Annex 1 **Manchester Health and Care Commissioning**

Budget Report 2020/21

1.0 Introduction

1.1 This paper is presented to update on the draft joint financial plan for the pooled budget of MHCC, comprising both Health and Adult Social Care and Population Health (PH) budgets. The proposed Council contribution to the MHCC pooled budget for ASC and PH budget in 2020/21 is £216.9m, which includes proposed additional resources of £23.3m to sustain services at current levels and provide investment for four new Extra Care Population Health scheme priorities.

1.2 The paper includes respective organisational assumptions and provides an over-view of the pooled budget.

1.3 The numbers represent draft planning assumptions at this stage as the total allocations / funding settlements for both organisations are outstanding at the time of writing this paper. Further information and more detailed health planning guidance is expected during December 2019, the impact of which will be assessed and incorporated into final budgets and contracts during January to March 2020.

1.4 The Council's budget proposals for 2020/21 will be subject to further refinement following feedback from public consultation and scrutiny committees. The figures may be subject to change following the contents of the provisional Local Government Finance Settlement.

1.5 It was agreed that MHCC would take a refreshed joint budget position to the Health Scrutiny Committee in January and February 2020, to incrementally take account of Members' feedback and ongoing contract negotiations to inform the normal suite of Council budget papers in March.

1.6 The health planning assumptions for health budgets originate from the month 5 financial position, with ASC based on the month 7 position.

1.7 This paper reflects the agreements made in the Manchester Partnership agreement and the Manchester Investment Agreement and supports the delivery of the Manchester Locality Agreement.

1.8 The paper reflects the significant additional financial contributions made by Manchester City Council and the Health System to Adult Social Care which mean that a solid foundation of services is being delivered which enable

transformation and integration of care and health services in the City for the future.

1.9 These suite of papers have been produced by planning and finance staff working across the Partnership in collaboration, and to tight timetables given the lack of national guidance and their significant contribution is recognised.

2.0 MHCC Plan On a Page

2.1 Both the Plan on a Page (attached in Appendix A) and the full Operational Plan are being revised within 2020/21 to reflect the shift of MHCC into a strategic commissioner, exemplified by the time span moving from one to five years. The strategic aims and priorities are consistent with the Locality Plan (attached in Appendix B) and the MHCC Operational Plan, with a change in emphasis to describe the impacts on our population over the next five years.

2.2 The MHCC programmes through which delivery will be focused in 2020/21 are shown, including the 'catalyst' programmes, which will significantly transform the relevant part of the health and care system in the long term.

2.3 The operational planning process is currently in progress, with the final plan to take account of the planning guidance for 2020/21 and subject to the funding associated with the NHS Long Term Plan. The guidance from NHS England is due to be published in late December / early January.

2.4 Work has been ongoing over the past months with the Director of Adult Social Care, Chief Finance Officer MHCC and the Director of Finance MLCO with regard to the development of the operational plan for ASC and the associated budget. This has taken regard of the budget setting principles issued by the MCC Treasurer. An update on the development of the MLCO Operational Plan 2020/21 and a summary financial plan for the MLCO in 2020/21 is attached as Appendix C. This document provides context for the MLCO, describes the overarching priorities for the organisation in 2020/21, the process to develop and a proposed structure for the Operating Plan, along with a summary financial plan for the MLCO.

3.0 Health - High Level Assumptions

3.1 High level health five year financial plans were submitted to the Greater Manchester (GM) Health & Social Care Partnership (GMHSCP) in November 2019. All health bodies will be unable to formally publish any financial plans pending receipt of further national and GM guidance, expected from December 2019. The five year plans will likely require a refresh, and will eventually form part of the revised Manchester Locality Plan to 2023/24.

3.2 Health allocations reflect the five year allocations published in January 2019. Within these, three years are confirmed allocations, with the last two years (2022/23 and 2023/24) indicative.

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3.3 The allocations exclude the financial impact of the Long Term Plan Implementation guidance, which will be funded through Targeted and Fair Shares funding; the values of which have been shared nationally, but not at an individual CCG level.

3.4 Table 1 highlights the level of recurrent allocation growth between 2019/20 and 2020/21.

Table 1: Allocation Growth

Allocation	2019/20 £000s	2020/21 £000s	Recurrent Increase £000s
Programme	863,762	904,555	40,793
Primary Medical	94,150	98,655	4,505
Running Costs	12,275	10,829	(1,446)
Recurrent Allocation	970,187	1,014,039	43,852
Non Recurrent	30,257		
Total Allocations	1,000,444	1,014,039	43,852

*** 2019/20 allocation is the total allocation at Month 5 included for completeness*

3.5 In terms of expenditure, the health budgets use forecast expenditure as reported to NHSE at Month Five (31 August), which is adjusted for non-recurrent allocations, expenditure and benefits. This gives a recurrent opening budgetary position for 2020/21.

3.6 A number of growth assumptions have been applied to the recurrent 2019/20 expenditure position in line with national guidance and local knowledge. Some specific examples are outlined below for illustrative purposes :

- national price increases (inflation);
- national requirement i.e. Clinical Negligence Scheme (insurance contributions); and
- recurrent local pressures i.e. primary care list size growth, activity growth, prescribing

The detailed expenditure growth assumptions applied per each key budget area is included in Appendix D.

3.7 Table 2 summarises the application of the additional allocation based on planning assumptions either defined nationally within the planning guidance or agreed with local providers as part of the five year plan submission to NHS England. These include the ring-fenced allocation growth for mental health services (Mental Health Investment Standard) and primary care etc.

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Table 2: Application of Growth

	2020/21 £000s
Allocation Growth	43,852
Utilised on:	
Planning Assumptions Gross Provider Efficiency	(6,623)
Inflation	22,032
Net Tariff	15,409
Cost Pressures	
Acute	5,060
Mental Health	4,372
Community	2,216
Primary Care	4,505
Reserves	12,290
Total Funding	**43,852**

3.8 The required 'NHS Business Rules' have been reflected in the plan, which are to:

- Maintain a 1% historic surplus (i.e. 1% of allocations remain unspent in each of the five years);
- Maintain a 0.5% contingency; and
- Ensure that investment in mental health services is equivalent to investment in physical health, which means that expenditure increases in line with or above allocation growth (i.e. 6.1% for 2020/21 and reducing over the 5 year period).

3.9 In order to deliver a balanced financial plan, Health will need to deliver £15m of Financial Sustainability Plans in 2020/21. These plans are currently in development but include prescribing savings and transformational savings from the new care models.

4.0 High Level Adult Social Care Assumptions

4.1 The Council budget proposals will be reported to the Council's Executive Committee for approval in February 2020, in order to set a budget by early March, on which the Council Tax will be based. The Council's budget proposals or 2020/21 will be subject to further refinement following feedback from public consultation and scrutiny committees. The figures may be subject to change following the contents of the provisional Local Government Financial Settlement, which has been delayed from 5th December as a result of the decision to call a General Election.

4.2 The proposals reflect that 2020/21 is a one year budget reflecting the commitments made in the Spending Round, reflecting that the Fair Funding review and Business Rates reform and reset has been delayed to 2021/22.

Whilst it is a one year budget, there is a need to plan for a three year position and planning assumptions for 2021/22 and 2022/23 are contained within the MLCO Operational Plan (Annex C).

4.3 The plan for ASC is to sustain current services with a focus on stabilisation and improvement, ensuring a strong foundation for the service moving forward, which will enable wider integration and transformation. The ASC pooled budget reflects the following proposals to the Council' Executive to:

- Continue the permanent improvement plan and system resilience funding agreed by the Executive in February 2019, which includes £1.366m for 2020/21;
- Make permanent a further £1.210m resilience funding for ASC following confirmation of the ASC Winter Pressures grant for 2020/21;
- Allocate further investment for pay and prices, National Living Wage and increased need of £10.272m;
- Approve further funding proposals following the Spending Round to sustain services at the same levels as 2019/20 and the new investment for Extra Care schemes and Population Health priorities in 2020/21
    - Additional social care grant allocation of £7m
    - Estimated additional Public Health grant funding of £1.363m
    - Consultation on 2% Adult Social Care precept, estimated to generate additional £3.259m of resources
- Contribute a non-recurrent £1m towards MLCO overheads from Adult Social Care reserve in 2020/21

4.4 The proposed Council pooled budget contribution for ASC and PH is £216.9m, of which £204.9m will be aligned to the MLCO Community Health and Care budget. The source and applications for the ASC and PH element of the pooled budget is included in Table 3, which provides information on proposed additional resources into the pool.

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Table 3: Adult Social Care and Population Health Source & Application of Funds 2020/21.

