Greater Manchester Integrated Care Partnership Strategy

Good lives for all – Improving health and care in Greater Manchester 2023-2028

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Executive Summary

To follow

1 Foreword

Foreword by Mayor Paul Dennett & Sir Richard Leese as Co-Chairs of the ICP Board – to follow

2 Introduction

This document is Greater Manchester's Integrated Care Strategy. It sets out how we intend to work to address the health needs of the 2.8m residents of Greater Manchester. It focuses on the health and care contribution to enabling everyone to live a good life through improved wellbeing.

Much of what needs to be done to improve wellbeing cannot be delivered by integrated health and care alone and cannot be done at a GM level. Neighbourhood and place-based working – creating resilient and active communities – can affect a broad range of factors influencing people's health and wellbeing.

This strategy builds on existing plans across GM, including in each locality.
It builds on GM's history of organisations working together across GM and within localities.
It builds on GM's strong record of organisations, people and communities working together, demonstrated powerfully in response to the pandemic,
It is not about taking action on everything at once but being clear on what we can do better by working together.

It is not a detailed plan of everything that will be done, and which should continue. It confirms the shared commitments which underpin that wider work, and also proposes a very small number of priority missions which will connect the whole Partnership through the period of this strategy.

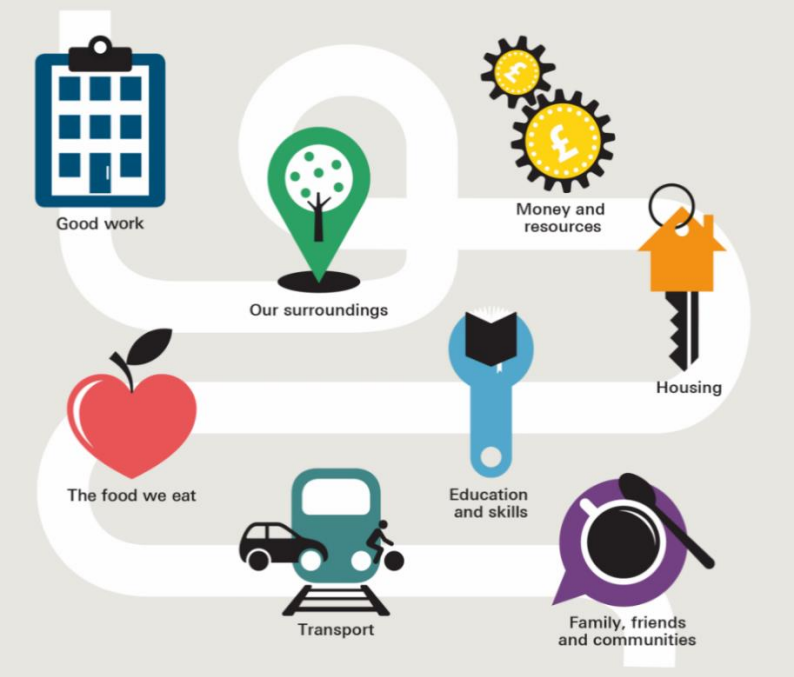
The strategy recognises that wellbeing – all the things that enable people to have good lives – is not something that can be achieved through the provision of health and care services alone, although they play a vital part.

> *"Wellbeing encompasses all the things that enable people to have good lives. It is as much about a good environment, for example having access to parks and green spaces, as it is about optimal health and accessible health and social care services. Wellbeing means having a good standard of living, living in a vibrant community where cultural diversity is respected and cultural expression encouraged. Wellbeing is about the work you do (paid or unpaid) and the places you do it in and being able to balance work and other important things in life, such as time with family and friends. Wellbeing is your physical, psychological, and spiritual health. Wellbeing is about opportunities for participation and self-determination, being governed well and having your voice heard"*[1]

The strategy recognises that we do not all have the same opportunities to be healthy and live healthy lives. To understand why, we need to look at the bigger picture (Figure 1)

[1] The GM Independent Inequalities Commission, The Next Level: Good Lives for All in Greater Manchester, 2021, p. 26.

Figure 1[2]: What makes us healthy?



2.1 Why a strategy now?

The way in which health and care services are organised in every part of England changed on 1 July 2022, as new national legislation came into force. GM is now an Integrated Care System – a partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in GM.

There is a requirement for all ICSs to develop a strategy. NHS organisations and local authorities must then by law have regard to this strategy when making decisions about the use of health and care resources. This is the strategy for the GM ICS.

In GM we had a strategy for health and care, called "Taking Charge"[3] which was developed in 2015, following the devolution of funding for health and social care from Government to GM. This was intended to cover the first five years of devolution and so now, in 2022, it is time for this to be refreshed and updated. This strategy is the successor to "Taking Charge" (see section 4.1.2)

Within GM the pandemic showed the impact of deprivation on health outcomes for our citizens compounded by a multitude of wider inequalities. This is a challenge for the whole of GM and reinforces the ongoing need for a broad public service reform agenda, linked to a demanding environmental agenda and the building of a more inclusive economy, and in both, integrated health and care has a significant role to play.

[2] © Health Foundation, 2019, https://www.health.org.uk/infographic-what-makes-us-healthy
[3] taking-charge-of-our-health-and-social-care-plan.pdf (greatermanchester-ca.gov.uk)

2.2 What's in the strategy?

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

- a set of shared outcomes: "the Greater Manchester we want to see"
- a set of shared commitments "Together we will …" describing the things we will do and our key priorities
- supported by a description of how we will work together ("Ways of Working")
- and a set of high-level progress measures.

A range of people and organisations have been involved in the preparation of the strategy (Appendix 1).
The strategy is aligned with the ambitions of the public sector across GM, as described in the Greater Manchester Strategy (GMS, section 0) and shares the same vision (section 5).

3 Context

3.1 About Greater Manchester

Greater Manchester is one of the country's most successful city-regions. Home to more than 2.8 million people and with an economy bigger than that of Wales or Northern Ireland. Our vision is to make Greater Manchester one of the best places in the world to grow up, get on and grow old. We're getting there through a combination of economic growth, and the reform of public services.

The Greater Manchester Combined Authority (GMCA) is made up of the ten Greater Manchester councils and Mayor, who work with other local services, businesses, communities and other partners to improve the city-region.

The ten councils (Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan) have worked together voluntarily for many years on issues that affect everyone in the region, like transport, regeneration, and attracting investment.

3.2 Public services in GM

In GM we have the benefit of public services having worked together for a number of years. GM has developed a model for its public services[4], which covers all services including health and care and is the basis for integrating care (ICS)

Geographic alignment	Common service delivery footprints – including in localities and neighbourhoods
Leadership and accountability	Place-based leadership – including health and care locality boards and place leads.
One workforce	The look and feel of one team – at all levels including neighbourhoods
Shared financial resource	Single commissioning function and an understanding of the full public spend, moving towards pooled budgets between health and care in each locality
Programmes, policy, and delivery	Strategic plans and change programmes working in the same direction – as this strategy does
Tackling barriers and delivering on devolution	Formal mechanisms to identify, act on and escalate issues, as well as continuing to negotiate for further health and care devolution with Government.

[para to be added on how well developed this model is from GMCA stocktake report – Dave Ottewell – when it is issued and if helpful]

3.2.1 The Greater Manchester Strategy

The Greater Manchester Strategy (GMS) sets out how, working collectively across GM, with our communities, we can deliver the vision:

4 https://www.greatermanchester-ca.gov.uk/media/2302/gtr_mcr_model1_web.pdf

"*We want Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city region*"

The GMS focuses on improved wellbeing for the people here, with better homes, jobs and transport. The strategy describes how work to make Greater Manchester a great place to visit, invest and study, with thriving businesses which are UK and world leading, in sectors including low carbon and digital, will continue. The GMS is designed to ensure that activity supports the achievement of a greener, fairer and more prosperous Greater Manchester, in a way which is inclusive, innovative and forward thinking, building on the pioneering and progressive culture which underpins GM. It also shows how GM can be held to account, with a delivery plan showing the collective actions being taken, and a performance framework to demonstrate progress.

