

Birmingham  
2015  
**#NHSP15**

ICC Birmingham  
**10-11 November**

ANNUAL CONFERENCE  
AND EXHIBITION  
2015

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MEDICAL DEVICES

# Warren Heppollette

strategic director, health and social care reform  
Manchester City Council

**Transforming public services in Greater Manchester**





**NHS Providers' Annual Conference**  
**Transforming public services in Greater Manchester**

# 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



GVA – Gross Value Added

LEP – Local Enterprise

Partnership

# Pioneering city

- 🌀 A city of firsts – birthplace of the industrial revolution, splitting of the atom and the modern computer
- 🌀 Legacy of driving change – home to the suffragettes and the worldwide co-operative movement
- 🌀 City of innovative pioneers – the city where graphene, the world's thinnest and strongest material, was isolated
- 🌀 Today, Manchester is the first devolved economic city resulting in a pro-business environment



# Recognition

**“THE MOST COMPETITIVE BUSINESS LOCATION IN EUROPE”**

KPMG Competitive Alternative Survey, 2014

**“NUMBER ONE CITY IN THE UK TO LOCATE A HEADQUARTERS”**

Cushman & Wakefield, 2012

**“BEST UK CITY TO LIVE”**

Economist Intelligence Unit, 2014

**“FASTEST GROWING ECONOMY OUTSIDE LONDON”**

Grant Thornton, 2014

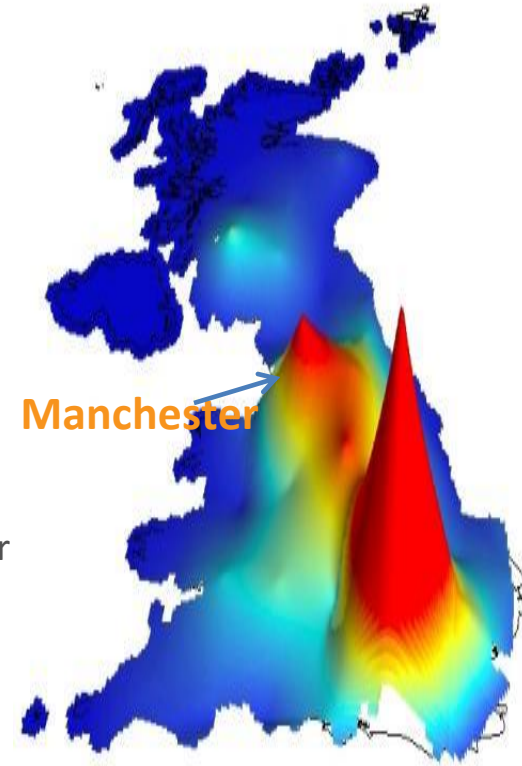
**“BRITAIN’S MOST VIBRANT CITY”**

Experian Vibrancy index, 2013



# Why Manchester?

- 🌀 UK's fastest growing economy
- 🌀 Economic leader in UK, behind only London
- 🌀 A workforce of 7.2 million within 50 miles
- 🌀 Over 40% of economic output for the North West
- 🌀 Central UK location
- 🌀 International airport with direct flights to over 200 destinations world-wide
- 🌀 Large talent pool with multilingual skills (200 languages spoken)
- 🌀 Devolved economic city creating pro-business environment



*Source: Yale University Geocon Project*



# Devolution

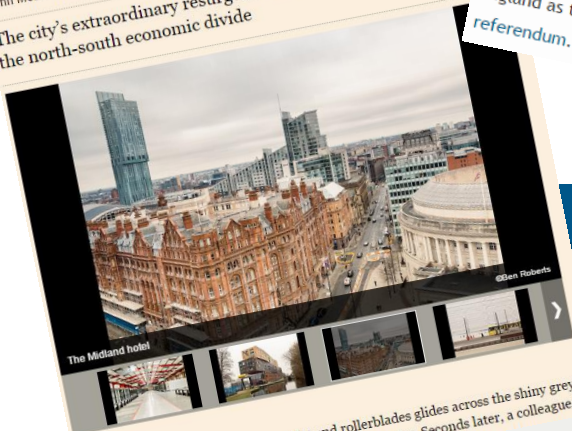
» News » Greater Manchester News » Manchester Devolution

