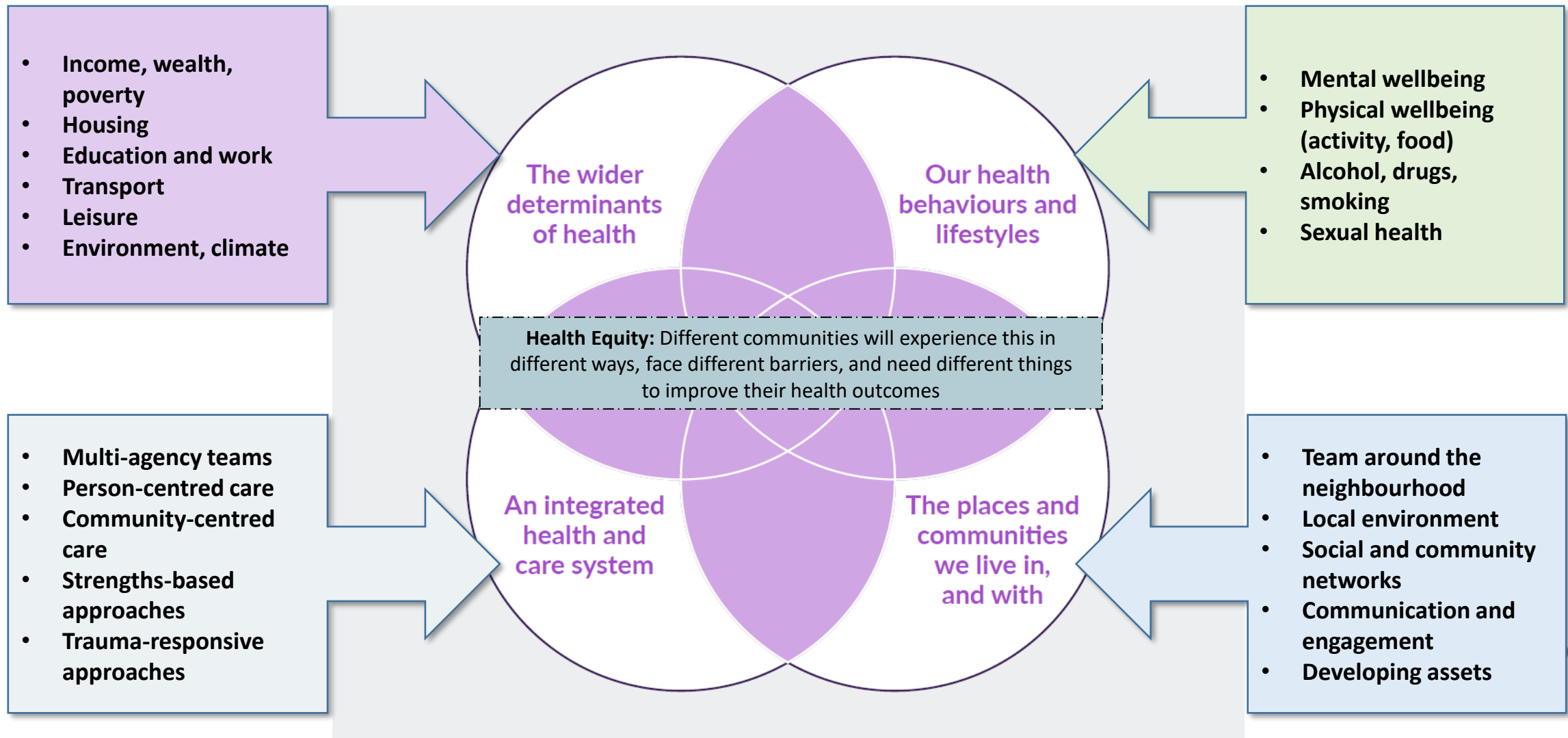
- Bring together a group of people that can act as a voice for their communities
- Give the communities they represent a voice in the development and delivery of CHEM's programme of work
- Identify and share what the priority issues and concerns are for the communities they represent
- Share their views on how statutory sector initiatives and activities might inadvertently impact adversely on different communities and provide **potential solutions**

*Including people who experience xenophobia or experience disadvantage because of their migrancy status

A POPULATION HEALTH APPROACH TO ADDRESSING OUR CHALLENGES

OUR HEALTHIER MANCHESTER

The [Manchester Population Health Plan \(2018–2027\)](#) is at the heart of our long-term plan to tackle Manchester's entrenched health inequalities, outlined on the previous pages. The plan for the city will require a whole system, all-age approach as depicted in the framework below; with a strengthened approach to health equity in response to the systemic inequalities for certain communities highlighted by the COVID-19 pandemic. Collaborative delivery of this framework will involve all system partners. Each of the four components of this framework is described in more detail on the following slides, including relevant case studies.