The GMS focuses on shared outcomes:

The Wellbeing of our People

- A Greater Manchester where our people have good lives, with better health; better jobs; better homes; culture and leisure opportunities; and better transport
- A Greater Manchester of vibrant and creative communities, a great place to grow up get on and grow old, with inequalities reduced in all aspects of life

Vibrant and Successful Enterprise

- A Greater Manchester where diverse businesses can thrive, and people from all our communities are supported to realise their potential
- A Greater Manchester where business growth and development are driven by an understanding that looking after people and planet is good for productivity and profitability

Greater Manchester as a leading city-region in the UK and globally

- Greater Manchester as a world-leading low carbon city-region
- Greater Manchester as a world-leading digital city-region

3.3 Health and care services in GM

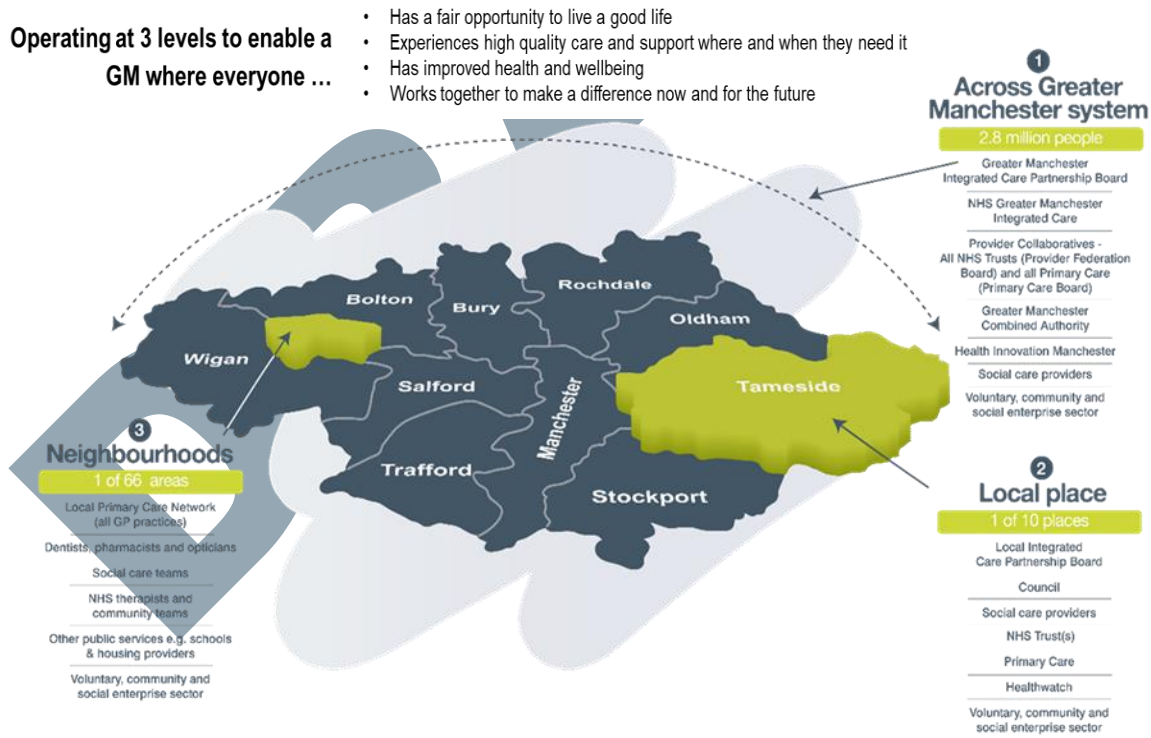
The way in which health and care services are organised in GM changed in July 2022, in line with the Health and Care Act 2022. The **GM Integrated Care Partnership** (covering the Integrated Care System - the ICS) was established. It connects NHS GM Integrated Care, the GM NHS Trusts and NHS providers across the whole of primary care with the GMCA, Councils and partners across the VCSE, Healthwatch and the Trades Unions. Together these partners take the actions which will make a difference to the health of the population of Greater Manchester.

Greater Manchester Integrated Care Partnership Board is a statutory joint committee of the ICB (see the next point) and LAs within GM. It brings together a broad set of system partners to support partnership working and it is the responsibility of this Board to develop this 'integrated care strategy' - a plan to address the wider health care, public health, and social care needs of the population.

NHS Greater Manchester Integrated Care (the Integrated Care Board – ICB) is a statutory NHS organisation leading integration across the NHS, managing the NHS budget and arranging for the provision of health services in a geographical area. It supports the ten place-based partnerships in Greater Manchester (Bolton, Bury, Heywood Middleton and Rochdale, Manchester, Oldham, Tameside, Trafford, Salford, Stockport and Wigan) as part of a well-established way of working to meet the diverse needs of our citizens and communities.
The GM ICS is one of 42 ICSs across England, is one of the largest and the only one coterminous with a Mayoral Combined Authority. It is responsible for allocating ~£7bn of NHS funding from the Government each year.

3.4 How the health and care system is set up

Figure 2 shows how the health and care system operates at 3 levels across GM.
Figure 2



3.4.1

3.4.2 In localities

Each locality has the following:

- A Locality Board to ensure the priorities are decided together in the locality and support the effective joint stewardship of public resources benefiting health
- A Place Based Integrated Care Lead with dual accountability to the local authority and to the ICB
- A place-based provider collaborative or alliance providing comprehensive integrated care at neighbourhood and place levels
- A population health focussed model supporting person and community centred approaches, social support alongside medical intervention, prevention and proactive early help across public services and VCSE partners. Local Health and Wellbeing Boards lead this work in many areas.
- A means of ensuring clinical and care professional input and leadership to place based working

3.4.3 Organisations providing health and care services

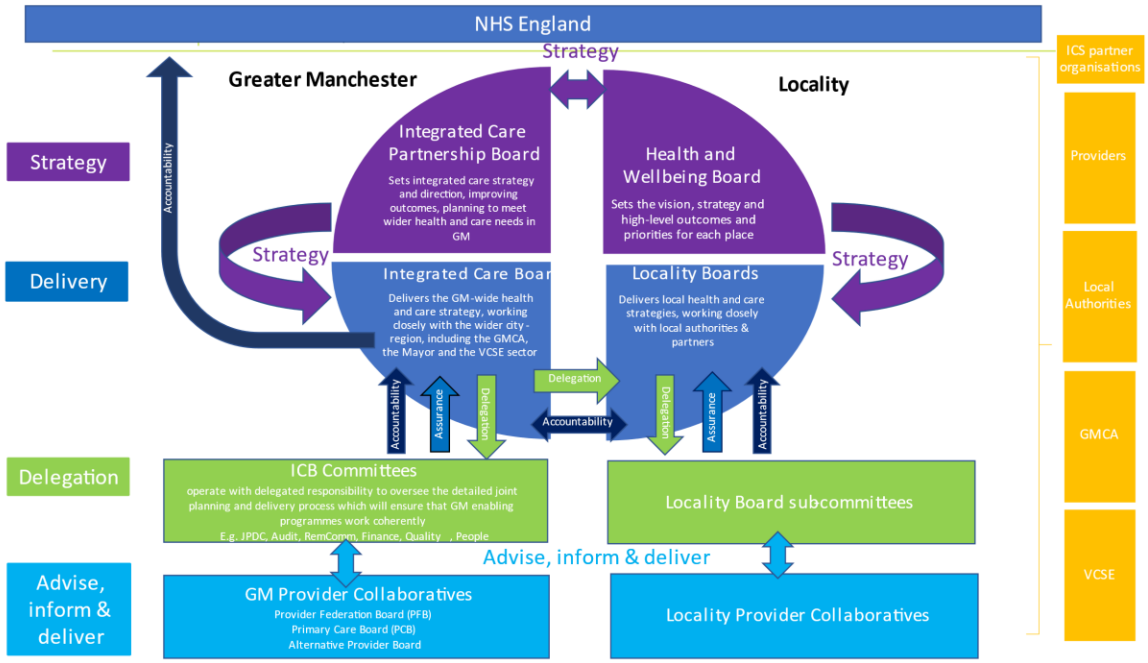
Within GM we have arrangements for providers to work together effectively at scale, including:

- The GM **Provider Federation Board** (PFB) is a membership organisation made up of the eleven NHS Trusts and Foundation Trusts who provide NHS funded services across Greater Manchester and East Cheshire. It includes the NHS providers of 111, 999, patient transport services (PTS), community mental health and physical health services and hospital mental health and physical health services
- The **GM Primary Care Board (PCB)** has been supporting collaboration and integration since 2015 and will continue to support the delivery of outcomes at all levels of, and across, the system, through its various programmes and its work with all 67 Primary Care Networks (PCNs) in GM.
- **GM Directors of Adults and Children's Social Care** collaborating to support transformation of social care at scale. For Adult Social Care this also includes joint working with the GM Independent Care Sector Network.
- **Voluntary, Community and Social Enterprise (VCSE) sector providers** are part of a three-way agreement (the VCSE Accord) between the GMCA, and the Greater Manchester ICS and the VCSE Sector represented by the GM VCSE Leadership Group, based on a relationship of mutual trust, working together, and sharing responsibility, and providing a framework for collaboration. The VCSE has also established an Alternative Provider Federation as a partnership of social enterprise and charitable organisations operating at scale across GM, providing an infrastructure for alternative providers to engage with the ICS on a GM footprint.

3.5 How do we take decisions together?

- **The GM Integrated Care Partnership Board** sits between NHS GM Integrated Care and Local Authorities, the Combined Authority and the Mayor's Office. NHS GM Integrated Care (the ICB) has a responsibility to deliver the national requirements of the NHS and allocate the GM annual £7bn health and care spending, in the context of the totality of £22bn public sector spending in GM across local Government, the Combined Authority and other public spend areas.
- **NHS Greater Manchester Integrated Care** allocates the NHS budget and commissions services for the population. It is directly accountable to NHS England for NHS spend and performance within the system. In GM, NHS GM Integrated Care delegates some of its functions and resources to locality boards, but the ICB remains formally accountable.
- **Ten Locality Boards** operating in each of the ten districts of GM and bringing together political, clinical, acute, mental health, primary, community and professional leaders of health and care (section 3.4.1)
- Figure 3 shows how decisions are taken[5]

Figure 3



[5] https://gmintegratedcare.org.uk/wp-content/uploads/2022/08/nhs-gm-governance-handbook-july-2022.pdf

3.6 How does this strategy fit with other plans?

The strategy outlines how we will all work together to enable everyone in GM to live a good life. 'Everyone' includes all NHS and council organisations, every community, voluntary sector organisations, and all the people who live here, from children to the elderly.

The ICP strategy will align with:

- The four objectives for Integrated Care Systems specified by NHS England[6] and for which NHS GM ICP will be required to report to NHS England:
    - Improve outcomes in population health and healthcare
    - Tackle inequalities in outcomes, experience, and access
    - Enhance productivity and value for money
    - Help the NHS support broader social and economic development.
- The outcomes and commitments in the GMS (section 0) including (but not limited to) the shared commitment related to health: "*We will reduce health inequalities experienced by Greater Manchester residents, and drive improvements in physical and mental health*".

3.7 Our model for Health and Care

Greater Manchester's vision is of a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer, more prosperous city region. The creation of NHS Greater Manchester, and the statutory Integrated Care Partnership, gives health and care partners the opportunity to work together to face the challenges the current economic climate presents to our communities and to public services. In doing that we will aim to accelerate the journey to improve our population's health and wellbeing we have been on for the last five years, and so play our part in delivering the city region's vision and being part of its model of public service (section 3.2).

This will involve rapidly increasing the level of integrated place-based working that connects all partners and communities who can contribute to improving health and tackling inequalities and moving more quickly to a stronger model of collaboration, and common purpose at the GM level, ensuring more consistent and standardised responses to systemic challenges.

Our strong connections across the NHS, local government, wider public services and the VCSE enables us to affect the widest possible range of the determinants of people's health. Our longstanding development of primary care and integrated neighbourhood working allows us to support proactive care and enable people to live well at home and reduce avoidable hospitalisation.

Mature provider collaboration supports the sustainability of services and enables common development of care pathways to drive improvements in patient access, outcomes and experience.

[6] https://www.england.nhs.uk/integratedcare/what-is-integrated-care/

Greater Manchester integrated care partners have, over recent years, developed key assets through deep relationships between the NHS and local government, through advanced provider collaboratives, with academia and industry with housing, employment, justice and education partners and across our voluntary, community, faith and social enterprise sectors. To ensure we play our part in delivering our shared vision across Greater Manchester, we will capitalise on both:

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

Figure 4 shows the model of health and care
Figure 4 [BEING UPDATED]

4 What has influenced this strategy?

We have drawn on a variety of sources, in order to identify our vision and shared outcomes going forward. These sources include

- What evidence is telling us
- What data is telling us
- What existing and developing plans are telling us
- What people are telling us

Details of the process of strategy development can be found in Appendix 1.

4.1 What evidence is telling us: health and care in Greater Manchester

4.1.1 What has already been achieved

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

- a faster decrease in the number of people smoking in GM compared to the rest of England, prior to the pandemic
- more babies being born smoke free, as a result of a programme of support for smoke-free pregnancies was showing benefit across GM
- more people were being active in GM compared to the rest of England prior to the pandemic, and since then, activity levels have been rising again.
- an increase in people have been supported to remain in, or go back to, work through programmes which support health
- an improvement in life expectancy against comparable areas. A study by University of Manchester researchers published in the Lancet Public Health[7] shows life expectancy in Greater Manchester was higher than comparable areas between 2016 and 2019, after the city-region took control of its health and care spending in a 'devolution deal' with Government. In the short-term, life expectancy remained constant in Greater Manchester but declined in comparable areas in England. In the longer-term, life expectancy increased at a faster rate in Greater Manchester than in comparable areas. The study showed the benefits linked to devolution on life expectancy were felt in the most deprived local authorities where there was poorer health, suggesting a narrowing of inequality.

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

As well as improvements in the health of the population, many new ways of working together were established which are the basis for further improvement in future. Integrated teams were established in all 67 neighbourhoods in GM, with close working between health, care and other services including the VCSE. This enabled community response to the pandemic to be mobilised quickly and effectively to support citizens and their needs. It was also the result of close relationships and leadership which had been developed over time.

4.1.2 What has been learned

GM has identified learning from the implementation of "Taking Charge" which has fed into the content and focus of this strategy. This learning includes:

[7] Published October 2022, https://doi.org/10.1016/S2468-2667(22)00198-0

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

4.1.3 The GM difference

The unique context of GM, in terms of six years' experience of devolution and the unified model of public services means that GM has opportunities for integration not available to other ICSs.

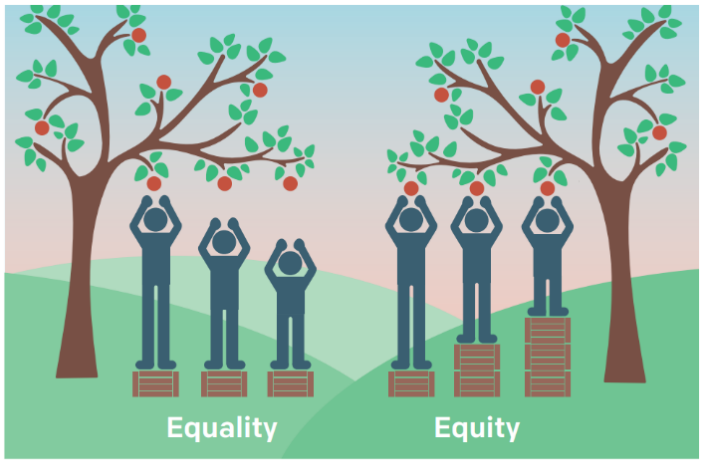
GM is not at the start of its journey to integrate services and work together to achieve system-wide aims. GM still has more to do. GM is only part way through its journey of change and with benefits already been seen, there is more impact to come.

GM benefits from a history of joint working across all public services, supported through the GMCA – a mayoral combined authority – and an existing strategy for the whole of GM (section 0). Health and care is already an integral part of a wider system, enabling joint working to address the things that affect health and wellbeing.