## Chancellor hails 'historic day' as he signs Greater Manchester's £6bn NHS devolution deal

February 20, 2015 12:49 pm  
**Manchester: UK's new order?**

John McDermott

The city's extraordinary resurgence is the best model for closing the north-south economic divide



A young man in jeans, a blue T-shirt and rollerblades glides across the shiny grey floor of The Sharp Project in northeast Manchester. Seconds later, a colleague

### Why Greater Manchester?

Greater Manchester, with a population of 2.7 million, is seen as a trailblazer for the England as the government devolves power to the regions following Scotland's independence referendum.

NEWS MANCHESTER

Home World UK England N. Ireland Scotland Wales Business Politics Health Education Science

27 February 2015 Last updated at 21:09

## Greater Manchester £6bn NHS budget devolution begins in April



Greater Manchester will control a combined NHS and social care budget of £6bn



the guardian

Winner of the Pulitzer prize

World sport football opinion culture economy lifestyle fashion environment tech money travel all sections

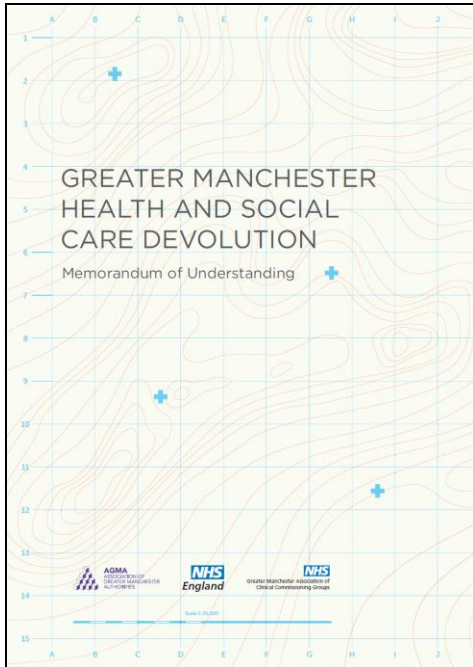
On the NHS, where Manchester leads, England's other cities must follow  
**Simon Jenkins**



In taking control of its health services, the 'northern powerhouse' can be a model for the rest of the nation



# 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

## **What will – and won't - this mean for the NHS and social care**

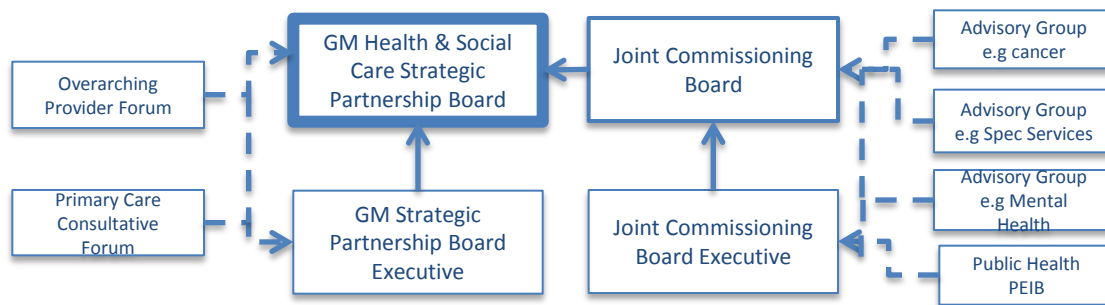
- Greater Manchester will remain within the NHS and social care systems and continue to uphold standards in national guidance and statutory duties in NHS Constitution and Mandate – and for delivery of social care and public health services
- Decisions will continue to be made at the most appropriate level to the benefit of people in GM – sometimes locally and sometimes at a GM level
- Organisations will work together to take decisions based on prioritising their people and their place
- From 1 April 2015 'all decisions about GM nationally are taken with GM'

## The Governance to Deliver

We have agreed our Greater Manchester governance framework establishing:

- A Strategic Partnership Board
- A Joint Commissioning Board

NHS Providers are developing proposals for joint working through a Provider Federation Board.