In order to have maximum impact, the partners in the City will need to work as a collective system on the activities that address the social determinants of health for people at an individual and community level, ensuring every resident has the opportunity for better health and support.

The City Council as part of its civic leadership role is ideally placed to harness the collective strengths of organisations and sectors across the city to address the wider determinants of health. It is proposed that, under the Health and Wellbeing Board, the Director of Public Health will establish and lead a focused Task Group to respond to the recent Marmot Report with a clear action plan relating to the wider determinants. This work will feed into the refresh of the Manchester Population Health Plan from April 2022.

Manchester has a number of complimentary strategies that are interdependent, all of which will positively impact upon the wider determinants of health, as illustrated below.

Wider determinants of health	Strategies to address
Housing and lived environment	Manchester Housing and Residential Growth Strategy
Education and skills	Manchester Children and Young People’s Plan; Work and Skills Strategy
Power, voice and participation	The Our Manchester approach
Income, wealth and employment	Powering Recovery; Our Manchester Industrial Strategy for inclusive growth
Connectivity: (transport and digital)	Greater Manchester Transport Strategy 2040; Manchester Digital Strategy
Access to Care and Support	MLCO Operating Plan; Better Outcomes Better Lives (Adult Social Care transformation); Bringing Services Together for People in Places

CASE STUDY – INCLUSIVE GROWTH

North Manchester is embarking on a transformation period of major investment, with a total value of £4.5bn over the next 15-20 years.

Victoria North - £4bn residential led redevelopment of 7 districts from the edge of the city centre and up through the Irk Valley. This will create green space and some 15,000 new homes for around 35,000 people

The Manchester College - £140m transformation programme, including a new £93m campus on the southern edge of North Manchester. This industry Excellence Academy will be designed and delivered with leading employers.

Park House Mental Health Unit - £72m, 150-bed adult mental health inpatient facility. This will greatly improve the quality of care for patients in the best therapeutic environment possible

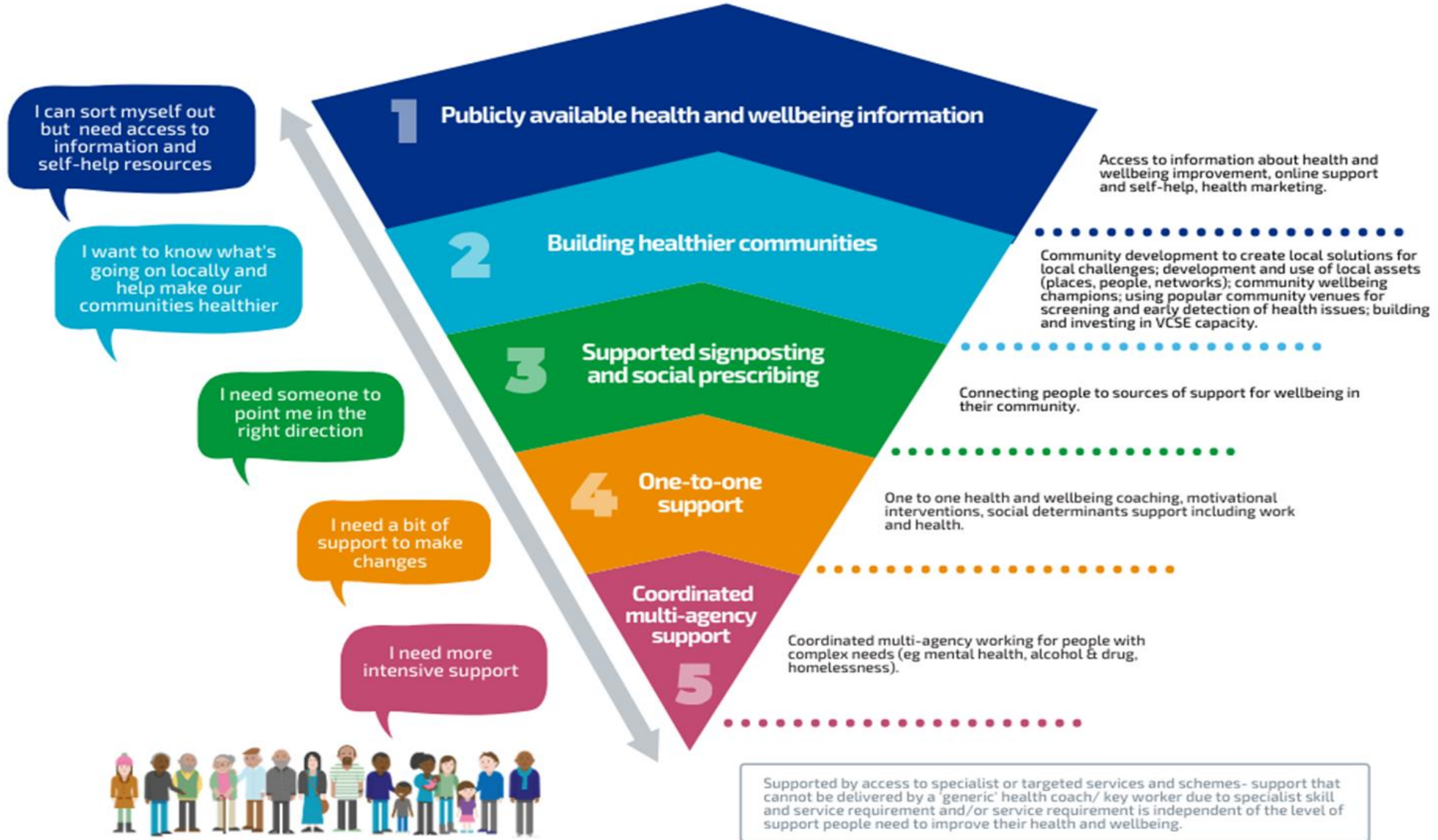
North Manchester General Hospital - £350m redevelopment. This will include a sustainable health campus with integrated health and social care facilities, new homes, access to better education and training, and a new centre for healthy ageing.