4.2 What data is telling us: about our population

We know that among its population of 2.8m people, GM has some of the lowest life expectancy in England, with differences between the most and least deprived areas of 9.5 years for men and 7.7 years for women[8].
People in GM experience a range of inequalities which are 'entrenched, systemic and intergenerational'[9]. There is also inequity in GM - greater help will be needed by those with greater challenges to overcome in order to reduce inequality (Figure 5).

Figure 5



Equality Does Not Mean Equity.

4.2.1 What does external analysis show?

In 2020, the **Institute of Health Equity** (IHE), led by Professor Sir Michael Marmot, published an update on the 2010 Marmot Review of health inequalities in England, which included a parallel report dedicated to GM[10].The IHE followed this with a detailed analysis of how GM could become a Marmot city region by tackling inequalities across the life course, published as Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives[11].

The **Independent Inequalities Commission** (IIC), which reported in 2021, helps us to understand how different inequalities interact[12]. This shows the main socioeconomic inequalities to be centred on housing and the lived environment; education and skills; power, voice and participation; income, wealth and employment; connectivity; and access to care and support. In a bid to address these inequalities, the IIC recommended that GM focus its energy and resources on attaining two main goals: equality and wellbeing. The IIC identified that in terms of income, wealth and employment:

[8] Codling, K. & Allen, J., Health Equity in Greater Manchester: The Marmot Review 2020. London: IHE, 2020
[9] GMCA, The Greater Manchester Strategy 2021–2031: Good Lives for All, 2022, p. 17.
[10] Codling, K. & Allen, J., Health Equity in Greater Manchester: The Marmot Review 2020. London: IHE, 2020.
[11] Marmot, M., Allen, J., Boyce, T., Goldblatt, P. & Morrison, J., Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives. London: IHE, 2021.
[12] The GM IIC, The Next Level: Good Lives for All in Greater Manchester, 2021.

- Nearly a quarter of Greater Manchester adults of working age (24%) are economically inactive, well above levels for England as a whole (21%)
- For people from minority ethnic groups in Greater Manchester, employment rates are over ten percentage points below the overall working-age employment rate
- Only half of Greater Manchester working-age residents with a disability are in employment
- 37% of the city region's working-age population have higher level (Level 4+) skills, compared to the England average of 40%; and GM has a disproportionately high proportion of working-age people with no qualifications (9%)
- The skills deficit reinforces the predominance of lower value, low pay employment in the city-region compared to the south of England and GM's international comparators. Low income levels underpin high levels of child poverty (26%) in Greater Manchester, which are well above the national rate of 18%
- There is compelling evidence of ageism in recruitment and retention of older workers, leading to low incomes and lack of social roles in mid-life and later life

GM commissioned an **Independent Prosperity Review** in 2019 which was updated in 2022[13], in the light of COVID-19, the UK's exit from European Union and the inflation and energy shock. It showed that:

- GM's productivity has been about 10% below the national average in recent years.
- Among the causes – explaining about 30% of the productivity gap is lower labour market participation caused by health problems.
- There are very strong correlations between employment levels and health conditions. Research found that as much as 75% of the variance in employment rates across the neighbourhoods of GM is accounted for by health (correlations for mental and physical ill-health were similar)

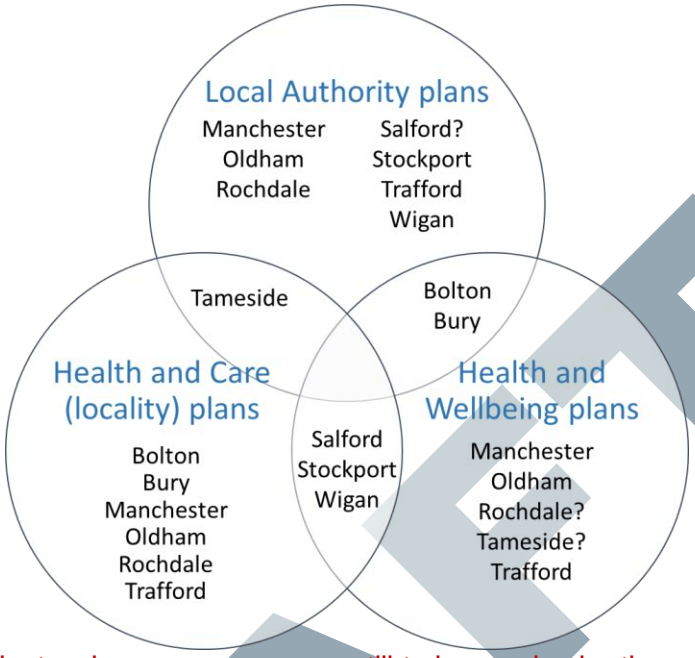
GM is relatively deprived compared to other ICSs in England – with the third highest % of the most deprived areas in England, compared with the 42 ICSs.

4.2.2 What does GM analysis show?

Within GM we have GM-level plans (see section 0) and each locality has strategies and plans for the whole of public services (Local Authority Strategies), for the health and wellbeing of its population (Health and Wellbeing Strategies) and for the health and care systems (Locality plans) – see Appendix 3 for links to all of these. Some localities have chosen to combine these plans (see Figure 6) . All of these are developed from the identified needs of the people living in that locality, and the organisations and systems which support them.

[13] https://greatermanchester-ca.gov.uk/what-we-do/economy/greater-manchester-independent-prosperity-review/ipr-2022-evidence-update/

Figure 6



[question marks indicate where responses are still to be received – they are being chased]
Our analysis of Local Authority plans shows that they focus on:

- the health and wellbeing of the population
- developing cohesive communities
- being fairer and inclusive
- economic prosperity.

This is in line with the 'fairer, greener, more prosperous' focus of the GMS (section 0) and shows that across GM, all localities are committed not only to improving health, but to addressing the things that determine health, as well as reducing inequalities. This context is important for GM
Plans for health and care within localities include locality and Health and Wellbeing Plans. In some localities the focus of Health and Wellbeing plans is on population health, and addressing inequalities, whereas in others it is combined as a single plan.

