MPB Priorities Delivery Plan

Manchester
Integrated Care Partnership

Part of Greater Manchester
Integrated Care Partnership

Manchester's plan on a page for 2023 to 2026

Manchester
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Strategic aims:

- Improve the health and wellbeing of people in Manchester
- Strengthen the social determinants of health and promote healthy lifestyles
- Ensure services are safe, equitable and of a high standard with less variation
- Enable people and communities to be active partners in their health and wellbeing
- Achieve a sustainable system

Our two priorities for 2023-26 are:	As a result, people will:	We will deliver through action on:
1. Improve physical and mental health and wellbeing, prevent ill-health and address health inequalities	• Live longer in good health, wherever they are in the city	• Effective prevention and management of long term conditions to keep people healthier • Targeted work with communities, regeneration in North, Central and South Manchester, and improving the social determinants of health • Joined up health and care services in neighbourhoods, which meet people's physical, mental and social needs
2. Improve access to health and care services	• Be able to access the right care, at the right time, in the right place, in the right way	• Improving speed and methods of access to primary care and mental health services • Optimising capacity in the community to reduce demand for hospital care and expedite hospital discharge • Enabling self care and promoting independent living • Improving workforce sustainability via local recruitment

What does this mean in practice? Delivery plan

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Improve physical and mental health and wellbeing, prevent ill-health and address health inequalities, so that people live longer in good health, wherever they are in the city	**Improve access to health and care services, so that people can access the right care, at the right time, in the right place, in the right way**
• Population health management • Long term conditions management • Making Manchester Fairer (health inequalities, preventing early deaths and long term condition focus) • Core20PLUS5 (children and adults) • Healthcare-led regeneration in North and South Manchester • Neighbourhood level service integration and transformation	• Primary care access • Mental health access and quality • Children and Young People Reform programme • Locality urgent care strategy and resilient discharge • Aligning demand and capacity for community bed-based services • Enabling self care and promoting independent living • Local workforce recruitment

Delivery and sustainability of the plan is dependent on the enabling functions of workforce, digital, business intelligence, finance, estates, equality and inclusion, community involvement and development, and service improvement and commissioning

To deliver across the locality, relationships and interdependencies with the GM Strategic Clinical Networks, Health Innovation Manchester, GM Integrated Care Partnership Strategy and Our Manchester Strategy will be key, as well as alignment to the GM Integrated Care Equality Objectives. Engagement and co-production with patient and community groups will inform equality actions which will embedded as key outcome measures.

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Slides 4 to 8 details the programmes, and workstreams within the delivery plan for each priority

Work Area / Programme	Workstreams	Assurance Board	Outcomes / measures and milestones status
Long term conditions management Established programme with workstreams in delivery stage, and others newly developed to be refined.	• Healthy Lungs • Manchester Amputation Reduction Strategy / Vascular • Long Covid • Winning Hearts and Minds - Healthy Hearts (developing), Healthy Minds (developing) • Diabetes (developing) • Population Health Management including focus on Hypertension, Diabetes, Bowel cancer screening *JFP mission - Helping people stay well and detecting illness earlier*	Provider Collaborative Board *Clinical Effectiveness and Governance Committee (GM)*	The overall aim of this programme is to reduce the numbers of preventable and early deaths for Manchester residents from heart disease, lung disease, diabetes and cancer. It will reform community care for people with long term conditions and deliver a range of outcomes, for example: • A reduction in pressures on hospital services including reduced A & E attendances for respiratory conditions e.g. through the Breathe Better project and reduced out patient appointments for vascular conditions • Earlier cancer diagnosis • Reduced incidence of complications associated with LTCs / reduce health inequalities associated with LTCs • Less people with prediabetes going on to develop type 2 diabetes • Increased detection and prevention of long term conditions overall
Core20PLUS5 New approach to be developed and brought together into a single framework	Core20PLUS5 is a NHS approach to tackling health inequalities. It involves adopting a Population Health Management approach and is linked to long term condition management to reduce inequalities. The workstream will be to agree an overall framework for the city for Core20PLUS5 which will capture existing work taking place across the city *JFP mission - Helping people stay well and detecting illness earlier* .	Provider Collaborative Board *Population Health Board (GM)*	The overall outcomes and metrics will be developed by the working group. Examples of measures will include, • Improved equity within services for people from communities experiencing racial inequalities and for those from deprived communities • Targeted systemwide approach to support demographic groups that are experiencing social deprivation • Improved patient engagement – including through Winning Hearts & Minds, Covid Health Equity Manchester, Patient and Public Advisory Group