	MLCO Aligned Budget	MHCC Retained Budget	2020/21 Proposed Pool Budget
	£000	£000	£000
Source of Funds			
Base Budget	178,507	15,097	193,603
Inflation (Pay, Price, National Living Wage)	8,108	149	8,257
Demography	2,015		2,015
ASC Improvement Plan	1,366		1,366
Share of additional social care grant	6,300	700	7,000
Estimated additional Public Health Funding	1,363		1,363
2% Adult Social Care Precept (subject to consultation)	3,259		3,259
Total Cash limit Funds	**200,918**	**15,946**	**216,863**
ASC Reserve: MLCO Corporate Costs	1,000		1,000
MCCG: Better Care Fund - ASC Contribution	1,696		1,696
MCCG: funding for New Care Models	794		794
MCCG: Additional CHC Contribution	489		489
Total Funds	**204,897**	**15,946**	**220,842**
Application of Funds			
Base Budget 2019/20	178,507	15,097	193,603
Inflation (Pay, Price, National Living Wage) 2020/21	8,108	149	8,257
Demography 2020/21	2,015		2,015
ASC Improvement Plan increase for 2020/21	1,366		1,366
System Resilience	500		500
MLCO corporate costs contribution	1,000		1,000
New Care Models : Reduction in savings	1,925		1,925
New Care Models : Crisis, Reablement & D2A	1,594		1,594
Extra Care Expansion	1,163		1,163
Learning Disabilities	5,034		5,034
Population Health	2,004		2,005
Other Budget Requirements	1,681	700	2,380
Total Application	**204,897**	**15,946**	**220,842**

4.6 The MHCC plan for ASC and PH, as part of the pooled budget proposed, includes the following:

- Inflationary increase of **£8.257m** relating to pay award, price inflation and national living wage assumptions;
- Estimated **£2.015m** for increased need during 2020/21;
- **£1.366m** Full year effect of the ASC improvement plan;
- New investment to sustain services at current levels, including:
    - ASC one third share of System Resilience capacity agreed in 2019/20 of **£0.5m;**
    - New Care Models:
        - Reablement schemes of **£0.8m**;
        - Crisis and Discharge to Assess **£0.794m**; and
        - Rephased New Care Model savings **£1.925m.**
- Continued non-recurrent funding will be made available in 2020/21 of up to **£1m** towards the overhead costs of MLCO from the remaining balance within Adult Social Care reserve.

- Neighbourhood apartments and expansion of the Extra Care programme to deliver an additional four schemes in 2020/21. This provides 20 neighbourhood apartments and 223 new Extra Care apartments, with a cost of **£1.163m**. This will be funded by £0.4m from 2019/20 additional BCF funding and £0.8m required as new investment.
- Learning disabilities of **£5.034m**, which relate to:
    - In house supported accommodation budget in relation to the workforce requirement to meet the needs of people being supported of £2.95m plus £0.5m, which is estimated to be continuing healthcare;
    - £0.7m for care for people which is externally commissioned due to a greater complexity of need;
    - £0.4m shared lives service; and
    - £0.55m for increased need for short breaks support for people and families.
- Population Health priorities of **£2.005m** for inflation and activity increases across the services provided, including sexual health services, drug and alcohol services, increased capacity for school nursing and children's weight management, contributions to adverse childhood experience programme and inflationary uplift;
- There are other budget proposals totalling **£1.830m** to provide a sustainable budget relating to the following areas of the ASC service within the pooled budget:
    - £0.3m mental health care package changes;
    - £0.4m homecare savings are at risk of delivery due to revised timescales to implement new homecare contracts;
    - £0.5m savings target shortfall on expected contract related efficiencies;
    - £0.2m strengths based support planning for ASC savings delay in implementation;
    - £0.1m community alarms income shortfall due to individuals who are unable to contribute;
    - £0.3m to provide an uplift for National Living Wage for external providers to reflect a move to £10.50 by 2024/25.
- Continuation in 2020/21 of programme management transformation capacity to support the MCLO of **£0.550m**

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5.0 Draft MHCC Income and Expenditure Summary

5.1 A high level draft 2020/21 income and expenditure summary for the pooled budget is shown below in table four. This summary excludes the other ASC services not included within the pool (Asylum, Voluntary & Community Sector – adults and Safeguarding).

Table Four: MHCC Draft Income and Expenditure Summary

	Health £000s	ASC £000s	Total £000s
Programme	904,555		**904,555**
Delegated Primary Care	98,655		**98,655**
Running Costs	10,829		**10,829**
Pooled Budget		216,863	**216,313**
Total Income	**1,014,039**	**216,314**	**1,230,353**
Expenditure	**£000s**	**£000s**	**£000s**
Acute	485,609		485,609
Adult Social Care	23,902	46,270	70,172
Commissioning (homelessness commissioned services, extra care, sheltered housing and other commissioning)		11,307	11,307
Localities inc social work		9,564	9,564
Reablement		5,299	5,299
Mental Health	130,146	24,327	154,473
Community	77,926		77,926
Learning Disabilities	6,716	60,611	67,327
Continuing Health care	37,206		37,206
Primary Care	205,715		205,715
Other Programme	25,001		25,001
Public Health		39,656	39,656
Running Costs / Back Office	10,829	3,753	14,582
Reserves **	10,989	16,076	26,515
Total Pooled Expenditure Budget	**1,014,039**	**216,863**	**1,230,353**
In Year Position	**0**	**0**	**0**

*** The reserves number includes business rules for Health (0.5% contingency, GM Strategic Levy and Payment by Results Risk Reserve. ASC reserves include demography, inflation and national living wage*

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6.0 Risks and Issues

6.1 The financial plan is draft and does not include allocations associated with the Long Term Plan guidance. It also applies a set of agreed planning assumptions to areas of expenditure i.e. Acute, which have been agreed with providers. These have been based on projected activity levels which need to be reviewed in light of the delivery of New Care Models, winter growth and in year pressures. It has been highlighted that these are planning assumptions and do not set a precedent for the contracting round, which will no doubt produce a different set of numbers than the ones referenced within this report.

6.2 Although work has been undertaken with partners to align income / expenditure assumptions, there is still a financial risk that plans may not be aligned. These will be agreed as the planning round progresses, with final agreements being reflected in subsequent financial updates.

6.3 The MHCC financial plan is balanced as it assumes that the precept funding of £3.2m is agreed, if this is not the case, then plans will need to be revised to reflect any reduced funding envelope.

6.4 The financial impact of GM led 5 Year Forward View and Long Term plan schemes needs to be understood and the impact on the financial position of MHCC assessed i.e. Children's and Young People service investments etc.

6.5 The development of the MLCO is seen as one of the major drivers for MHCC to achieve financial sustainability over the planning timeframe, with the longer term strategy to move funding into primary and community services and keep patients out of hospital based services.

6.6 Beyond 2020/21 the local authority still faces considerable risks, particularly with the funding formula and business rate reforms. Therefore, whilst the published budget will only be for one year the local authority will have a draft three year strategy, which will include all parts of the Council having to identify areas for potential savings.

6.7 NHS England requires all health systems to prepare five year plans, and a draft plan was submitted in November. Until further guidance is produced in December / January with regard to allocations, MHCC are unable to produce longer term plans.

6.8 In order to close the financial gap over the planning timeframe, there are a number of work programmes / financial sustainability programmes in development which include:

- Continue to build foundations of 'getting the basics' right through the ASC improvement plan and managing demand effectively;
- Look to continue mobilisation, 'right size' and optimise care models;
- Develop MLCO integrated commissioning programme – phase 2 services;

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- Building strong relationships with primary care networks through working in neighbourhoods;
- A clear focus on prevention with a strong focus on population health and asset based approaches; and
- Ensure system resilience through a strong interface with acute services and enhanced community provision.

7.0 Conclusion

7.1 Although the MHCC plan is a balanced financial plan, it is a challenging plan.

7.2 Currently the plan is based on assumptions, with operational guidance for health and local authorities due to be published in December / January. The contracting round will take place from January to March, which although assumptions were agreed with providers for the 5 year planning submission, it has been confirmed that these assumptions do not set a precedent for final contract negotiations for 2020/21.