4.2.3 The health of the population

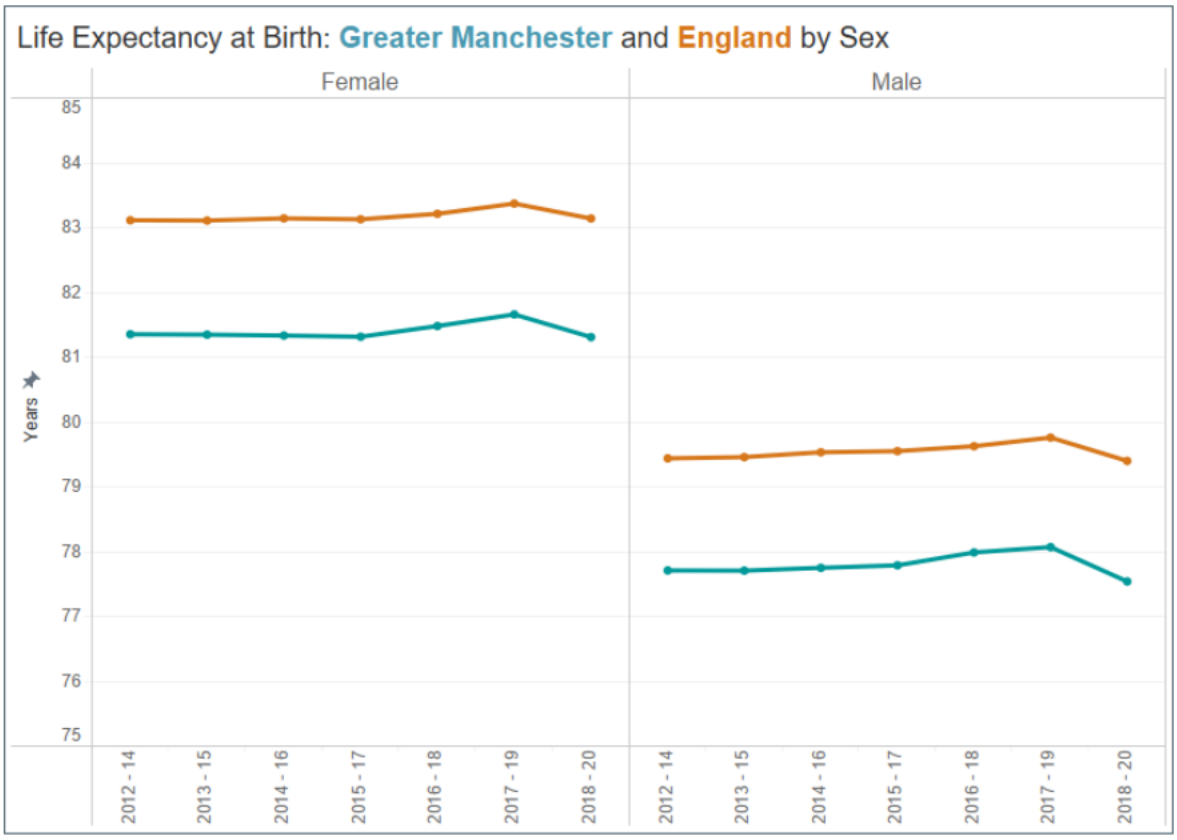
4.2.3.1 Life expectancy

These analyses all show that for many years the health of people in GM has generally been worse than the England average. The data shows that a slow steady increase in life expectancy in the years up to the start of the pandemic was followed by a relatively sharp decline due to the increase in mortality related to the disease[14].
Life expectancy tells you how long people born in a certain area can expect to live based on the current death rates. It doesn't predict the actual average age of death but can be used to

[14] https://greatermanchester-ca.gov.uk/media/6714/gmipr-evidence-update-health-inequalites.pdf

compare the overall health of different population groups. The latest data (Figure 7) shows that life expectancy for men in GM is 77.5 years[15], and for women it is 81.3 years, a reduction on the previous year.

Figure 7



Healthy life expectancy at birth (the length of time people live in good health) for GM residents fell by an estimated 0.3 years for men to 61.4 years and increased by 0.1 years for women to 60.9 years in 2020, compared to the previous year.

People often know that life chances are generally worse in the north of the country than the south. However, these inequalities are seen across GM as well. A male born in Manchester can expect to live an average of 3.9 years less than a male born in Trafford. For healthy life expectancy the inequality is even greater with up to almost 10 years difference between individual local authorities.

[Graphics available for this by locality if helpful here]

4.2.3.2 Mortality

The COVID-19 mortality rate in Greater Manchester has been higher than the average in England: "*The Covid-19 mortality rate between March 2020 and April 2021 in Greater Manchester was 307.1 per 100,000 population for men and 195.2 for women compared with England averages of 233.1 per 100,000 for men and 142.0 for women*" (Institute of Health

[15] From 2018-20 ONS data, as reported in GM Independent Prosperity Review Health inequalities update, 2022 https://greatermanchester-ca.gov.uk/media/6714/gmipr-evidence-update-health-inequalites.pdf

Equity, 2021). COVID-19 mortality is associated with deprivation: mortality ratios: "*Mortality ratios in Greater Manchester were equally high in the three most deprived deciles and then decreased as the level of deprivation decreases*". The Institute for Health Equity conclude that high COVID-19 mortality rates in Greater Manchester relate to its socio-demographic characteristics, previous health status, living and working conditions and occupations, ethnicity, levels of deprivation and physical interconnectedness.

4.3 What existing and developing plans are telling us

4.3.1 The challenges facing the health and care system

[do we want to link these challenges more explicitly to the missions?]
Like all health and care systems, GM is facing a range of challenges, some of which can be addressed within GM whilst others also require changes at a national level. How we address these in GM is described in this strategy. The impact of the pandemic has been huge, and exacerbated many of the challenges which were already having an impact on health and services:

4.3.1.1 Demand for NHS services

- Over 535,000 people are currently waiting for treatment compared to 220,000 before COVID-19. GM is required to eliminate waits of over 18 months by end March 2023
- Prior to COVID-19, GM was not meeting core Cancer Constitutional Standards, and the equivalent of five additional theatres are required now, five days, every week, to address the cancer surgical backlog.
- Mental health demand and acuity is high as a direct consequence of the pandemic with national predictions for mental health needs to remain at elevated levels for some time to come.
- 2/3s of GP practices are reporting increased levels of demand, with a further 1/5 reporting significant or very significant increased demand and 1% of practices at critical status. Over a quarter of pharmacies, 2/5th of dental practices and 2/5th of Optometrists are reporting challenges – sometimes significant challenges - to the delivery of their service.

4.3.1.2 NHS Resources

The GM ICS has both an efficiency and a productivity challenge. The ICB inherited a structural budget deficit (commitments over revenue) of over £500 million (out of a total budget of £6.5 billion) on its establishment on 1st July 2022. This mainly reflects the ongoing cost of additional resources (mainly workforce) put in place during the COVID pandemic. One of the requirements on an ICS is bring the system into balance;

4.3.1.3 Demand for social care

- Significant increase in referrals to adult social care for mental health, domestic abuse, unpaid carers breakdown

- 600 people a day join a waiting list nationally [This point (and others below) probably need to refer to GM, not using national trends – awaiting response from ASC team]

4.3.1.4 Social care resources

- 64% of councils are not confident in their ability to delivery statutory care related to market sustainability. 65% said that quality of care that could be delivered had decreased
- 7 in 10 reported local providers closures, contract hand backs, or ceased trading
- The ten Greater Manchester local authorities spent £481m on children's social care in the financial year April 2021 – March 2022. This was 3.4% more than the £465m spent in 2020/21, with net expenditure exceeding budget in 8/10 localities.
- The financial challenges in children's services are being driven largely by a combination of increased demand for and cost of LAC placements alongside unprecedented workforce challenges, particularly around recruitment & retention of social workers and other professionals with increased use and rising cost of agency staff, presenting significant financial challenges to the budgets of some children's services departments.

4.3.1.5 Pressures on the health and care workforce

- Recruitment and retention – but with particular pressures in nursing and midwifery, dental nursing, care workers and within the VCSE sector. We also know that we have an ageing workforce and a high turnover of people within adult social care.
- Health and wellbeing - the pandemic and subsequent recovery has been really challenging for our workforce, and many of our people are facing, or already experiencing, burnout. As a result, sickness absence levels remain extremely high, putting further strain on our workforce and our finances.
- Lack of diversity amongst our workforce must be addressed, to ensure decisions are being made and care is being provided that meets the needs of everyone.
- Lack of parity between the NHS and social care - the living wage, access to occupational sick pay and wellbeing needs to span the totality of the workforce including those providing services from the VCSE.
- Cost of living crisis – our staff, in common with our communities face increasing fuel and food costs. In areas of primary care and social care we know that turnover is impacted by people finding better pay in the retail sector.
- Financial challenges - the workforce crisis is contributing to this with high sickness absence rates, agency and locum spend and reduced workforce productivity. Resolution to the workforce crisis must focus on retention, as well as thinking about working in a different way, embracing digital advancements and reducing costly agency and locum spend.

4.3.2 Ongoing development of integrated care within GM

The programmes of work pursued within 'Taking Charge' have not vanished, and many continue in a range of forms. This strategy describes the next stages in the journey started in 2015 and is therefore describing continuation, development and new priorities. Details of how this work aligns with our shared outcomes and commitments is described in section 7

4.4 What people are saying

4.4.1 The Big Conversation

We carried out a Big Conversation to gain peoples' views (see section *Error! Reference source not found.* for details of how this was done and who responded)
Phase 1 focused on our vision, shared outcomes and commitments. 1332 people gave their views and told us they broadly agreed with these.

Phase 2 was more detailed and focused on priorities and actions. The ICP wanted to understand what matters most to communities across all ten localities in GM to help shape the strategy. Individuals and groups considered the following questions, which were developed in partnership with the public and a range of VCSE organisations:

FOR COMMUNITY GROUPS: What would make the biggest difference for communities you serve in relation to being healthier, happier, and better?

FOR INDIVIDUALS: What would make the biggest difference to your life in relation to being healthier, happier, and better?

