

JOINT FORWARD PLAN: ENGAGEMENT DRAFT
Report of Greater Manchester Integrated Care Partnership

1. INTRODUCTION AND PURPOSE OF REPORT

1.1 The Greater Manchester Integrated Care Partnership Strategy, presented to the Health and Wellbeing Board on 1st March 23, outlined the most significant challenges facing the Greater Manchester health and care system:

- How to continue the improvements already made in GM's approach to integrated care and population health improvement
- The wider influences on health and good lives
- Economic inclusion
- Access to services, operational pressures and increasing demand
- Health outcomes and health inequalities
- The challenge of financial sustainability

1.2 The Board is asked comment on the attached draft Joint Forward Plan which is the delivery plan for the Integrated Care Partnership Strategy. There are 4 key questions we are required to consider (see Section 2). The document is based on the six missions in the Strategy; the actions to deliver them; the measures for tracking delivery; and where accountability is held. This is supported via the performance framework and ways of working. The Plan will be revised and update each year.

2. THE SIX MISSIONS

2.1 The Strategy provides clarity that the system working together must both meet these immediate pressures and continue to address their underlying causes through improving the health of the population. The following missions in the strategy were developed to ensure a recognition of this range of challenges.

2.1.1 Strengthening our communities

We will help people, families and communities feel more confident in managing their own health and wellbeing. We will act on this with a range of programmes, including working across Greater Manchester to support communities through social prescribing, closer working with the VCFSE and co-ordinated approaches for those experiencing multiple disadvantages.

2.1.2 Helping people stay well and detecting illness earlier

We will collaborate to reduce smoking rates, increase physical activity, tackle obesity and alcohol dependency. We also want to do more to identify and treat high blood pressure, high cholesterol, diabetes, and other conditions which are risk factors for poor health. Working in partnership and with targeted interventions, we will embed a comprehensive approach to reducing health inequalities.

2.1.3 Helping people get into, and stay in, good work

One of the purposes of Integrated Care Systems is to support wider social and economic benefits from NHS investment. We will act on this by expanding our Work and Health programmes, working with employers on employee wellbeing,

through the Greater Manchester Good Employment Charter¹ and developing social value through a network of anchor institutions².

2.1.4 Recovering core NHS and care services

We will work to improve ambulance response and A&E waiting times, reduce elective long waits and cancer backlogs, improve access to primary care services and core mental health services, improve quality and reduce unwarranted variation for adults and children alike.

2.1.5 Supporting our workforce and our carers

We will promote integration, better partnership working and good employment practices, as well as supporting our workforce to be well and addressing inequalities faced in the workplace. We want more people choosing health and care as a career and feeling supported to develop and stay in the sector. We will consistently identify and support Greater Manchester's unwaged carers.

2.1.6 Achieving financial sustainability

Financial sustainability - 'living within our means' - requires an initial focus on financial recovery of the health system, to achieve a balanced position. We will identify the main reasons for financial challenges in the Greater Manchester health system, and implement a system wide programme of cost improvement, productivity, demand reduction and service transformation.

2.2 For each of the missions, we have set out the key areas of focus and the actions to deliver our vision and outcomes. These are described in greater detail in the next six chapters of this document. We have set out the accountability for the delivery of the missions. We describe this as:

2.2.1 Delivery Leadership

The board/organisation accountable for driving change and improvement in the relevant part of the system. This recognises that the key responsibility for bringing together and driving delivery will sit with Locality Boards, providers and provider collaboratives

2.2.2 System Leadership

This recognises the board/group accountable for creating the system-wide conditions, frameworks, and standards to enable delivery.

3. FOUR KEY QUESTIONS

3.1 To develop the draft further, the Integrated Care Partnership are seeking our views on some key questions and request that these questions are discussed at the next meeting of the Health and Wellbeing Boards. These are:

3.1.1 What are your views on the proposed accountability arrangements for the missions – in particular, the distinction between delivery and system leadership

3.1.2 What are your thoughts on the key actions? Are there any areas of work that are missing or that we need to place greater emphasis on?

¹ <https://www.gmgoodemploymentcharter.co.uk/>

² <https://www.health.org.uk/publications/reports/building-healthier-communities-role-of-nhs-as-anchor-institution>

3.1.3 Are the metrics selected for the actions the right ones? Are there any that you would change or add?

3.1.4 Any other views on the document?

3.2 NHS England guidance states that the plan needs to be published by 30th June. Feedback is required by 26th June to enable the document to be published by this deadline.

4. CONCLUSIONS AND RECOMMENDATIONS

4.1 The Health and Wellbeing Board are asked to respond to the key questions and make any further comments on the document.

BACKGROUND PAPERS

Greater Manchester Integrated Care 5-year Strategy

Anyone wishing to inspect the above background papers or requiring further information should contact Geraldine Gerrard on email Geraldine.gerrard@stockport.gov.uk