We have established a governance structure which is collectively accountable for improvement. It is not a virtual organisation sitting above LAs, CCGs and Trusts holding them to account. It compels them all to come together to address the strategic priorities and empowers them to deliver

## The vision for GM Devolution

To ensure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of Greater Manchester

# So what do we think could be achieved?



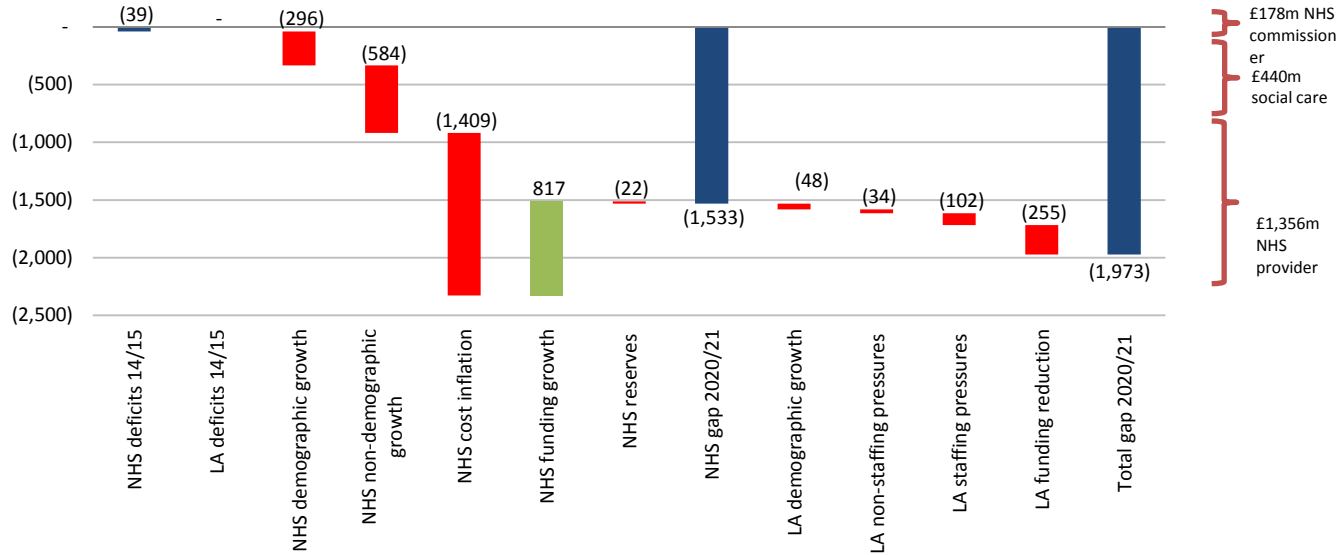
## Strategic Plan – our vision – by December

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

# The H&SC system in GM will be facing a challenge of at least £2bn by 2020/21 as a result of funding failing to keep pace with demographic and cost inflation

Evolution of GM health and social care challenge 2014/15 - 2020/21



## Key changes in gap estimates since January 2015

- Expansion of scope to include entire health spend in GM including acute, community, mental health and specialised care - £200m
- Expansion of scope to include children's social care c.£150m
- Addition of an extra year – to 2020/21 c.£350m
- Impact of living wage on social care gap c.£100m
- Movements in population assumptions, base year and provider finances have also contributed to a smaller extent