BENEFITS

- Boosting life expectancy of North Manchester residents by 1.3 years
- Creation of 15,000 good quality, affordable, low-carbon homes
- Diversification of housing choice and tenure
- GDV of £4.5bn with investment in the local economy
- Good-quality skills, training and employment opportunities
- Better connected and more liveable neighbourhoods
- Improved digital connectivity and infrastructure

Manchester City Council is bringing ALMO Northwards Housing back in-house, facilitating the retrofit of approximately 13,000 homes in North Manchester

Manchester’s Wellbeing Model outlined in the graphic below provides the delivery framework for services and approaches to improving outcomes for Manchester’s residents based on the level of support people need to look after their own health and wellbeing.



Bringing Services Together - Team Around the Neighbourhood

We recognise that the health and wellbeing of residents and the demand for health and social care services are significantly dependent on the contribution of other public services. INTs are one part of the neighbourhood approach across the City, supporting residents to be independent and well. Local authority, Police and Housing services also work on neighbourhood footprints, linking in with INTs. We call this joint working across the public sector “Team Around the Neighbourhood”, which is part of the Bringing Services Together initiative set up to coordinate and co-produce solutions.



CASE STUDY – HEALTH EQUITY

The Manchester COVID-19 Vaccination Programme followed a ‘whole-system’, three stage approach to addressing barriers to vaccination uptake amongst communities experiencing entrenched health inequalities:

Access: increasing capacity and opportunities to be vaccinated, improving the ways in which people can access these opportunities, and removing barriers that make it difficult for people to get their vaccine;

Information: provision of tailored, targeted and culturally competent information about COVID and vaccination with bespoke use of the “3Ms” as appropriate for the target audience (Message, Messenger, Media);

Motivation: activities that create conditions for people to want the vaccine, and build trust and confidence in the vaccine.

Bespoke offers and pop up clinics were offered at a range of venues targeted at people experiencing barriers to vaccination.

- Deaf institute;
- Homeless offer including hostels;
- Care homes/wider care homes and housebound offer;
- Supermarkets/local community venues;
- Schools/colleges and university offers.



Community health & care services in Manchester are delivered through the Manchester Local Care Organisation's 12 Integrated Neighbourhood Teams (INTs) operating on neighbourhood footprints, alongside Manchester's 14 Primary Care Networks (PCNS).



About INTs

- The Core Neighbourhood Team is consistent across all 12 neighbourhoods;
- They are a multi-agency, multi-disciplinary team (MDT) working closely together whilst maintaining links to relevant employers/professions;
- The Voluntary, Community & Social Enterprise (VCSE) sector plays an important role in multi-agency working including MDT involvement in neighbourhoods and co-opted leadership roles in some areas;
- Each team is co-located in their neighbourhood, to support multi-disciplinary meetings and co-working;
- The teams adopt a strengths/asset-based approach underpinned by Manchester's Wellbeing model, focusing on prevention and cognisant of the impact of the wider determinants of health.