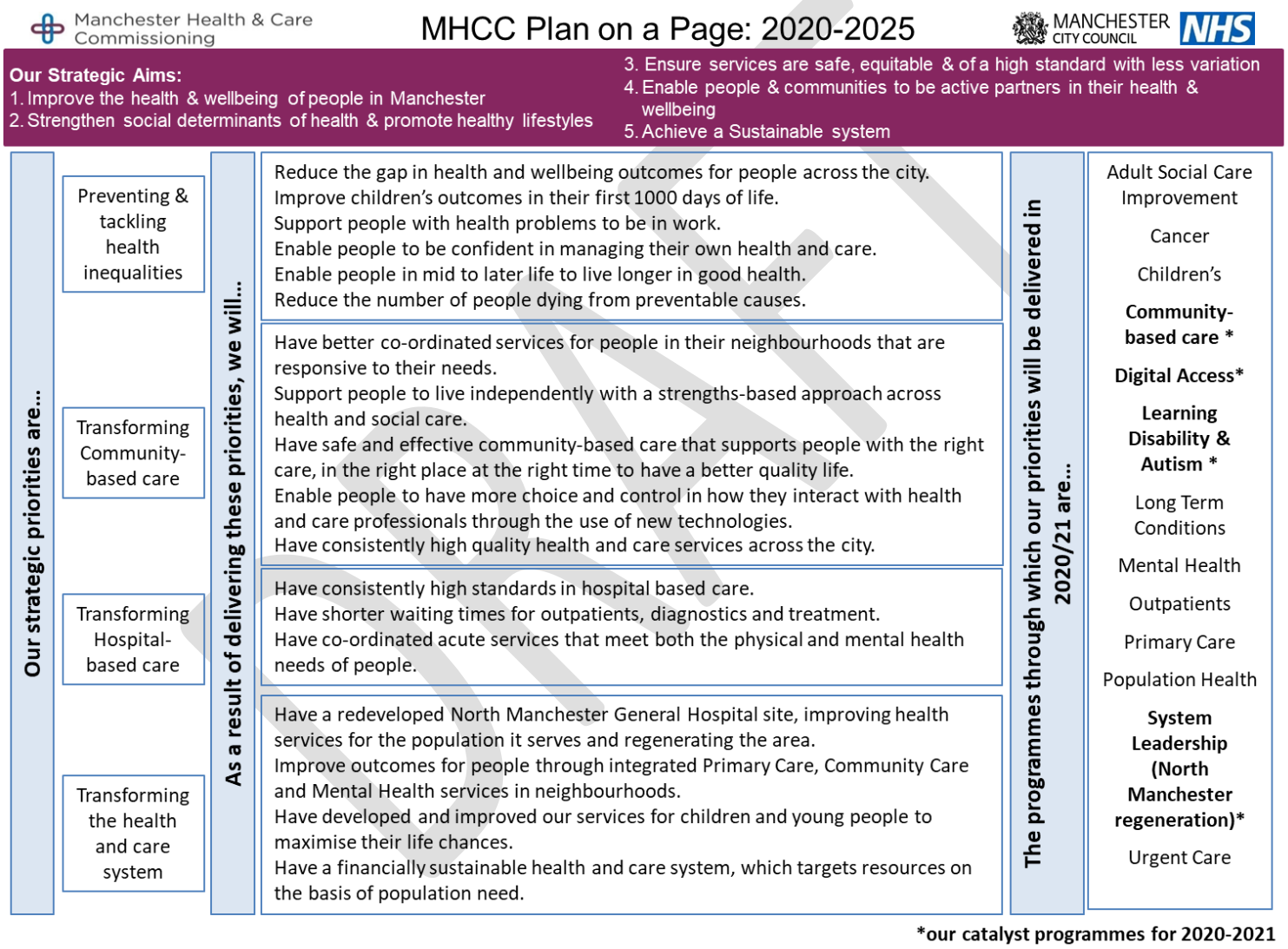
7.3 There are significant work programmes underway based on new care models, and savings programmes / financial sustainability programmes to ensure a robust financial plan for 2020/21 and beyond.

7.4 MLCO has significant operational challenges which need to be addressed during 2020/21 and the support of all partners will be critical to this.

7.5 The Manchester Agreement describes the approach the system will take to identifying, managing and delivering the performance, benefits and evaluation aspects of the transformational system change.

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Appendix A: MHCC Plan on a Page



Appendix B: Locality Plan

MANCHESTER LOCALITY PLAN

"Our Healthier Manchester"

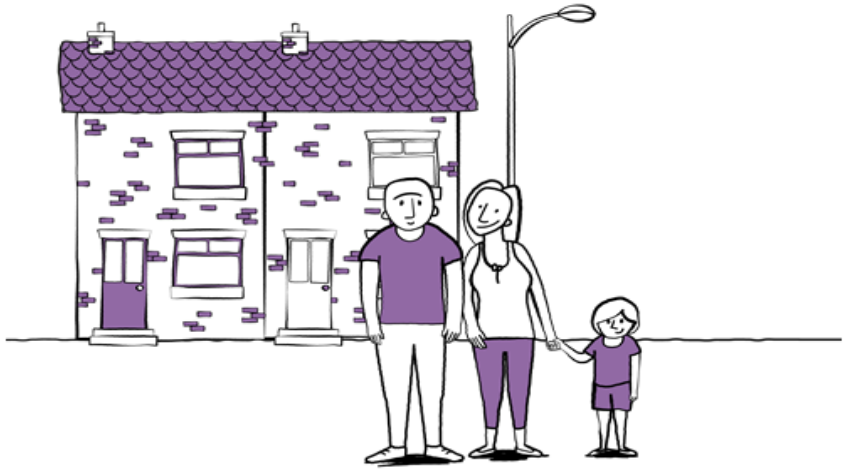
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STRATEGIC SUMMARY

OUR HEALTHIER MANCHESTER

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 updated Locality Plan (April 2018), set within the context of the city's Our Manchester strategy, shifted the emphasis away from structural change to a focus on Our People, Our Services and Our Outcomes.

This Locality Plan Refresh (November 2019) has been 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. The GMHSCP Prospectus takes stock of the first three years of Taking Charge Together and sets out the future direction for the Partnership. 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.

We recognise, however, that there is still much to do. Manchester continues to face significant challenges in respect of the health and wellbeing outcomes experienced by its residents. It was ranked as the 6th most deprived Local Authority in England in the 2019 Index of Multiple Deprivation [1], which takes into account factors such as income, housing, education and employment, all of which contribute to people's health and wellbeing. Our Healthier Manchester aims to improve health outcomes for the people of Manchester by delivering new models of care and working with people and communities in a more integrated and strengths-based way, reducing health inequalities, supporting people to stay well and enabling them to better manage health conditions. In time, this will reduce the demand for urgent and unplanned care; but our system is not yet experiencing the impact of these changes and the pressure on urgent care remains high. Furthermore, we are operating in the context of a growing and changing population in Manchester. The population is forecast to grow by approximately 16% over the next decade, which is the equivalent of 94,240 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.

In addition, our ability to deliver this place based, person-centred approach is being compromised by significant recruitment challenges related to national skills shortages for key roles such as nurses, therapists, GPs, social workers and hospital-based medical staff. This is a key priority for our Locality Workforce Transformation Group, ensuring that we can attract and retain health and social care staff to Manchester and enable them to move around our system easily so that we have people with the right skills in the right place at the right time.

We are making progress despite these challenges and this refreshed Locality Plan will showcase what has been achieved over the last three years. This includes restructuring the organisational landscape to provide a more cohesive platform for change and the implementation of new care models that are improving people's lives and their health and care outcomes.

This Plan reaffirms our ambition to create a population health system that puts health at the heart of every policy, across the full spectrum of public services, improving health and care outcomes for the people of Manchester, whilst ensuring financial sustainability.

[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.

VISION FOR POPULATION HEALTH

OUR HEALTHIER MANCHESTER

The Manchester Population Health Plan (2018 – 2027) reflects the Marmot principles, with a place based approach to tackling health inequalities. The five priorities in the plan cover the whole life course and address the social determinants of health:

- Improving outcomes in the first 1,000 days of a child's life
- Strengthening the positive impact of work on health
- Supporting people, households, and communities to be socially connected and make changes that matter to them
- Creating an age-friendly city that promotes good health and wellbeing for people in mid and later life
- Taking action on preventable early deaths.

Whilst our population health challenges remain considerable, we have demonstrated improvements in outcomes for health related behaviours, with smoking prevalence down from 22% to 17.8%, alcohol related hospital admissions falling steadily over the past five years and more residents physically active than ever before. These improvements will contribute to fewer deaths from the big killers such as heart disease and stroke, cancer and lung disease. What is also encouraging is the progress we are making on key wider determinants such as educational attainment, with significant improvements in GCSE and A level results in 2019 and the success of our anchor institutions in recruiting more local residents to entry level jobs.

Our population health system for Manchester will be redesigned in line with the Bringing Services Together for People in Places Programme, which is part of the delivery architecture for the city's Our Manchester strategy. The Local Care Organisation will coordinate delivery at the neighbourhood level.

Infant mortality rates, childhood obesity levels and premature deaths from preventable conditions remain stubbornly high in some of our neighbourhoods and a new approach is needed. We have shown how place based population health can succeed with our long term programme on Teenage Pregnancy (62% reduction in the under 18 conception rate over the past twenty years) and more recently our work on Adverse Childhood Experiences in Harpurhey, which will be rolled out to other areas in 2020.

Manchester has recognised the direct relationship between climate change and health outcomes, with carbon-based activities in Manchester contributing to poor air quality, which in turn exacerbates respiratory problems. Given the poor health of many Manchester residents, there is a real risk that failure to tackle climate change will widen health inequalities and limit the progress of prevention programmes in the city. Consequently, on 10th July 2019 Manchester City Council declared a climate emergency. In response, all public sector partners represented on the Manchester Health and Wellbeing Board have agreed to develop Sustainable Development Management Plans (SDMPs) and Climate Change Action Plans by March 2020. These plans will be informed by the latest thinking and analysis contained in Manchester's Zero Carbon Framework (2020-2038) and the Manchester Public Health Annual Report 2018 on Air Quality.