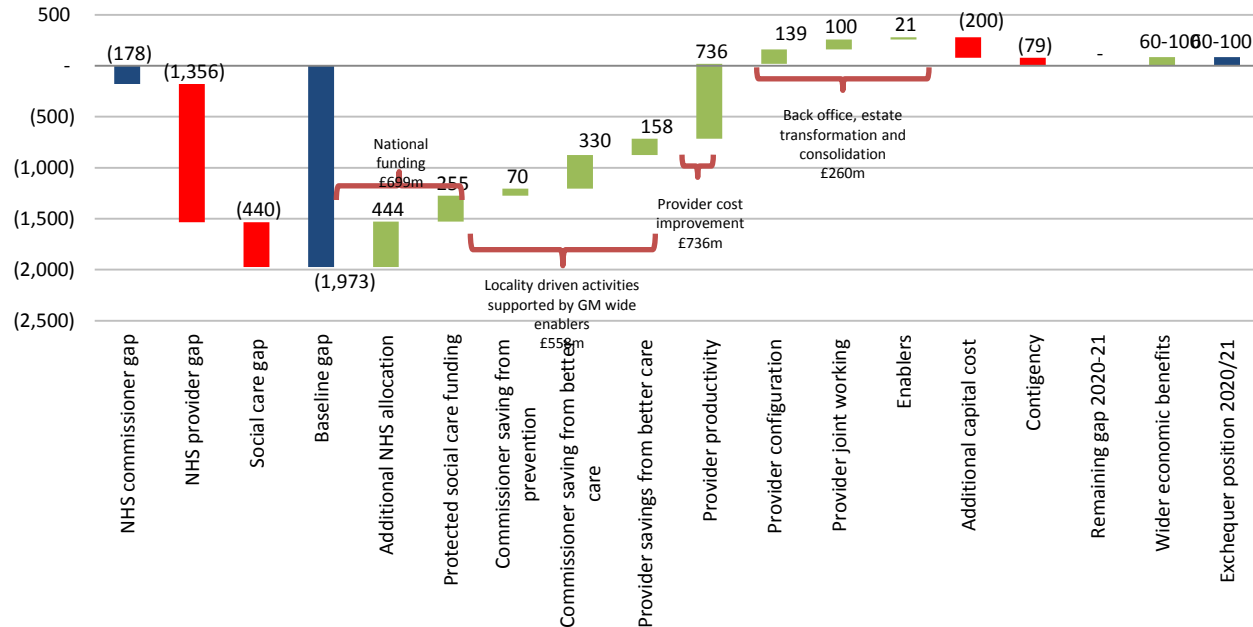
## Impact of social care funding challenges

- There is a risk that our estimates of the baseline gap may understate the impact of social care funding challenges on the do nothing scenario as they do not fully capture the behavioural effects
- If funding cuts were to be made on social care it is likely that individuals who would otherwise have received care may end up falling back on acute provision which is often higher cost



# Analysis of the opportunity areas suggests that with commitment at locality, provider, region and national level, GM can bridge the gap

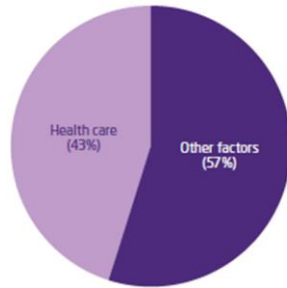
## Impact of GM strategic plan on the health and social care challenge



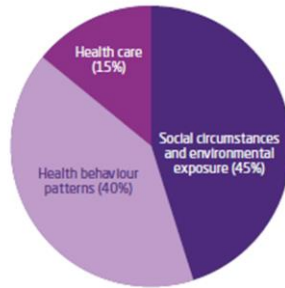
Note: There are a number of stretching assumptions underpinning the opportunity analysis to mitigate the risk of under delivery in some localities, or additional costs we have assumed a contingency of £79m

# Determinants of Population health

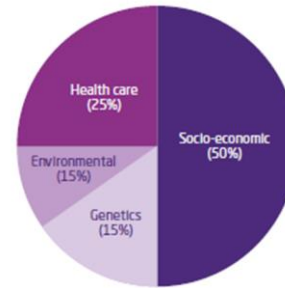
Bunker et al (1995)



McGiniss et al (2002)



Canadian Institute of Advanced Research (2012)



