





PCPF AGM – Thursday 19<sup>th</sup> November Dr Nigel Guest GM Health & Social Care Devolution

### **Greater Manchester: a snapshot picture**



£56 Billion GVA

Fastest growing LEP in the country



2.7 Million People

Growth of 170,000+ in the last decade



104,000 People Unemployed

7.8% (above UK average of 5.5%)



77.7 Male Life Expectancy

England average: 79.3



81.3 Female Life Expectancy

England average: 83.0

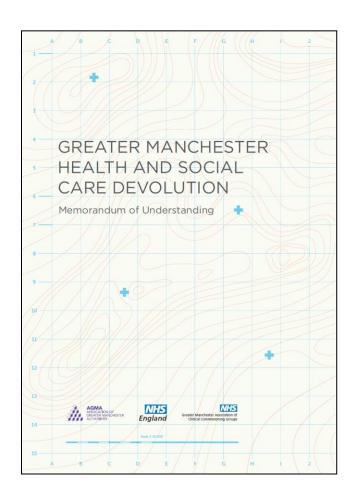


112,000

People on long-term sick and inactive



### The background to GM Devolution



- Greater Manchester Devolution Agreement settled with Government in November 2014, building on GM Strategy development.
- Powers over areas such as transport, planning and housing – and a new elected mayor.
- Ambition for £22 billion handed to GM.
- MoU Health and Social Care devolution signed February 2015: NHS England plus the 10 GM councils, 12 Clinical Commissioning Groups and NHS and Foundation Trusts
- MoU covers acute care, primary care, community services, mental health services, social care and public health.
- To take control of estimated budget of £6 billion each year from April 2016.
- Commitment in July 2015 budget to align the Spending Review process for health and social care to our Strategic Sustainability Plan
- From Oct 1st 2015 a new shadow Governance structure in place.

#### The vision for GM Devolution

To ensure the greatest and fastest possible improvement to the health and wellbeing of the 2.7M population of Greater Manchester

#### **Our Ambition**



By April 2016 we will take care of our own £6bn funding, and with this money we will make a number of significant investments so that by 2020 we will have...

- 64,000 less people with chronic conditions
- 10% less visits to urgent care
- 6,000 less people being diagnosed with cancer
- 25,000 people with severe mental illnesses will benefit from better community-based care, reducing need for urgent services by 30%
- 18,000 children better supported by local services
- 700,000 people with chronic conditions, better able to manage their own health

#### Devolution isn't just about health & social care

The roots of poor health are found across society and the public service – we need to do more than just respond at the point of crisis. This requires integration of not just health and care, but contributing wider public services focussing on health, wealth and wellbeing

Worklessness & Low Skills	Children & Young People	Crime & Offending	Health & Social Care
Long-term JSA claimants	Child in Need Status (CIN) / known to Children's Social Care	Repeat offenders	Mental Health (including mild to moderate)
ESA claimants (WRAG)		Family member in prison	
'Low pay no pay' cycles	Child not school ready	Anti-social behaviour	Alcohol Misuse
<ul><li>Working Tax Credit claimants</li><li>Low skill levels (vocational or</li></ul>	Low school attendance & exclusions	Youth Offending	Drug Misuse
<ul><li>academic)</li><li>Insecure employment</li></ul>	Young parents	Domestic Abuse	Chronic III-health (including long- term illness / disability)
NEET (Young People)	Missing from home	Organised Crime	Compounding factors:
Compounding factors:	Compounding factors:	Compounding factors:	Unhealthy lifestyle
<ul> <li>Lone parents with children 0-4</li> <li>Poor literacy and numeracy</li> <li>Poor social skills</li> <li>Low aspirations</li> <li>Living alone</li> </ul>	<ul> <li>Repeat involvement with social care</li> <li>LAC with risk of offending</li> <li>Poor parenting skills</li> <li>SEN</li> <li>Frequent school moves</li> <li>Single parents</li> </ul>	<ul> <li>Lost accommodation</li> <li>Dependent on service</li> <li>Vulnerability to sexual exploitation</li> <li>Missing from home</li> <li>Violent crime</li> </ul>	<ul> <li>Social isolation</li> <li>Relationship breakdown / loss or bereavement</li> <li>Obesity</li> <li>Repeat self-harm</li> <li>Living alone</li> <li>Adult learning difficulties</li> </ul>

## The reality!

- 5yr Financial 'challenge'
  - NHS £30bn
  - GM £2bn
- Shrinking Social Care Funding
- Secondary Care Deficit / Poor performance
- Primary Care 'struggle'
- Increased Demand

## **Solutions**

- Reform
  - Systemic
  - Organisation
  - Contractual
  - Attitudinal
  - Behaviours
- Consolidation
  - Providers/Estate
- Investment
  - CSR 'ask'

# **Primary Care Problem**

- Multiple Providers
- Unattractive Role
- Management Capability / Resource
- Estate Quality
- Integration

# **Primary Care Solution**

- Integrated Organisational Models
  - Primary
  - Community
  - Social
- Management
  - Quality
  - Consolidation
- Premises
  - Rationalisation
  - Investment

### **Enablers**

- Will !!
- New Contracts
- Investment
  - Management
  - Infrastructure
    - IT
    - Premises

### **Trafford**

- 4 Hubs
- Consolidation / Dispersals
- Federation / New Models
- Premises
- IT Solution
- Patient Care Co-ordination
- Integrated Care

## **Altrincham Hub**