We know that benefits of the economic success of the city have not been felt equally by all residents. However, we are determined that variations in health and variations in income between different parts of Manchester and between Manchester and the rest of the country are reduced. This accords with the aims of our Family Poverty Strategy.

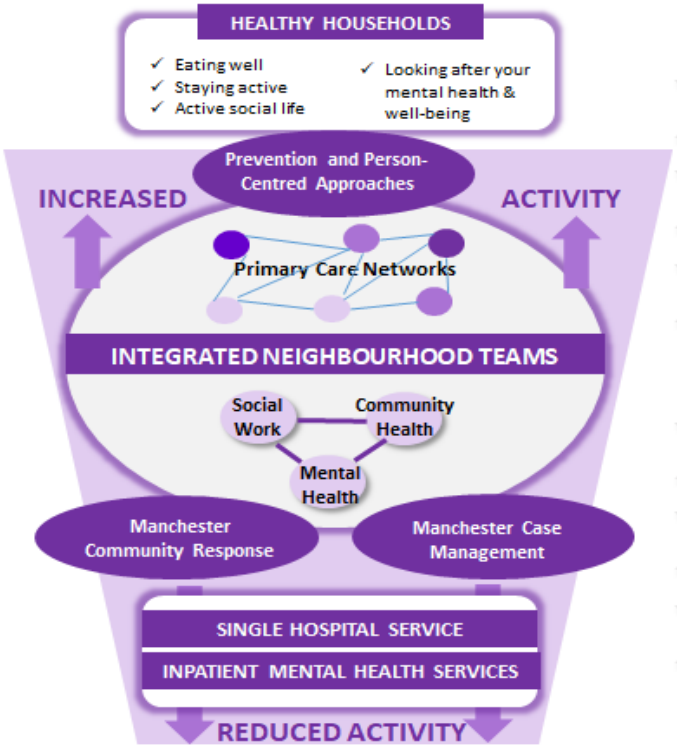
Finally, we want the people of the city to have more control of their health and wellbeing and build on their strengths. We want to maximise the opportunities for our public services, the voluntary sector, and communities to come together to transform our population health outcomes through the Our Manchester approach.

4

DELIVERING THE LOCALITY PLAN - SYSTEM OVERVIEW

OUR HEALTHIER MANCHESTER

Manchester has developed an integrated model of neighbourhood working that interfaces with a single hospital service, strategically led by a single commissioner. This new system architecture is contributing to the achievement of the five strategic aims of the Locality Plan. Manchester tracks progress on a larger set of indicators than those identified below in its Locality Plan Outcomes Framework.



STRATEGIC AIMS	KEY INTENDED OUTCOMES	NOTABLE PROGRESS
Improve the health and wellbeing of people in Manchester	➢ 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).	↑ An increase in new cases of cancer diagnosed at stage 1 or 2.
Strengthen the social determinants of health and promote healthy lifestyles	➢ 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.	↓ A sustained decease in smoking prevalence.
Ensure services are safe, equitable and of a high standard with less variation	➢ All providers have a CQC rating of good or above ➢ All national and local quality standards are met.	↑ An upward trend in CQC good or above rated Nursing and Care Homes.
Enable people and communities to be active partners in their health and wellbeing	➢ Increase the level of knowledge and confidence that people have in managing their own health.	↑ An increase in uptake of Personal Health Budgets.
Achieve a sustainable system	➢ Achievement of financial balance across the system ➢ Achievement of constitutional and statutory targets ➢ Developing a sustainable workforce.	↓ A sustained reduction in avoidable prescribing.

5

SYSTEM TRANSFORMATION - ACHIEVEMENTS

OUR HEALTHIER MANCHESTER

The 2018 update to the Locality Plan identified three new priority themes (Our Services, Our People, Our Outcomes), with the intention of shifting the focus on from institutional change ('the three pillars') to encompass a wider ambition for systemic change. Three development phases were identified: Foundation (2017/18), Performing (2019/20) and Mature (2021/22) with a view to achieving the visions outlined in the three boxes below by 2026/27. This page identifies a selection of achievements to date against the three priority themes.

OUR SERVICES

10 year vision: Establishment of an integrated health and social care system

- ✓ **12 Integrated Neighbourhood Teams (INTs)** established, integrating the delivery of health and social care.
- ✓ **Manchester Community Response** (crisis response and discharge to assess) services mobilised to support system resilience and flow.
- ✓ **Manchester Case Management Service** (GP intensivist model) mobilised to better support community-based care.
- ✓ Alignment of the newly formed **Community Mental Health Teams** to the 12 neighbourhoods, and introduction of 24/7 Home Based Treatment options as an alternative to hospital.
- ✓ **Mental Health Liaison in Acute Hospitals** - Implemented Phase 1 of the GM Transformation Programme establishing Core 24 compliant Liaison Mental Health Service at MRI.
- ✓ **Primary Care leadership** across the MLCO service delivery mobilised and strategy emerging to align the Primary Care Networks (PCN) to neighbourhood and locality service delivery.
- ✓ **MLCO has developed a range of strategic partnerships** with key stakeholders including Housing, MCRActive and Health Innovation Manchester, and has signed an MOU with the VCSE.
- ✓ **Lithotripsy** treatment is now offered to patients **3 days per week** (up from 0.5 days) and patients are treated within **4 weeks.**
- ✓ **Orthopaedic Services** – Improving Neck of Femur services through a dedicated seven day hip fracture unit.
- ✓ **Cardiac Services** – a seven day pacemaker service has been introduced across the Trust meaning patients can be provided with an implant within 24 hours of admission.
- ✓ **Seven day working** for **Cardiac** physiologists at both Wythenshawe and MRI.
- ✓ **Gynaecology Waiting Times** – Patient waits for urgent gynaecology surgery have been reduced from 4 to 2.5 days.

OUR PEOPLE

10 year vision: Gap closed in preventable mortality between the most and least deprived areas of the city

- ✓ **Our Healthier Manchester** campaign saw 1,107 conversations take place with residents ***(see next slide for more information).***
- ✓ A £1.5m investment agreed **to improve and extend a carers' advice & support service,** working in collaboration with the Manchester Carers' Network.
- ✓ **Population health driven service model** development and delivery in MLCO; neighbourhood building blocks mobilised.
- ✓ MHCC is **improving access to health and care for marginalised groups** through the development of locally commissioned services for asylum seekers and refugees in half of GP practices, alongside activity designed to improve the health of homeless people.
- ✓ **VCSE investments**: £2.1m grant fund to support the delivery of the Population Health Plan.
- ✓ **Community Engagement:** GMMH launched the Manchester Wellbeing Fund in 2017 investing £1.5m over three years to support community projects across the 12 neighbourhoods in Manchester. 194 projects supported, with a focus on creative arts, mental health awareness, social connectivity, peer support, horticulture and healthy eating, and physical activity.
- ✓ A **new Homecare specification** has been developed, focusing on wider community support and helping people to stay independent and living at home for longer.
- ✓ **Research and Innovation** – Over 19,000 patients took part in clinical research in 2018/19.
- ✓ **Employee Assistance Programme** introduced across all hospital sites and now available to over **20,000** staff.
- ✓ **Education** – Over **20,000** MFT staff and students now have extended access to books, online journals and study areas through cross site library and education services.

OUR OUTCOMES

10 year vision: Achievement of the health & social care system contribution the city's Our Manchester strategy.

- ✓ Manchester's **evaluation programme** has identified statistically significant reductions in A&E attendance, homecare use and residential and nursing care use in target cohorts following the introduction of new care models.
- ✓ MHCC has established a partnership with the Manchester Growth Company, resulting **in 54 positions being offered** to people who had been classed as long-term unemployed.
- ✓ **Improving Access to Psychological Therapies (IAPT)** - referral rates increased by over 25% with significant improvement in the timeliness of access for clients entering services.
- ✓ **Provision of a dedicated Section 136 suite** - Opened a purpose built Section 136 suite which has since delivered 354 mental health assessments, diverting service users from A&E and saving 2090 hours of police time in the first twelve months of operation.
- ✓ Reducing **Out of Area Placements** for Adult Acute Patients – more people treated closer to home, over achieving the target of 33% reduction for 2018/19
- ✓ **Refurbished community sites** delivered to support integrated working at a neighbourhood level, with supporting IT and networks installed.
- ✓ Full business case developed with six partner organisations to build a new purpose built, **health and care hub in Gorton.**
- ✓ The **Manchester Digital Board** has been established to better coordinate investment into, and the delivery of technology enabled care.
- ✓ Contribution to **system financial sustainability** through mobilisation of transformation-funded new care models and cost improvement and savings plans; demonstrated by the over delivery on crisis response business case measures and metrics.

Our Healthier Manchester: Campaign Summary

Overview

In late 2018, Manchester delivered a citywide campaign to promote the Locality Plan – 'Our Healthier Manchester'.