Reference Kings Fund 2014

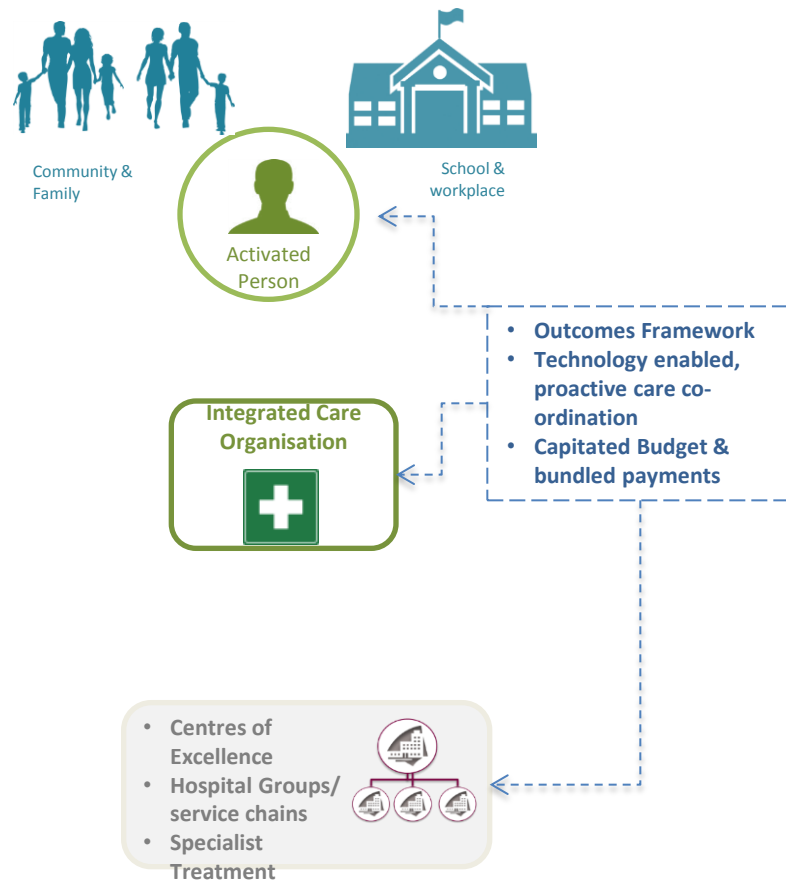
# Devolution isn't just about health & social care

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

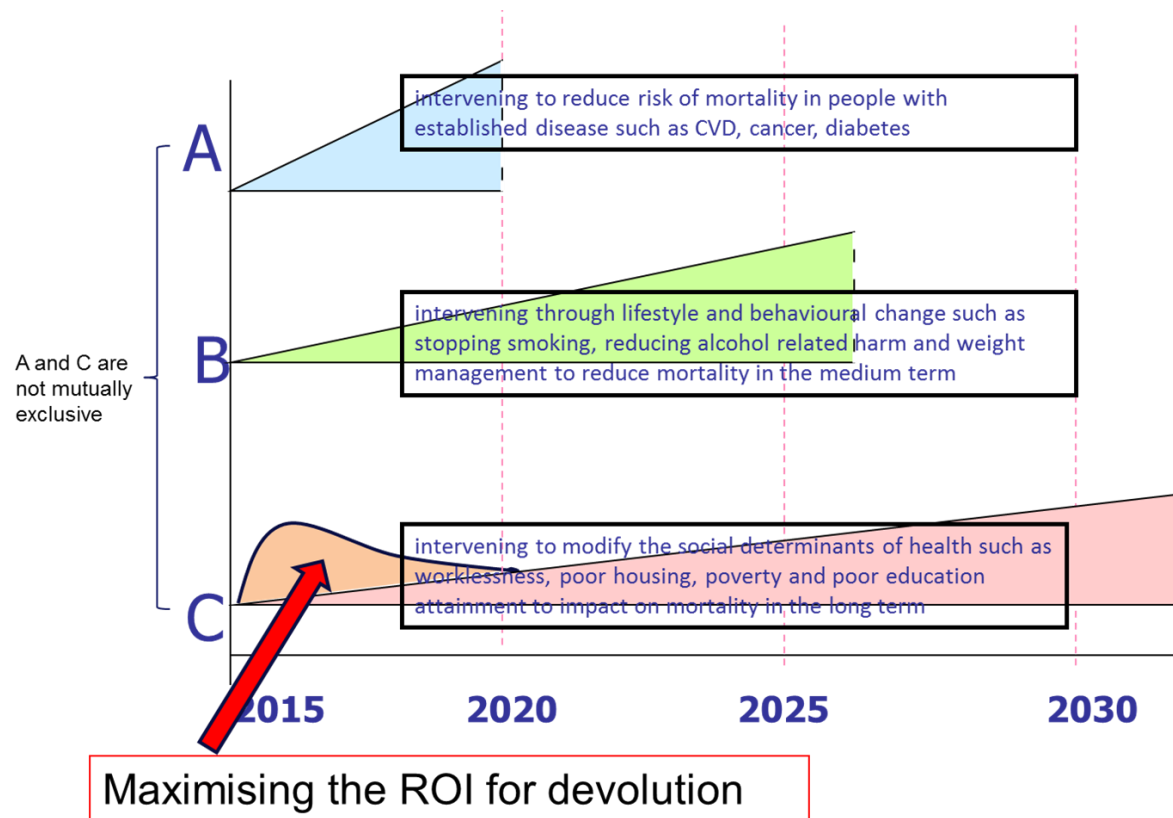
Worklessness & Low Skills	Children & Young People	Crime & Offending	Health & Social Care
<p>Long-term JSA claimants</p> <p>ESA claimants (WRAG)</p> <p>'Low pay no pay' cycles</p> <ul style="list-style-type: none"> <li>Working Tax Credit claimants</li> <li>Low skill levels (vocational or academic)</li> <li>Insecure employment</li> </ul> <p>NEET (Young People)</p> <p>Compounding factors:</p> <ul style="list-style-type: none"> <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>	<p>Child in Need Status (CIN) / known to Children's Social Care</p> <p>Child not school ready</p> <p>Low school attendance &amp; exclusions</p> <p>Young parents</p> <p>Missing from home</p> <p>Compounding factors:</p> <ul style="list-style-type: none"> <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>	<p>Repeat offenders</p> <p>Family member in prison</p> <p>Anti-social behaviour</p> <p>Youth Offending</p> <p>Domestic Abuse</p> <p>Organised Crime</p> <p>Compounding factors:</p> <ul style="list-style-type: none"> <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>	<p>Mental Health (including mild to moderate)</p> <p>Alcohol Misuse</p> <p>Drug Misuse</p> <p>Chronic Ill-health (including long-term illness / disability)</p> <p>Compounding factors:</p> <ul style="list-style-type: none"> <li>Unhealthy lifestyle</li> <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>