- What's stopping this?
- What would help this?
- What's the most important thing health and care services need to improve?

Some key themes emerged in phase 2 of the consultation, although there was also repetition in the responses to the different questions. By way of summary, the top five themes to emerge from the consultation are the following:

- Widespread demand for properly funded and staffed NHS and other services
- Widespread concern about the problems accessing GP services in particular
- Demand for more person-centred care which takes account of the specific needs of vulnerable individuals and communities
- Need for more action on prevention, early intervention including healthy lifestyles and the wider determinants of health including the cost of living, and
- There is a desire for more and better partnership working with VCSE

One of the challenges with engagement work of this kind is in the balance of national and local concerns which inevitably emerge when broad brush questions regarding the need for change are asked. Here, macro issues dominated to a large extent, as people took the opportunity to articulate their concerns about national policy issues. The first two (funding and staffing, access) are the major themes

Details of the findings can be found in Appendix 2. The results of this process have fed into the things we are going to do (section 7)
This engagement provided valuable insight into the myriad of different issues which face residents and communities, and which they wish to see addressed, along with some potential solutions, including new ways of working. People have said that there is a deep desire on the part of communities and individuals to be listened to, to be seen, and to be heard. In these challenging times, the desire of the VCSE sector to work together with the statutory sector and use their expertise and knowledge – particularly around working with the excluded communities - comes across loud and clear and is one of the key messages.

4.4.2 #Bee Well

#BeeWell is a programme that annually measures the wellbeing of young people across GM. This has identified:

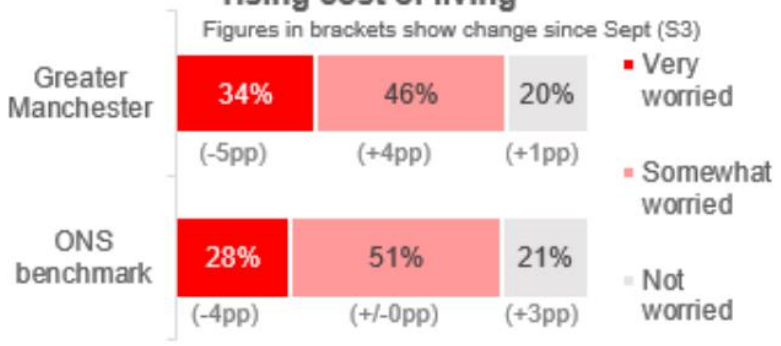
- The average well-being score of young people across GM on two different measures was less than England
- 16% of young people responding to the Me and My Feelings measure reported a high level of emotional difficulties.
- The life satisfaction average score is 6.2 out of 10 for girls but 7.2 for boys. There are sizeable inequalities for young people who identify as LGBTQ+.
- Across Greater Manchester, 1 in 3 young people (34%) are reaching the recommended levels of physical activity set by the Government's Chief Medical Officer of at least one hour per day. This falls to 27% of girls, 27% of Asian pupils, and 18% of Chinese pupils.
- Pupils from a range of ethnic groups (for example, over a third of Black and Chinese pupils) report experiencing discrimination because of race, skin colour, or where they were born (occasionally, some of the time, often or always).
- Over a third of young people who identify as gay or lesbian report at least occasionally experiencing discrimination because of their gender, and this rises to around 40% for young people who identify as bi or pansexual, or transgender.

4.4.3 GM resident survey

The GMCA started a survey for GM residents during the pandemic and this has continued to include finding out experiences and attitudes towards the cost of living, good work and digital inclusion[16]. The most recent results show that people in GM are more likely than other across Great Britain to be very worried about the cost of living (Figure 8 shows figures from October 2022 survey)
Figure 8

[16] https://greatermanchester-ca.gov.uk/what-we-do/research/resident-surveys/

Respondents in Greater Manchester are more likely than those across Great Britain to be very worried about the rising cost of living



5 Our Vision

Discussion with a range of system partners since late 2021 has led to agreement to share the vision of the GMS as the vision for the health and care system:
We want Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city region.

6 The Greater Manchester we want to see …

We have developed out shared outcomes – "*the Greater Manchester we want to see*":

A GM where everyone …

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

These outcomes are inter-related, and no one outcome can be achieved without the others. Enabling everyone in GM to have ***a fair opportunity to live a good life*** will require system partnership across all the things that determine health and good lives, with a focus on equity and equality. The commitments made by the GM system within the GMS are important here – for example in relation to transport and employment.

Health and care services play a really important part in keeping us well and looking after us when we need support or have illnesses that need treatment. However, our social circumstances – the conditions in which we are born, grow, live, work and age – have a much bigger impact on how healthy we are. How much money we have, the quality of our education, jobs and homes; our families, friends and communities around us; our surroundings and environment and the transport we use to get around.

These conditions, known as the social determinants of health, are not evenly distributed across GM. They influence our opportunities for good health and mean that some people are more likely to be healthy than others because of factors that are preventable, but often outside their control. Our Population Health Board will help drive our continued development as a population health system undertaking action across and between the social determinants of health, behaviours and lifestyles, place based and person-centred approaches and integrated public services.

Enabling everyone to ***experience high quality care and support when and where they need it*** can only be achieved through consideration of service provision, and the elimination of unwarranted variation, from hospital to general practice, and the wider care system. This will include proactive care delivered through integrated neighbourhood teams and primary care networks, seeking to reduce the demand on crisis services, avoid hospitalisation and enable people to live well at home. When people do need hospital and specialist care it will be developed according to shared standards and strengthened through models of

collaboration between providers. Much of this will be the responsibility of the GM Integrated Care Board (ICB), the statutory NHS organisation for GM, working with its system partners including Primary Care, NHS Trusts, local authorities and VCSE organisations (see section 3.4).

Improved health and wellbeing will be achieved through good lives and high quality services, but also through preventing people becoming unwell, and supporting them to live well in their communities. The role of people in their own health and wellbeing is also a factor in this outcome.

We know that if we want to reduce health inequalities, we need to prevent ill health and deaths from heart disease, cancer and lung disease. Smoking, unhealthy eating and lack of exercise are known to increase the risk of most preventable deaths from heart disease, lung disease, cancer and diabetes. These four conditions are responsible for the large majority of preventable deaths in GM [to be confirmed]. People with challenging social circumstances will find it more difficult to adopt and maintain healthy habits or behaviours.

Working together is a fundamental objective of any integrated care system, and the experience of partnership working within GM before and since devolution is a strong basis for further development. The rationale for working together is ***to make a difference*** for all, with a future focus on using all our resources effectively.

These outcomes will be achieved by us committing to work together

7 The things we are going to do …

For each of the outcomes, a series of shared commitments (the things we are going to do) have been developed - "*Together we will …*" – things that can only be achieved by the system working in partnership.

A GM where everyone … has fair opportunity to live a good life
Together we will …

- Ensure our children and young people have a good start in life
- Support good work and employment
- Enable local environments which support good health for everyone
- Play a full part in tackling poverty and long-standing inequalities

A GM where everyone … experiences high quality care and support where and when they need it

Together we will …

- Ensure that health and care services are accessible
- Reduce unwarranted variation in access and experience of care
- Use technology to improve care for everyone
- Drive continuous improvements in the availability and quality of care
- Ensure we have a sustainable workforce that is supported to provide the best possible care

A GM where everyone …has improved health and wellbeing

Together we will …

- Enable everyone to have a healthy lifestyle
- Use the strengths of communities to enable wellbeing

A GM where everyone … makes a difference now and for the future by working together

Together we will …

- Build trust and collaboration between partners to ensure co-ordinated services
- Ensure that all our services recover from the effects of the pandemic as effectively and fairly as possible
- Secure a greener Greater Manchester
- Ensure that health and care organisations play their part in social and economic development
- Manage public money well to achieve our objectives and ensure value for money
- Be at the forefront of innovation and discovery in health and care

7.1 Bringing together what we are already doing

The shared commitments provide a framework for all the strategies and plans in GM – reaffirming what is already happening and how it contributes to the overall shared outcomes. No commitment can be fulfilled by one organisation or part of the system alone – partnership and integrated working underpins all these commitments. These commitments will be fulfilled in all parts of the system, from individual neighbourhoods to pan-GM activity.