The aim of the campaign was to listen to people and understand what matters most to them in terms of their health and wellbeing.



We concentrated on:

- **A child's first 1,000 days**
- **Helping people overcome ill health to return to work**
- **Improving wellbeing in local communities**
- **A more age-friendly city**
- **Preventable early deaths.**

How we did it:

- Created an updatable communications toolkit
- Produced a range of films and case studies to highlight real examples of improvements
- Launched a public summary of the Locality Plan.

Top comms results:

- Local, national and international media coverage for five of our case studies
- Local pick-up for all materials through our networks of health, GP and community channels
- The Local Government Communications Conference used our materials as an example of good practice.



Aimed at all audiences



Engagement



What we did:

- Held over 1,107 face-to-face conversations with residents
- Organised larger community engagement sessions and ran an online survey.

What people told us:

- Feedback showed that public awareness of the following things was low:
  - GP extended access
  - NHS screening programmes
  - Advice and support for carers
  - Advice and support on social care services
  - Accessing help for mental health and wellbeing
  - Which services to use at the right time
  - How to give feedback on health and care services.

How did we use this feedback?

We used it to:

- Develop a public-information campaign
- Carry out a dedicated lung-screening campaign
- Engage with black and minority ethnic communities around NHS 111 and self-care
- Develop a dementia-awareness project with South Asian communities
- Inform the development of a mental health safe haven for Manchester
- Develop communications for extended access to healthcare services
- Inform the development of a shared care record and a digital strategy for primary care.



MANCHESTER CITY COUNCIL · Our Manchester · NHS

MANCHESTER'S SYSTEM ARCHITECTURE - MLCO

OUR HEALTHIER MANCHESTER



Manchester's Local Care Organisation (MLCO) delivers integrated community services to all residents of Manchester of all ages. The model ensures full population coverage through:

- **Risk stratification**: our model identifies those residents who are in the key priority cohorts and we are working as part of a system-wide group to develop a consistent approach to risk stratification.
- **Aligned data and intelligence**: partners across the city are working together to ensure we share our data and intelligence to support our service planning and delivery.
- **Neighbourhood Partnerships and plans**: enabled the development of 12 integrated health & social care neighbourhood plans documenting the consistent actions in all neighbourhoods and the key actions in each place to address specific inequalities, through the alignment of the data and intelligence across Manchester. In 2020/21 they will be aligned to council wards and Primary Care Network plans and support the understanding of our joined up approach in the place.
- **Locality (North, Central, South) Partnerships and Ops Boards**: support coordination of activity across neighbourhoods to ensure full population coverage and those communities that would identify wider than neighbourhoods.

The overarching **MLCO priorities for 2019-2022** are:

- **A population health driven approach** to service planning and delivery; supporting prevention programmes to improve the health of the people of Manchester.
- **Consolidating and strengthening our neighbourhood approach**; supporting our 12 Integrated Neighbourhood Teams (INTs) to make an impact on their communities.
- **Mobilising primary care leadership at the heart of the MLCO**; formalising the governance between primary care and MLCO to ensure joint working with the new Primary Care Networks.
- **Playing a lead role in system resilience**; helping people get the right care in the right place with a community first ethos.
- **Increasing the scope of MLCO** as an integrated health and care organisation; delivering public service reform in the place.

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MANCHESTER'S SYSTEM ARCHITECTURE - MFT

OUR HEALTHIER MANCHESTER

OBJECTIVE
Creation of a single hospital service

Manchester University NHS Foundation Trust (MFT) INTEGRATION PROGRAMME

- Following the creation of Manchester University NHS Foundation Trust in October 2017, the new Trust embarked on a programme to develop a **Clinical Services Strategy**. This programme took approximately 15 months and commenced in April 2018. Over a series of around 40 workshops the process engaged over 700 clinicians from a number of different specialties. The Strategy was developed at two levels, firstly a Group or Trust level framework and secondly at specialty or combined specialty level.
- Working within the parameters of the agreed organisational vision, the intention is to generate alignment between three key areas of our activities – clinical service delivery, research and innovation and workforce development. The five pillars set out in the Trust level clinical service strategy (below) are intended to set the overall direction of travel for our services whilst recognising the importance of aligning with our research and workforce development aspirations



- The Strategy also identified four key areas of focus as the organisation moves forward;
  - Cancer surgical services
  - Cardiac services
  - Lung services
  - Genomics.
- Having developed this overarching framework a programme was initiated to develop individual clinical service strategies. This covered all aspects of the current service portfolio and was undertaken in a series of 'waves'. As a result a number of clinical strategies have been developed which are intended to set an overall direction of travel for a particular clinical area. MFT is actively working with local and regional commissioners on this next stage of the programme.

North Manchester General Hospital (NMGH) SITE DEVELOPMENT

- The Strategic Case for the acquisition of NMGH was submitted in March 2019. Due Diligence processes have identified that there is a very significant investment requirement, and negotiations continue between NHSE/I, MFT and Salford Royal Foundation Trust (SRFT).
- Over summer 2019, a variety of partner organisations in Manchester worked together to develop a more ambitious vision of what could be achieved if the NMGH site could be redeveloped. Proposals are set out in the NMGH Proposition document, ***The Future of the North Manchester General Hospital site: a healthcare-led approach to civic regeneration***. This seeks to improve the provision of health and care services on the site and to develop a broader integrated care offer which brings together acute, mental health, primary, community services, and education and training facilities with wider public services and community activities.
- The proposition identifies the need to optimise the impact of NMGH as an anchor institution in its local community and aims to deliver a health-led infrastructure project on the site which will act as a catalyst for wider regeneration. The strategy will contribute to improvements in wider determinants of health and wellbeing, such as employment and housing, and create a focal point for the community which goes beyond health and care services. This work forms part of a broader public sector reform and regeneration agenda for the north of the city and will link with existing developments and those planned for the future such as the Northern Gateway.
- Delivering the NMGH strategy will rely on significant capital investment. Securing this is a priority. £72m funding for the rebuild of Park House (Mental Health services) has been announced and the delivery of the rebuild forms part of the whole-site strategy. The NMGH site more broadly has been included in the national Health Infrastructure Plan, with seed funding to be made available to work up more detailed plans for the site redevelopment. The site proposition includes a hospital rebuild and the development of a health and wellbeing centre and education and learning centre. Partners will work at pace to develop the detailed proposals which will be required to draw down the capital investment, alongside undertaking further work on the plans for regeneration, public sector reform and service transformation.

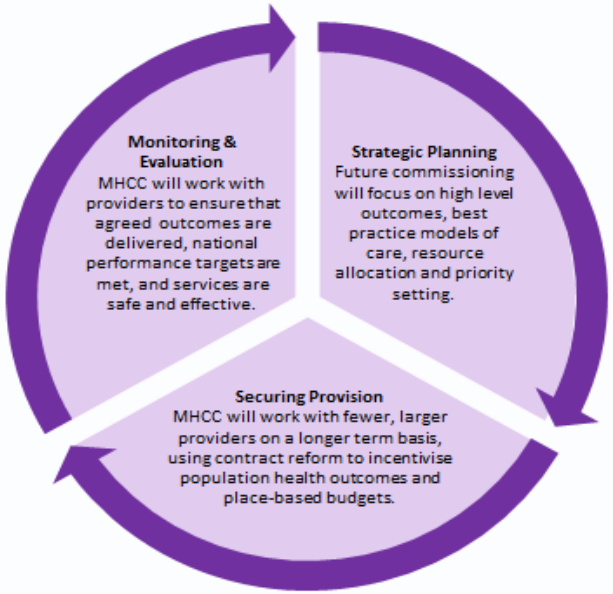
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MANCHESTER'S SYSTEM ARCHITECTURE - MHCC

OUR HEALTHIER MANCHESTER

Commissioning in Manchester – An Evolving Approach

Manchester Health & Care Commissioning (MHCC), a partnership between Manchester City Council and Manchester Clinical Commissioning Group, was formed as the single commissioner for health, public health and adult social care in April 2017. It is now moving into the second phase of its development, focusing on its role as a strategic commissioner, working with key system delivery partners: MLCO as an integrated provider of out of hospital care; MFT; federated models of primary care and more latterly Primary Care Networks; and Greater Manchester Mental Health FT (GMMH) as the mental health provider for the City.



What this means for providers

This will enable MHCC to focus on longer term objective setting and system-level transformation programmes, enabling providers to manage and deliver more comprehensive and seamless care pathways for patients/service users, through the integration of direct provision and sub-contracted services . This provides a greater opportunity to join up care, take a more proactive approach and transform the system in order to improve outcomes.

As MHCC develops as a more strategic commissioner, a number of functions, and associated resources, will shift to providers, including service design, demand and capacity planning and the subcontracting of services that complement direct provision, along with associated safety and quality assurances.

The most profound change will be in the MLCO, as this increasing scope will complement their delivery at a neighbourhood level with the commissioning of care packages and VCSE grants, for example, in a locally targeted way.