# We are integrating at all levels across all public services...

- 1 With individuals, their families and their communities - All parts of the public service, civic society and business committed to improving the health of the population as part of a New Deal
- 2 Local integrated care “Health Benefit Trusts” looking after the day to day care and support of a defined population. Incentivised & accountable for keeping people well.
- 3 Binding Provider governance that will deliver accelerated improvements in patient outcomes and productivity.



# We need to understand Investment & return in ways which change the nature of demand



# Highlights & opportunities

- **A genuinely galvanising effect** – whole system enthusiastic participation. Everyone wants to help. This is true at both the local and national levels, as well across the statutory and voluntary/third sector.
- **A collaborative breakthrough** – system governance across all partners underpinned by clear joint decision making capability. This includes the unique elements of a GM Joint Commissioning Board and an NHS Providers Federation Board and explicitly prioritises public benefit about organisational self interest.
- **A lifting of the ambition** – now planning to bring together £2.7bn of commissioning resource. Also looking at more radical change through the Transformation Initiatives.
- **Devolving power/evolving citizenship** – generating enthusiasm for a different relationship between the public and their public services, responding to social action, tapping into the strengths and assets of our communities.
- **The Economics of Prevention** – the key opportunity for us to understand the associations between key preventive interventions (early years investment, employment support, lifestyle adjustment, community development etc) and impact on the characteristics of current demand.



# Challenges

- **Subsidiarity and operation at the right spatial level**– getting the balance right between what we do 10 or more times to hold relevance at the ‘place’ level and what we do once at the GM level to secure the benefits of transformation at scale.
- **The financial case for prevention & early intervention** – we are challenging ourselves to make the most powerful case yet for the ‘economics of prevention’ demonstrating the link between public health, employment and early intervention outcomes and setting this out in a joint submission to the Spending Review.
- **Exciting the public and our staff about devolution** – we have some way to go to opening out the discussion and engagement to the public at large, and 120,000 health & care staff, at a level where we could genuinely drive a significant shift in social action and citizenship.

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