The shared outcomes and shared commitments serve as a guide for the work we undertake across GM, in localities, and through collaboration between providers and other partners providing services to the public. They also enable key priorities to be identified (see section 7.2). The work and approaches described here continue and represent how we connect and collaborate across the system to deliver against our shared outcomes and shared commitments. They reflect the priorities in each of the locality plans and the breadth of the local needs assessments. They help us respond to those national requirements of both Integrated Care Systems overall and of NHS organisations in particular. They are, therefore, the foundation and framework for everything we do together, and the guide to each of the future plans and strategies we develop together.
[Later/final versions should have hyperlinks where these are publicly available. More detail still to be added to this section]

7.1.1 A GM where everyone … has fair opportunity to live a good life.

Together we will …

- *Ensure our children and young people have a good start in life*

  We will continue to implement the GM Children and Young People's Plan, which includes work to support good learners, better support children with special educational needs and improve the physical and mental health of our children and young people. Partners across GM, including education and healthcare providers work together to meet this commitment, and it is a priority in every locality plan.

- *Support good work and employment*

  We will continue to spread the implementation of the GM Good Employment Charter and ensure our efforts to support people into employment are sustained through the Working Well programmes. We will provide additional impetus to the adoption of the GM Social Value Framework and develop NHS organisations as Anchor institutions.

- *Enable local environments which support good health for everyone*

  The relationship between housing and health is central to our ambitions. We will continue to support efforts to tackle homelessness through the GM Homelessness Prevention Strategy and A Bed Every Night with a clear model of homeless healthcare [add reference]. We will implement the Housing and Health Tripartite Agreement with shared objectives connecting the ICS, the GMCA and GM Housing Providers. Locality Plans have emphasised the health contribution of provision of open spaces and leisure facilities which can be connected to Green Social Prescribing models in each neighbourhood.

- *Play a full part in tackling poverty and long-standing inequalities*

  Organisations across the statutory and community sectors are contributing to support communities through the cost of living crisis. These include the GM Food Security Action Network and the GM Cost of Living network. Greater Manchester is committed to breaking down structural inequalities, limiting the long-term negative effects of the pandemic and strengthening the resilience of our communities, public services and economy. This goes beyond the equalities agenda as set out in the Equality Act, and includes residents facing poverty, poor health and wellbeing and struggling to retain or secure employment, as well as prejudice and barriers to the opportunities others can access.

  The Tackling Inequalities Board provides strategic leadership to the programme of work taking place across Greater Manchester's public services, to reduce inequality and prejudice and create a fairer and more equitable society.

7.1.2 A GM where everyone … experiences high quality care and support where and when they need it.

Together we will …

- *Ensure that health and care services are accessible*

  This is a key commitment in all GM recovery plans and provider strategies, Mental Health strategy, the work of the GM Cancer Alliance, the upcoming Primary Care Blueprint [link to be added when it is completed] and others. Specifically, the GM strategic approach to recovery confirms activities supporting backlog recovery and access across all care settings. At locality level there is place-based provider collaboration (see section 3.4.1) to develop pathways across community based health and social care and the local urgent care services.

- *Reduce unwarranted variation in access and experience of care*

  Provider Collaboratives across GM and in localities are already working on standards based care addressing systemic challenges on access, capacity and vulnerable services to support elective recovery. The CORE20PLUS5[17] programme, which is also a national requirement, is focused on inequalities and addressing unwarranted variation in access to and outcomes from care.

- *Use technology to improve care for everyone*

  The GM Digital strategy is key to this and connects our data and digital foundations, the digital facilitation of integrated care and transformed care delivery, and the ability to put residents at the centre of their care. Digitally enabled population health management will also support segmentation and enhanced case finding to underpin more anticipatory primary care

- *Drive continuous improvements in the availability and quality of care*

[17] NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities

This is a key element of all provider strategies, as well as Clinical Care and Professional Leadership plans including the GM Improvement Hub. Integration of community based reablement, residential, rehabilitative, palliative and social care services (working to eliminate the traditional divide between hospital and out of hospital services) will prevent admission and enable earlier discharge

- *Ensure we have a sustainable workforce that is supported to provide the best possible care*

  The GM People and Culture strategy brings together the actions required to fulfil this commitment across shared aims covering good employment, the health and wellbeing of our workforce, ensuring our workforce is representative of the communities we serve and where our people are treated with dignity and respect, growing, developing and integrating our workforce.

7.1.3 A GM where everyone …has improved health and wellbeing.

Together we will …

- *Enable everyone to have a healthy lifestyle*
  The range of programmes within the Population Health strategy at both GM and locality level supports this commitment. Health and Wellbeing Boards recognise the challenge of this and the need to work with the wider system (housing, transport, leisure, environment etc.) to enable this. We are already making a difference here through scaled programmes such as changing lives through physical activity (GM Moving)[18], and support to stop smoking (Make Smoking History)[19] and will maintain and develop these health generating approaches.

- *Use the strengths of communities to enable wellbeing*

  One of the key achievements of GM so far has been the development and embedding of strengths and asset based approaches, working with residents and communities to support each other and take more control over their health. The benefits of this were clearly seen in the way GM responded to the pandemic. Programmes include Live Well, and Age Friendly GM, as well as 'more than medicine' responses through social prescribing and partnership with the VCSE to respond in the context of what matters to people. This commitment builds on the established integrated neighbourhood teams, part of wider public service integration (see section 3.2) spanning physical and mental health and enabling support for employment, housing, education & healthy environments.

7.1.4 A GM where everyone … makes a difference now and for the future by working together

Together we will …

[18] Home | Greater Manchester Moving (gmmoving.co.uk)
[19] Make Smoking History – Reignite your quitting journey

- *Build trust and collaboration between partners to ensure co-ordinated services*

  All our plans and strategies aim to do this. Whilst we have gone some way to achieve this already, there is more to do

- *Ensure that all our services recover from the effects of the pandemic as effectively and fairly as possible*

  We will continue to implement our strategic Approach to Recovery, our health and care recovery plan for GM, which outlines our work to reduce the elective care backlog as well as addressing demand pressures and recovery actions across cancer and mental health services and in urgent care.

- *Secure a greener Greater Manchester*

  There is already an NHS Green Plan for GM, and GM have Clear Air plans. Initiatives outlined in the NHS Green Plan will build on existing work and achievements, to step up activity in this area to go further and faster. This will include continued expansion of digital technology in healthcare; reducing travel, promoting sustainable travel and encouraging active travel; reducing carbon emissions from existing healthcare buildings and ensuring all new buildings are energy efficient and taking an active role in the development of new green spaces and biodiversity.

- *Ensure that health and care organisations play their part in social and economic development*

  In addition to their role as Anchor institutions, providing good work, organisations can also enable social value (using the GM Social Value framework), use their buildings to support communities and contribute to wider economic development. Provider and locality plans will detail how this is to be done.
  [cross-reference to NHSE GM case study when it is published]

- *Manage public money well to achieve our objectives and ensure value for money*

  We will ensure we create a financially viable health and care system in Greater Manchester, where capacity can better meet demand. The delivery plans underpinning this strategy will demonstrate how we can bring the system into balance, through a combination of preventive work, and system efficiency. GM has a history of joint stewardship of resources across sectors to reflect integration and the pursuit of shared objectives with combined and aligned funds, through the original devolution agreements and this will be continued and developed further through the financial plan.

- *Be at the forefront of innovation and discovery in health and care*

  Health Innovation Manchester (HInM) has developed over the last four years to create a world-leading integrated health science and innovation system. These capabilities, alongside digital and industry expertise, inform our innovation pipeline and delivery method to accelerate at scale, with projects directly aligned to Greater Manchester's transformation priorities. The HInM role is to bring forward innovations that will deliver better outcomes and value for money, increase the number of GM citizens involved in

trials, drive research towards the needs of local people and maximise the economic development opportunities from GM health innovation and life science assets and activities.