The Core Neighbourhood Team



INT Lead



GP Lead, linking to GP practices in the neighbourhood and Primary Care Networks



Adult Community Nursing lead



Health Development Coordinator



Adult Social Care Lead



Care Navigator



Adult Mental Health Lead



VCSE representation from the neighbourhood

CASE STUDY – POPULATION HEALTH MANAGEMENT (DIABETES)

Working in partnership with Primary Care Networks (PCNs), Manchester Local Care organisation (MLCO) is piloting a data enabled approach to improve health and care outcomes in neighbourhoods.

Alongside local knowledge and insight, there is now a real focus on using data to agree local priorities and action plans for improving health and wellbeing in local communities. This approach has identified a need to radically improve outcomes for people living with type 2 diabetes in the Chorlton, Whalley Range and Fallowfield neighbourhood.

It is expected that this approach will create an early opportunity to demonstrate how using the local health and care system's shared capacity differently can lead to improved outcomes for disadvantaged parts of the population, as well as reducing costs.

Below is a summary of the pilot's objectives -

- Provide a proof of concept of a data enabled health improvement project in a neighbourhood.
- Develop a clear understanding of the data analysis skills, competencies and activities required to support this type of project, including the data requirements and data gaps that may currently exist.
- Demonstrate to the Manchester Partnership Board (MPB) that a sustainable reduction in hospital activity is achievable through local actions by services, people and communities working together in a neighbourhood.
- Demonstrate that by using data analysis alongside neighbourhood partnership working that entrenched health inequalities can be effectively tackled and reduced.
- Creating a data enabled approach and methodology which is replicable as part of the health improvement and reform function of MLCO.

Manchester's Health & Care system governance is evolving, in response to the establishment of the GM ICS. Emerging responsibilities are detailed below, and supporting infrastructure (resources and assets) are being identified.

Manchester Partnership Board (MPB)

- MPB is the senior leadership forum for health and care within the City. Its role will include: setting strategy; agreeing system transformation priorities; high level resource allocation; strategic engagement with partners; and a potential assurance role for the GM ICS. It will comprise political, clinical and managerial leadership.
- It will receive delegated responsibilities, powers and budgets for specific responsibilities (to be determined but expected to have an emphasis on care delivered out of hospital). The Partnership Board will have 'sight' and influence over the full locality budget for health, care and public health;
- The MPB will be the strategic interface between the NHS and wider public sector strategy in the City, optimising the wider determinants of health and the NHS' contribution to the City strategy.
- The Partnership Board will have the primary line of reporting for Manchester's responsibilities to both the NHS ICS Board and the Manchester Health and Wellbeing Board (HWB), bringing together key partners to plan health & social care services for Manchester.

Manchester Provider Collaboration (MPC)

- The MPC approach is still in development, but it is being built from a strong base of provider collaboration that already takes place between/across statutory and non-statutory organisations, providing health & care services at neighbourhood, locality and city-wide levels every day;
- Manchester providers will work individually and collectively to deliver integrated, safe and effective services; shifting care upstream, reducing demand on acute and long term care. Care will be organised at a neighbourhood level so that it is well connected to local people, communities and assets and health and care teams will work at an operational level with other public sector front line teams to ensure a holistic offer to residents.

Underpinning governance

- The MPB and MPC will be supported by wider governance arrangements working at a system level;
- The Primary Care Forum will act as a conduit to primary care within the locality and GM ICS primary care functions;
- The finance, clinical/professional (Clinical Advisory Group) and strategy leadership groups will work individually and collectively to support direction setting and the transformation agenda;
- Enabling groups including workforce, estates, digital, communications & engagement and health equity and inclusion will wrap support around system priorities.