Commissioner and provider relationship

Rather than a retention of the 'commissioner/provider split', the Manchester system will direct all of its available resources to improving health and care outcomes, in accordance with the Our Healthier Manchester strategy. **As a strategic commissioner, MHCC will ensure the full involvement of providers, the public and other stakeholders in planning future provision.**

Our relationship with the Greater Manchester Health & Social Care Partnership (GMHSCP)

MHCC will play an active role in the GMHSCP, working as part of the GM Joint Commissioning Board and GM Commissioning Hub to realise the ambitions set out in Taking Charge (2016) and the GM Prospectus (2019).

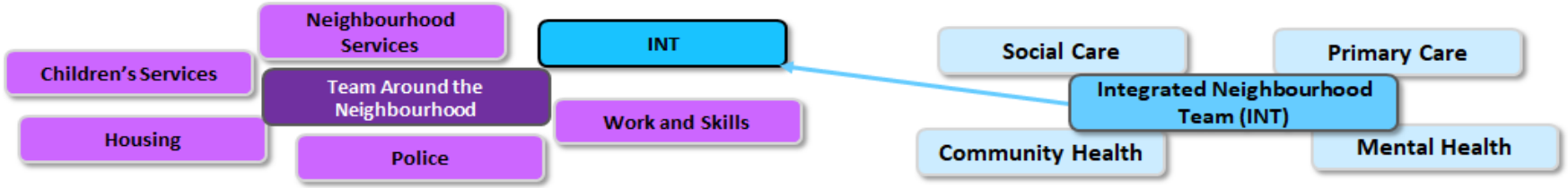
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INTEGRATED NEIGHBOURHOOD WORKING

OUR HEALTHIER MANCHESTER

Bringing Services Together for People in Places is Manchester's approach to developing a model of integrated neighbourhood working that meets the requirements of the GM Public Service Model. This model represents the next level of integration for the health and social care system, following the achievements outlined earlier in the plan in integrating community, hospital and commissioning organisations. Health and social care will connect with wider services and assets in neighbourhoods in order to deliver joint priorities, and help people with more complex needs.

Manchester has developed shared neighbourhood footprints, largely based on populations of between 50,000 and 60,000 (plus the City Centre which is 28,000)



Public services delivering together

- A 'Team Around the Neighbourhood' - consists of 6 'link lead' operational managers across Health and Social Care, GMP, Children's, Registered Housing Providers, Work and Skills and Neighbourhood Services. Connected to VCSE organisations in the neighbourhood.
- The INT Lead within the MLCO is the connection between health and social care and wider public sector agencies.
- Each 'Team Around the Neighbourhood' will work together on a shared set of joint priorities for the place.
- The ambition is to integrate teams working across neighbourhoods to remove system duplication and start to look and feel like one public service team.

Health and social care connects into wider neighbourhood services

- Integration of health and social care at the neighbourhood level in Manchester is through Integrated Neighbourhood Teams (INTs), comprised of health and social care staff (district nurses, therapists, reablement, social care and mental health staff), and connected to Primary Care Networks (PCNs).
- Each INT has a single leadership team with staff co-located in community hubs working to a shared delivery plan.
- INTs connect to the 'Team Around the Neighbourhood' via the INT Lead and develop joint priorities for the neighbourhood with other partners.

Individuals and families with complex health, care and wider needs will be supported by a multi-agency meeting that mobilises integrated frontline support from different services. These will build on existing multi-disciplinary teams (MDTs) for health and social care in each neighbourhood, and will connect to wider services.

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INTEGRATED NEIGHBOURHOOD WORKING

OUR HEALTHIER MANCHESTER

Manchester's Neighbourhood approach will deliver the six key features of the GM Public Service Model, as set out below.

1	**Geographic alignment**	Thirteen neighbourhood footprints (including the City Centre) have been agreed between Health and Social Care (H&SC), Registered Housing Providers, Police and Children's Services. These are largely co-terminous. There is more work to do to align the frontline on these footprints. There is a clear plan of how these footprints connect to INTs and PCNs. Most neighbourhoods are towards or slightly larger than 50k population size given Manchester population. Each neighbourhood will include focused activity on small geographical areas within it, informed by relevant data.
2	**Leadership and accountability**	The 'Team around the Neighbourhood' (TatN) will be the integrated leadership team for services in each neighbourhood. It will connect to other H&SC services, the MLCO Leadership Team, and H&SC locality governance through the INT Lead. The TatN will make decisions about joint priorities for each neighbourhood. At the city wide level, the Our Manchester Investment Board (OMIB) is the key forum of Chief Executives from different services to work together on public service reform for Manchester. Progress from the Neighbourhood will be fed directly in to the OMIB.
3	**One workforce**	The TatN will lead on the development of 'one workforce' at the neighbourhood level. This will be enabled by a joint workforce development programme including strengths-based development and systems leadership. Each TatN will identify one or more practical projects to join up frontline teams on. Case navigation forums will integrate frontline delivery. Evaluation will measure the extent that the TatN look and feel like one team, including workforce and resident engagement.
4	**Shared financial resources**	MHCC is the single commissioning function for H&SC in the city that has an agreed set of shared strategic aims. Pooled budget arrangements already exist for health and social care in Manchester between MCC and MHCC. Voluntary and community sector funding streams have also been combined between MCC and MHCC. An integrated H&SC neighbourhood budget is in development to support 2020/21 service planning.
5	**Programmes, projects and delivery**	The common goal of public services in Manchester is to deliver the strategic aims for the city described in the Our Manchester Strategy 2016-25. These aim to improve lives for Manchester residents, improve outcomes, connect more people to economic growth, and reduce demand for services. The Our Manchester approach identifies how these will be delivered through new ways of working. Neighbourhood working will include some consistent elements across the city – in a single neighbourhood delivery model - and some flexibility to deliver priorities and work differently in each neighbourhood. Joint workstreams will be developed to improve shared knowledge of the strengths and issues in the place, including joined up resident engagement, population insight and risk stratification.
6	**Tackling barriers and devolution**	OMIB is the overarching governance group for public service Chief Executives across Manchester, which is responsible for driving delivery of this approach. Barriers that can be tackled at the neighbourhood level are escalated to OMIB for action for the Chief Executives. Manchester is well represented on all key GM governance groups and provides significant input to GM work with Government on devolution.

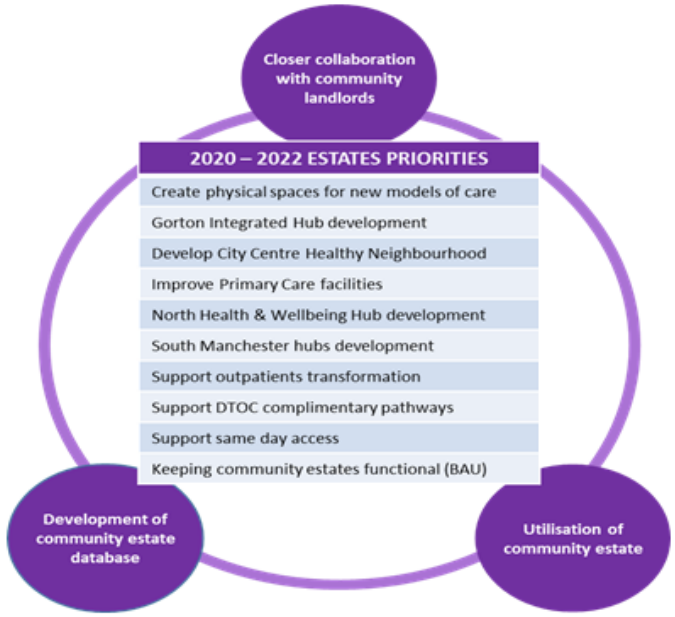
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INTEGRATED NEIGHBOURHOOD WORKING

OUR HEALTHIER MANCHESTER

The Manchester Neighbourhood Model will seek to enable change through the optimisation of the public estate, and the use of digital technology, building on success to date. Estates and IM&T enabling programmes have worked together over three years to design 12 new hubs for INTs to co-locate in each neighbourhood. This has involved building refurbishment in most existing community sites, with supporting IT and networks installed. The challenge now is to integrate further across the health & care system, and beyond, to enable the delivery of the Locality Plan's five strategic aims.

The **Manchester Executive Strategic Estates Group** is working with partners across the city to deliver its priorities up to 2022, outlined below.



The **Manchester Digital Board** is developing a new digital strategy and delivery roadmap, working closely with Health Innovation Manchester (HiM) and GMHSCP. The Board will focus on five areas, all underpinned by effective information governance and data sharing agreements:

Digital Architecture (Networks, Security, Support)	The ways in which Manchester develops a more integrated system network architecture
Core Systems Implementation & Optimisation	How core organisational systems are developed with system objectives in mind.
Shared Care Records	Collaborative development of shared care records for both staff and citizens.
Care closer to home	Including self-care technology and patient consultation technology, supporting care closer to home.
Knowledge & Insight	The development of a knowledge system for Manchester that harnesses the wealth of data and evidence to drive better decision making.