7.2 Key priorities (missions)

7.2.1 Why we need these

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

7.2.2 Why these missions are important

What we have heard through the process of developing this strategy has highlighted key challenges facing our population and our health and care system. These challenges are apparent now and likely to sustain through much of the period of this strategy:

- Everyday life for many is precarious and repeated shocks affecting people's sense of security and wellbeing are now widespread. This is evident in the effects of the cost of living crisis and what that means for food and fuel security, digital exclusion, housing and employment security. These represent profound risks for the health and wellbeing of our population.
- Poor health remains the single most important factor driving long term exclusion from employment and participation in the economy. That exclusion affects a quarter of our working age population. The Independent Prosperity Review[20] has again confirmed that unarguable connection and recognised that health improvement will fuel economic participation, and economic participation will underpin further health benefit.
- The health and care workforce is at breaking point and faces an unprecedented crisis. Addressing our workforce challenges is the biggest barrier to improving the way we provide health and care for our communities. The GM public expressed its own concerns for the pressure on our health and care workforce (see section 4.4.1). We must also recognise the additional pressure and challenge faced by unpaid carers supporting their loved ones every day. The more that stresses emerge in public services, the greater the consequent demands move to families and carers.
- Late presentation and late detection of illness means that our health and care system remains locked in a cycle of responding to crisis. GM's population experiences higher

[20] https://greatermanchester-ca.gov.uk/what-we-do/economy/greater-manchester-independent-prosperity-review/ipr-2022-evidence-update/

mortality than it should, and people spend a greater proportion of their lives in poor health. Earlier intervention remains a consistent ambition across each of our locality plans

- The pressure on public finances over an extended period is evident in our inability to ensure resources match the demand on health and care services. The financial challenge facing the system is greater than at any point in the last 20 years.

7.2.3 What the missions are

We are proposing 5 system wide missions to prioritise our response to these challenges. They are each deeply relevant to the shared outcomes which sit as the basis for this strategy but recognise the specific challenges which exist now across Greater Manchester.

A mission for		**Enabling a GM where everyone**
strong communities	*Supporting our communities to help each other and improve social connections; to help people remain independent whenever possible, through the promotion of self-care and prevention; to strengthen connections between health, care and welfare support services; and to ensure accessibility of universal services for all, by directly tackling digital exclusion, improving the reach of services into disadvantaged communities, and the way services are provided to those with multiple disadvantage*	… has a fair opportunity to live a good life
economic inclusion	*Creating the conditions for good lives and acting on the relationship between poor health, economic participation and productivity;*	… has a fair opportunity to live a good life
our workforce	*Demonstrating through action and reward the value we place on those providing care across health and care, our statement of commitment to support, retain, develop and enable wellbeing in our workforce, as well as at home for carers.*	… experiences high quality care and support where and when they need it
early detection	*Partnering with our residents and communities to reduce mortality, particularly from cancer, CVD, and respiratory diseases. Moving systematically and in an evidence based way from a reactive, crisis model which deepens inequality to one dependent on integrated neighbourhood working, anticipatory & person centred care.*	… has improved health and wellbeing
financial sustainability	*A clear response to the depth of the financial challenge we face. Addressing the cost drivers in the system, for example by heading off the need for high cost placements and crisis provision, supporting medicines optimisation, and improving productivity through digital technology.*	… works together to make a difference now and for the future

7.2.4 What we will do and what will be different

[the progress measures still need to be added to this section]

A mission for	Example areas of potential changes….	Enabling a GM where everyone
strong communities	➢ Coordinated civil society response to food, fuel, and transport poverty ➢ Embed the VCSE Accord to grow the role of the VCSE sector as an integral part of a resilient and inclusive economy ➢ Digital Inclusion Action Network to equip all under-25s, over-75s and disabled people with the skills, connectivity and technology to get online.	… has a fair opportunity to live a good life
economic inclusion	➢ Expansion of Work and Health Models ➢ Working with employers on employee wellbeing, through the GM Good Employment Charter ➢ Scaled application of GM Social Value Framework and Community Wealth Building approaches through a GM Anchor Network	… has a fair opportunity to live a good life
our workforce	➢ Universal application of Real Living Wage ➢ Applying the GM Good Employment Charter across all public services ➢ Building on the GM Carers Charter	… experiences high quality care and support where and when they need it
early detection	➢ Further improvement to Primary Care access, and expansion of key tools for enhanced case finding and anticipatory care partnering with our residents ➢ Scaled application of CORE20PLUS5 to drive early cancer diagnosis, hypertension case finding, reduce hospitalisation for CPD, increase health check for people with severe mental illness, and improve maternity outcomes for Black, Asian and minority ethnic communities and from the most deprived groups ➢ Expansion of culturally appropriate services that better reach into disadvantaged communities	… has improved health and wellbeing
financial sustainability	➢ Driving productivity improvements through the expansion of digital technology and health care innovation including virtual wards, blood pressure home monitoring, and heart failure monitoring	… works together to make a difference now and for the future

A mission for	Example areas of potential changes….	Enabling a GM where everyone
	➢ Reducing demand for unplanned crisis provision through neighbourhood and community working, and better primary care access; ➢ reducing reliance on costly OOA provision that is not ideal for patients and families; ➢ Ensuring a smooth flow out of secondary care at the end of treatment, to lower cost and more effective care settings, in people's own homes where preferable.	

8 How we will work …

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

[These are draft only – still being discussed]

Behaviours	**We will …**
Understand and tackle Inequalities	Understand and take action to address inequalities in everything we do
Share risk and resources	Work together whatever our organisation or place, sharing risk and resources to achieve our vision
Involve communities and share power	Working with people and communities so everyone plays a full part
Spread, adopt, adapt	Work quickly to take on and adapt the best practices in our places and organisations
Be open, invite challenge, take action	Build trust through speaking up, understanding and taking action
Names not numbers	Focus on people and place supported by organisations working together.

9 How we will know we are achieving

9.1.1 In general

All public sector organisations have to report to their funders on a wide range of measures, with the NHS being no exception. This strategy identifies a small set of measures for each commitment which will be used on an ongoing basis to enable us to understand how we are achieving
[detail to be added and linked to the GM performance framework]

9.1.2 For the missions

For the missions we have key measures (see section 7.2.4). These reflect both the immediate actions which will support recovery and respond to the cost of living crisis and the further actions which will support sustainable change on long term outcomes.

Appendix 1

How we developed the strategy

Timeline and approval process to be added in final version

We have already established a strategy working group comprising a range of stakeholders from across the system, including localities, which has met monthly since March this year, to support this strategy development work.

We developed a set of draft outcomes and shared commitments during the first part of 2022, taking into account the 4 national objectives for ICSs and the original principles from devolution which were reaffirmed in the review of partnership working undertaken during the pandemic.

These were tested through an initial small-scale phase of engagement with staff and the public and with the strategy development group. The feedback was that, in some cases, the draft outcomes and commitments felt jargonistic and technocratic in nature and that they were not focused enough on people.

A revised version was therefore developed, discussed, and agreed by the strategy development group in September, prior to approval by the ICP Board on 20th September.

Appendix 2

Results of public engagement

Q1. What would make the biggest difference for you/the communities you serve in relation to being healthier, happier and better?
• Better access to the NHS, particularly GPs, and to mental health support • Properly funded services • Healthier lifestyles • Action on cost of living and other determinants of health i.e., housing, employment, environment, transport • Equal opportunity to be listened to, personalised/person centred care
Q2: What is stopping this?
• Systematic problems with making GP appointments • Underfunded services • A range of barriers to achieving a healthy lifestyle • Lack of money/cost of living crisis • Communication problems • Lack of support around mental health • Lack of partnership with the VCFSE sector
Q3: What would help?
• More and longer term funding for the VCFSE sector • Access problems to GPS being fixed; longer, face to face GP appointments; out of hours services, more NHS dentists. • Support with the cost of living • Help with achieving healthier lifestyles particularly food and activity • Better partnership with VCFSE sector

• A focus on early intervention and prevention
Q4: What is the most important thing for health and social care?
• Better communication (between services as well as with the public) • more accessible services including access to primary care and waiting times • partnership working with the community and the community sector • better funding, more training and better wages for NHS and care staff • personalisation/person centred care

Appendix 3

[Table of all LA, locality and H&WB plans, as links, to be added]