Priorities	Work Programmes	Description
1. Health infrastructure developments as a driver of economic regeneration	New NMGH	Secure the investment for the redevelopment of the North Manchester General Hospital (NMGH) site, through the New NMGH Transformation Programme.
	New Park House	Developing the full business case and plans to redevelop the New Park House mental health facility on the NMGH site .
	Wythenshawe Master Plan	Developing the case for investment for the redevelopment of the Wythenshawe Hospital site by building on the Strategic Regeneration Framework (SRF) .
2. Covid response and recovery	Recovery Framework - M&T Community Cell	The framework sets out how health, as a major sector within the city, and a significant presence within communities, will contribute to the wider city recovery. This will support MPB to gain a full picture of progress & tailor strategic direction to determine its transformation priorities.
	MLCO Recovery and Reform	Re-establishing and reforming community services to meet the increased and changing needs of our residents and the new context in which we find ourselves as a result of the COVID-19 pandemic. Covers 1) urgent care, 2) alignment of management responsibilities, 3) adult nursing, 4) therapy services, and 5) end of life and palliative care
	MFT Recovery programme	Initially largely focused on returning activity levels to the new normal, these four programmes are also rethinking how activity is best delivered in the future and the COVID-19 pandemic has acted as a natural catalyst for rapid change. Covers 1) elective care, 2) outpatients, 3) urgent and emergency care, and 4) community diagnostic hubs.
3. Reduce inequalities	Reducing inequalities	Focused on addressing health inequalities and a commitment to put into practice the Marmot 2020 report's recommendations by working across all public services in our city region to ensure that policies, approaches and resources are geared towards creating a fairer, more equal society.
4. Supercharging MLCO	MLCO Transitions Board	MLCO led programme with all partners represented to deliver plans to 'supercharge' MLCO by April 2022. Includes 1) embedding a Population Health Management (PHM) approach, 2) development of neighbourhood model ((work with Primary Care Networks (PCNs) and Greater Manchester Mental Health NHS Foundation Trust)), 3) development of deployed commissioning and contracting functions, 4) bolstering of corporate functions, and 5) development of people and culture (HR) and organisational development (OD).
5. Major transformation programmes	Bringing Services Together for People in Places (BST)	A multi-partner programme of work that will help to provide a space and mechanism for collaboration between services and partners to develop new ways of working, join up individual service offers and reduce duplication.
	Neighbourhood Development	Continue the work to integrate services at the INT level and the extent to which they are joined up around residents/patients. Creating opportunities to support residents to prevent ill health, be independent, in control, and connected to their communities.

Priorities	Work programmes	Description
	MH Transformation programme	A refocusing of mental health priorities following publication of the Mental Health Long Term Plan and a shift in priorities as a result of the impacts of COVID-19.
	Better Outcomes Better Lives	MLCO's transformation programme for Adult Social Care. The programme is structured around six key workstreams – 1) maximising independence, 2) providing early help, 3) short term offers to support independence, 4) transforming community and specialist teams, 5) responsive commissioning, and 6) performance framework.
	North Manchester Strategy	Implementation of the NM Strategy with a focus on placemaking and partnerships; regeneration, economic and social impact, service transformation, and progression of the wider site / campus redevelopment under the Strategic Regeneration Framework
	Adults LTC	System wide review and service model design for the management and provision of Long Term Condition (LTC) services across the whole health and care pathway. Covering 1) respiratory, 2) vascular, 3) long COVID, and 4) community diagnostic hubs.
	Children and Young People	Delivering services that meet the health needs of children and young people, and support them and their parents and carers in managing those health needs. Includes 1) virtual ward and LTC, 2) Special Education Needs and Disabilities (SEND), 3) Transitions, 4) think family (community hubs), and 5) year of the child 2022.
6. Development of Greater Manchester ICS and Manchester local system arrangements	MPB engine room	Development of the system infrastructure required to support the activities to integrate care and improve population health driven by commissioners and providers collaborating at a locality level.
	Influencing the GM ICS	Influencing the blueprint for developing the GM ICS. Reviewing spatial levels to determine what future work is undertaken at what level (e.g. GM vs locality level).
7. Refresh of key city strategies	Our Manchester Strategy	Refreshed strategy (taking into account the impacts of COVID-19) that provides aspiration and resets priorities to ensure Manchester can achieve its aim of being a top-flight world class city by 2025, with equality, inclusion and sustainability at its centre.
	Population Health Plan	Taking into account the impacts of COVID-19, the development of the refresh of the population health plan for 2022 moving towards a new individual, communities and health equity approach
	Locality Plan	Refresh and reset of the Manchester Locality plan to describe how the health and social care system in Manchester will be transformed with improved health and wellbeing, high quality services, a balanced budget and making the most of the many strengths we already have. This will be in the context of a post pandemic world & new NHS ICS legislative changes.
8. Development of a short and long term approach to resource allocation	H2 Planning	Setting a financial plan for Q3 & Q4. Given that national guidance is expected to predominantly outline a rollover of H1 arrangements with a further savings requirement, the greater work might be planning for 2022/23.