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A FOCUS ON WORKFORCE

OUR HEALTHIER MANCHESTER

The **Manchester Locality Workforce Transformation Group (LWTG)** is a collaborative of system partners leading on the integration of workforce transformation activity to meet the five strategic aims of the Locality Plan. LWTG's aim is **'To make Health and Care in Manchester the best place to work'.** An integrated system approach is being developed in five priority areas to address the following challenges:

- Health and social care increasingly operates in an emergent, uncertain and ambiguous context with a focus on place-based and person-centred care working across organisational boundaries.
- Changing needs, higher expectations and increasing demand for limited resources places pressure on traditional models of service delivery and ways of working.
- Delivering safe, high quality and compassionate care is compromised by gaps, vacancies and hard to fill roles across Manchester, and the lack of a common workforce operating model across the system.
- Recruiting, retaining and supporting health and social care staff to deliver their best at work.
- Skills shortages both local and national for key roles such as Nurses, Social Workers, Therapists, GP's and hospital based medical staff cause significant financial and service delivery challenges, with reliance on expensive agency workers.
- To make better use of technology and enhance digital skills.
- Developing leadership behaviours across the system to operate in matrix structures and systems.
- Changing attitudes to work by the different generations will need to be responded to by employers – e.g. greater demand work flexibly. Workforce demographics are changing e.g. people working until an older age , by 2030 millennials will make up 75% of the workforce.

FIVE PRIORITIES

Recruitment, Retention and Progression

2020

➢ Design and application of a bespoke attraction strategy

➢ Developing integrated apprenticeships/ maximising use of the apprenticeship levy.

2021-23

➢ System recruitment strategies that position Manchester's health and care partners as employers of choice for people from diverse backgrounds; and for future generations, who may have different expectations around what they want from their careers and places of work.

Workforce Operating Model

2020

➢ Options appraisal and implementation of potential employment framework to enable cross-organisational movement of staff within the Manchester locality.

2021-23

➢ Aligning policies and processes across the system

➢ Review potential alignment of staff benefits across the system.

Inclusion, Social Value and Wellbeing

2020

➢ Bring together workforce race equality strategies and plans into a locality approach to improve BAME representation across the system

➢ Our locality approach will be used to inform and support system leaders to be clear on our drive to address and remove unnecessary and harmful disparities in employment

➢ Develop a single clear brand or message on our commitments to address inequalities in employment and promote inclusion.

2021-23

➢ Health and wellbeing baseline assessment indicators in place across all partner organisations

➢ Mental Health awareness campaign across the system

➢ Shared information about health and well-being resources

➢ Enabling recruitment, training and support for disabled staff

➢ Commitment to work towards Disability Confident level 3.

Workforce Planning

2020

➢ Develop and expand the scope of the Virtual Workforce Intelligence System (VWIS) to enable Manchester to undertake strategic workforce planning at a system level.

2021-23

➢ Improved approach to workforce planning – aligned to population growth, new roles and skills mix, shortages, cross sector and integrated career pathways.

Workforce Development

2020

➢ Review approaches to talent management

➢ Integrated approaches to leadership and development where it supports the system

➢ Review opportunities to collaborate on education, training and development.

2021-23

➢ Further development of person centred and strengths based approaches

➢ Implementation of the Primary Care workforce strategy.

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RESPONDING TO THE NHS LONG TERM PLAN

OUR HEALTHIER MANCHESTER

Building a sustainable health and care system through the delivery of national and local policy drivers and requirements will be critical to successful implementation of the Locality Plan. Such drivers include the Local Industrial Strategy, the Greater Manchester Model of Public Service Reform, the Health and Social Care Prospectus, and the NHS Long Term Plan (LTP).

A readiness assessment has been completed against the NHS LTP to assess the preparedness of the city to deliver on the LTP, and to understand any areas which will require additional focus. This assessment will be used to support both planning and assurance across the system. Taking account of these policy drivers, Manchester will focus on seven key areas, explained in more detail over the next four pages.

PLANNED CARE

Delivering shorter waits for planned care and ensuring that patients are able to choose where and how they receive their care remains a priority. Through the **Joint Planned Care Board** involving providers and commissioners, reform will be targeted in the right areas by using Getting It Right First Time (GIRFT) and NHS Right Care. This will ensure any unwarranted variation is identified and addressed and will support the delivery of shorter waits for planned care. MHCC continues to work closely with its main provider to manage waiting times in line with national guidance. Specialty level delivery trajectories are in place to reduce waits and there are systems in place to ensure no patients wait over 52 weeks for treatment including review of all patients at 46 weeks. Oversight continues through weekly taskforce meetings between the MFT and MHCC.

The volume of planned care surgery required to deliver the elective standards will be considered annually as part of the NHS planning round and contract negotiations. MHCC will work with providers to undertake a capacity and demand exercise. As part of this, any new guidance (NICE, NHS LTP, choice at 26 weeks) will be considered, along with affordability and deliverability. The Elective Care Board will oversee the implementation of the **Elective Care Reform Programme**. This programme will focus on delivering reform through the use of new technologies with a view to reducing outpatient attendances. Priority areas have been agreed with stakeholders.

URGENT & EMERGENCY CARE

A comprehensive **System Wide Improvement Plan** is in place across Manchester and Trafford through which the delivery of urgent and emergency care priorities will be managed. The plan highlights key transformational workstreams and aligns to national priorities, regional priorities and operational priorities. This includes the overall requirements of the NHS LTP and will incorporate the outcomes of the **Clinical Standards Review**. The Clinical Standards Review is exploring whether an average (mean) time in A&E could be implemented safely, and will provide clinicians with a useful measure of activity and patient experience. The review is also collecting data to examine the feasibility of measuring how fast critically ill or injured patients arriving at A&E receive a package of tests and care (developed with clinical experts) for conditions such as stroke, major trauma, heart attacks and sepsis. Field testing of these standards are currently underway at a small number of hospital sites across England.

Improving performance against key system indicators such as A&E waiting times, Delayed Transfers of Care, and Length of Stay is central to the plans in Manchester. Examples of how improvement will be delivered include developing a single multidisciplinary Clinical Assessment Service (CAS) integrated within NHS 111, implementation of Urgent Treatment Centres (UTC) in each locality and embedding discharge standards to ensure every patient has a plan in place for discharge.

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RESPONDING TO THE NHS LONG TERM PLAN

OUR HEALTHIER MANCHESTER

MENTAL HEALTH

MHCC is committed to ensuring that everyone who needs mental health care has timely and equitable access to high quality, evidenced based provision, as close to home as possible, that has been developed in partnership with all of our providers and people with lived experience. This will be done by ensuring that our system plans for delivering the LTP and Mental Health Implementation Plan are clearly aligned to other work areas such as ageing well, maternity, primary care, personalisation and learning disabilities. Examples include:

- Commissioning **specialist perinatal community services** and supporting partners of women who are using these services.
- Securing **more access for children and young people (CYP) to NHS funded care** including school and/or college based mental health teams.
- Working with providers who deliver 0-25 services to **smooth the transition** from CYP to adult services.
- Securing **better outcomes for people accessing crisis services** by improving adults and CYP crisis pathways.
- Working with our local care organisation to fully align and embed **Improving Access the Psychological Therapies (IAPT) services** within neighbourhood level structures and support closer working with primary care services.
- Improving **primary care mental health support** available in the community, ensuring that people move between the different levels of mental health care with ease.
- Supporting the delivery and provision of mental health rehabilitation services within community settings to **enable people to recover whilst firmly rooted within their communities and lives**.

CHILDREN'S SERVICES

Our vision is for a **safe, healthy, happy and successful future** for all children and young people in the city; a city passionate about children and young people living in stable, safe and nurturing homes; safely reducing the number of looked after children; having the best start in the first years of life; and fulfilling their potential. This will be delivered working in partnership across the system to promote a strengths-based way of working, focused around the child and young person (CYP) and the outcomes that matter to them. Areas of focus will include:

- **Improving health outcomes of CYP with SEND** by ensuring that they receive an integrated response to their health, educational and social needs.
- Implementing M-Thrive to enable **access to emotional health and wellbeing support**.
- Preventing avoidable admissions to hospital through **building community capacity and confidence within local populations to manage minor illness**.
- Having a **robust, local offer in Manchester to those CYP who require longer term care outside of their family home**, which will include Special Guardianship Orders, Foster care, respite and residential offers.
- **Providing pathways of support across education, health and care** for Looked After Children up to the age of 25, both within and outside of the city ensuring they have the right care and support at the right time in the right way.
- **Successfully transitioning young people to adult services**, with full involvement from the young person in a gradual, planned way to ensure that young people have a better experience of moving between support settings, be they in health, care or education.
- Working with the GMHSCP to implement **Better Births.**
- **Taking a 'whole system approach' to reducing childhood obesity,** engaging with partners beyond the field of health and challenging the obesogenic environment in the city. Specifically in health we will be expanding the Infant Feeding Strategy to increase breastfeeding rates, and develop a neighbourhood 'social prescribing' model of Tier Two and Three weight management provision.

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RESPONDING TO THE NHS LONG TERM PLAN

OUR HEALTHIER MANCHESTER

CANCER

An overall Cancer strategy has been developed which covers how partners across Manchester will drive the improvement of cancer outcomes, and achieve the requirements of the NHS Long term Plan. Area of focus will be:

- **Improvement of the one-year survival rates** of people in Manchester through earlier diagnosis by working across primary networks, neighbourhoods, and with the VCSE to increase the uptake of the screening for national and local cancer screening.
- Consistently **achieving the cancer waiting time standards** though the implementation of **Faster Diagnosis Pathways** initially for Colorectal, Lung and Prostate, to be followed by OG, Head and Neck, Gynaecology and Hepatobiliary. This may include the development of one stop clinics, straight to test pathways, and multi-diagnostic/rapid diagnostic clinics.
- **Improving access to high-quality treatment services**, including through roll out of Radiotherapy Networks, strengthening of Children and Young People's Cancer Networks, and reform of Multi-Disciplinary Team meetings
- **Roll-out of personalised care interventions**, including stratified follow-up pathways, to improve quality of life.
- Working with GM to support **the roll out of Prehab 4 Cancer,** to improve people's fitness before cancer treatment and therefore improves recovery and reduce post-treatment complications. Initial focus will be on services for colorectal, upper gastro-intestinal (GI), lung and hepato-pancreatic-biliary (HPB) patients.
- MFT is one of the seven **genomics hubs** across England. We will engage with the genomics hub to understand how genomics can be used for screening and personalising cancer treatment for second cancers, and how affected relatives can have regular surveillance to ensure early detection of any cancers.

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RESPONDING TO THE NHS LONG TERM PLAN

OUR HEALTHIER MANCHESTER

FINANCIAL SUSTAINABILITY

Financial sustainability remains a key priority for Manchester's health and care system and partners throughout the planning period 2019/20 to 2023/24, embodied in the strategic aim to **'Achieve a sustainable system'** within both the Locality Plan and 'Manchester Agreement':

- **Transform the health and care system, moving our focus from hospital to the community.**
- **Reinvest the savings we make into better care.**
- **Balance our finances now and in future years.**
- **Develop our workforce so we have committed, healthy, skilled, people where and when they are needed.**

The Locality Plan sets the ambition to radically improve people's health in the city. Manchester has already commenced an unprecedented set of complex, interdependent reforms to the way services are commissioned and provided, encompassing structural, contractual and service delivery transformation.

Large scale investment was secured to 2021 to support health and care transformation through the 'GM Transformation Fund', additional Government funding for Adult Social Care (ASC), and a range of other sources. The GM Investment Agreement included high-level information about what needs to be delivered in return for the investment from the GM Transformation Fund. The Manchester Agreement sits alongside the GM Investment Agreement to provide additional assurance about how investment and reform will reduce demand in the city, including how partners will collaborate to better understand how the investments being made in new models of care will reduce demand for acute health services, and, through decommissioning, release cashable savings for reinvestment.

The next planning period represents a crucial phase in embedding and realising the full benefits of the changes to date, whilst responding to emerging policies within the NHS Long Term Plan. This includes a priority to invest funding growth within primary, community and care services.

The forward five year health and care financial plan is currently being refreshed but it is anticipated that substantial financial challenges will need to be addressed across the health and care system. This will critically depend upon the continued strength of the city's excellent partnerships and working relationships and in particular, the city's executive financial leaders in the context of financial sustainability.

All partners will have a role to play in ensuring that recent transformational investment delivers improvements in health and care outcomes for Manchester's people, as well as long term financial sustainability for Manchester's health and care partners. This will be enabled via a system-wide focus upon achieving the best possible value from Manchester's scarce resources, including, where appropriate, designing and delivering further system-wide efficiency programmes.

Within this context, partners are currently considering alternative future funding models and strategies - for example, affordability (rather than National Tariff based acute contracts); reliant upon a key principle of intra-organisational trust and transparency and ongoing reciprocal understanding of the partners' dynamic organisational financial contexts.

RESPONDING TO THE NHS LONG TERM PLAN

OUR HEALTHIER MANCHESTER

Although not covered explicitly in the NHS Long Term Plan, improvements to adult social care services are necessary to both help stabilise an NHS under increasing demand pressures, and to expand and improve community based health and care services.

ADULT SOCIAL CARE

Manchester's Adult Social Care Improvement Programme is driving significant change and longer term sustainability through investment in workforce, a shift of focus to 'our people in place' via the mobilisation of Integrated Neighbourhood Teams and transformation to new ways of working underpinned by 'our culture' and the Our Manchester strategy. Significant investment has been made within the programme to deliver safe, effective and sustainable services that take a 'strengths based' approach to assessment and care and support planning. Mobilised INTs are beginning to realise tangible outcomes relating to joint visits with improved communication between health and social care (i.e. district nurses, social workers, GPs, care navigators, community mental health teams), streamlined referral processes and multi-agency meetings.

The programme will also transform how services are delivered at our 'Front Door' by supporting integrated responses, access to a wider range of system informatics and linking our people to innovation in care and support through a mainstreamed Technology Enabled Care offer. Our Homecare market has been re-procured and is being mobilised to integrate at place level with INTs and to better collaborate in care and support to enable better outcomes. Investment has been made in new and existing care models for example, the expansion of the Reablement Service to reach more people and to better support timely hospital discharge pressures alongside the development of a new Complex Reablement Service to support people who require a specialised, longer term approach to enablement. Plans around housing support options continue to mature with significant capacity (1000 units) of Extra Care coming on stream through 20/21 in addition to 70 new build properties for Learning Disabilities. These housing options create longer term sustainable responses to care and support, reduce pressures and cost in the system and improve personal choice and independence.

REFERENCE DOCUMENTS

OUR HEALTHIER MANCHESTER

Document	Web location
Our Manchester: The Manchester Strategy	www.manchester.gov.uk/info/500313/the_manchester_strategy
Our Healthier Manchester	https://healthiermanchester.org/
Greater Manchester Plan - Taking Charge of our Health and Social Care in Greater Manchester	www.gmhsc.org.uk/the-plan/
Greater Manchester Transformation Agreement	www.greatermanchester-ca.gov.uk/homepage/59/devolution
Population Health Plan	www.manchester.gov.uk/downloads/download/6898/manchester_population_health_plan_2018-2027
NHS Long Term Plan	www.longtermplan.nhs.uk/

Further information can also be found at:

Organisation	Web location
Manchester Joint Strategic Needs Assessment (JSNA)	www.manchester.gov.uk/jsna
Greater Manchester Health and Social Care Partnership (GMHSCP)	www.gmhsc.org.uk/
Greater Manchester Combined Authority (GMCA) – for key regional strategies: Greater Manchester Strategy; Local Industrial Strategy; Greater Manchester Independent Prosperity Review	www.greatermanchester-ca.gov.uk/
Organisational Websites: MFT, MHCC, MLCO, MCC and GMMH	www.mft.nhs.uk www.mhcc.nhs.uk www.manchesterlco.org www.gmmh.nhs.uk www.manchester.gov.uk
The Health and Wellbeing Board (HWB) and Health Scrutiny Committee – past papers are publicly available	http://www.manchester.gov.uk/meetings

Appendix C: MLCO Financial Plan 2020/21

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Appendix D: Health Growth Assumptions

Board Heading	2020/21	2021/22	2022/23	2023/24
Acute	1.55%	1.55%	1.15%	1.15%
MFT Acute	2.65%	2.65%	2.25%	2.25%
Pennine Acute	2.65%	2.65%	2.25%	2.25%
Acute Non NHS	1.55%	1.55%	1.15%	1.15%
NCAs	1.55%	1.55%	1.15%	1.15%
Mental Health	6.01%	4.20%	3.90%	4.34%
Learning Disabilities	6.01%	4.20%	3.90%	4.34%
Continuing Healthcare	3.00%	3.00%	3.90%	4.34%
Community NHS	4.36%	4.17%	3.89%	3.64%
Community Non NHS	4.36%	4.17%	3.89%	3.64%
Prescribing	3.00%	3.00%	5.00%	5.00%
Primary - local enhanced services	1.00%	1.00%	2.00%	2.00%
primary - out of hours	1.00%	1.00%	2.00%	2.00%
Primary - Other	1.00%	1.00%	2.00%	2.00%
Primary care medical services				
Other Programme Spend	0.70%	0.70%	0.70%	0.70%
Propco	0.70%	0.70%	0.70%	0.70%
Overheads programme	0.70%	0.70%	0.70%	0.70%
Admin	-0.08%	-0.12%	-0.12%	-0.12%
Reserves	0.00%	0.00%	0.00%	0.00%

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