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Healthcare-led regeneration in North and South Manchester (Established programme)	• North Manchester Strategy including North Manchester General Hospital redevelopment and New Park House (North View) • Wythenshawe Master Plan *JFP missions – Strengthening our communities / Helping people stay well and detecting illness earlier*	NM Strategy Board	Deliver the North Manchester strategy to improve residents health and wellbeing through better health and care facilities, promoting healthy lifestyles and driving social value through skills and jobs for local people. This includes securing funding to progress the redevelopment of the NM hospital site to provide: • A world class, new acute hospital to better meet local needs. • A modern mental health inpatient unit (North View) to transform the experience for service users, their families and staff.by December 2024 • Integrated community care and wellbeing services • Space for housing and commercial usage focused on healthy ageing and keeping people well at home.
Neighbourhood level service integration and transformation (Established programme)	An established neighbourhood development programme is in place, led by the MLCO, based on the Neighbourhood model of 'bringing services together for people in places. This next steps will build on this offer, going further, faster, to enhance working relationships across the neighbourhoods and continuing to enable existing relationships to flourish. *JFP mission - Strengthening our Communities*	Provider Collaborative Board *Population Health Board (GM)*	The vision for Neighbourhood working in Manchester is: 'Everyone in Manchester is able to live a healthy, happy and independent life in a thriving community with integrated public services resulting in: • Bringing services together for people where they live – reduction in hospital attendance • Increased community care reducing demand for secondary care.- expansion of virtual wards and community care pathways • Effective case management of high risk patients in the community reducing need for emergency response • Better aligned budgets and partnership working at a neighbourhood level • Agreed priorities and service offer for each neighbourhood • An expanded early help offer for adults and children

Improve access to health and care services, so that people can access the right care, at the right time, in the right place, in the right way

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Primary Care Access (Established programme)	The collaborative focus of this workstream is being defined – it will look on the interface with primary & secondary care, and identify 'demonstrator' projects for focus. Existing work relating to demand and capacity within primary care including: • Primary Care Access – Capacity & Access Planning, Delivery, Digital Transformation, Estates, • Additional Roles Reimbursement Scheme (ARRS) *JFP mission: Recovering core NHS and care services*	Provider Collaborative Board/ DAB/GP Board *Primary Care Board (GM)*	Current work on capacity and access planning is based on identifying the clinical areas of greatest patient demand, reducing patient backlogs, reduce preventable workload and overall service demand. This includes • An increased ability for patients to access primary care when needed • Opening of new Primary Care facilities at Gt Jackson Street and Gorton Hub • Increased collaboration with pharmacies to reduce GP demand • Enabling increased access to NHS dental services
Mental Health access and quality (Established programme)	Deliver the Quality, safety and improvement actions within the GMMH improvement plan – includes Patient Safety, clinical strategy *JFP mission: Recovering core NHS and care services*	Provider Collaborative Board, GM System Board MH Executive (GM)	Deliver GMMH improvement plan with the aim to improve patient safety, clinical and professional standards, and having an empowered workforce and improved governance • Increase patient safety and flow including by recruiting care coordinators. • Reduction in the number of patients in hospital with no reason to reside • Reduction in out or area placements for people with mental health conditions • Transform community mental health services to reduce hospital demand • Effective crisis care reducing demand for emergency admissions

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Children and Young People's (CYP) Reform programme (Established Programme)	The CYP Reform Programme has 4 main workstreams: • Thriving families • SEND redesign • Joint Commissioning • Think family programmes – thriving babies, confident parents, MIND pilot, healthy lungs (in development), neighbourhood pilot, Family hubs *JFP mission: Strengthening our Communities*	Provider Collaborative Board *CYP Board (GM)*	The CYP Reform Programme is focused on stakeholders working in partnership to deliver effective interventions resulting in positive changes for Manchester children. A systemwide approach is being taken to transform and build community care to deliver more CYP care services at home and in the community. The benefits that will be delivered include: • Whole system change focused on early intervention and prevention • Financial efficiencies across the system • Better outcomes for children and families • Address national challenges • Workforce transformation • Shared data and intelligence
Locality urgent care strategy and resilient discharge (Established programme with expanded scope in development)	The delivery of the Manchester Urgent Care Strategy which will include: • Resilient Discharge Programme (RDP)– Home first approach, frailty at home, new models of bedded care, transfer of care hub, discharge to assess (D2A) • Admissions avoidance *JFP mission: Recovering core NHS and care services*	Provider Collaborative *UEC Board (GM)*	The locality strategy includes RDP which provides a system-wide approach to support improved patient flow and increase the number of safe discharges and an admissions avoidance plan to enable people to remain at home rather than attending acute hospitals. These workstreams are aiming to: • Reduce hospital admissions - including through 2 hour urgent care response & SDECs • Increase the % of discharges home from hospital with no further care required • Reduced average length of stay in hospital • Reduced out of area care • Reduced average length of Discharge to Assess (D2A) stays to 35 days

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Aligning demand and capacity in bed-based provision (Established programme)	Market Oversight, Leadership and Governance (Care Homes and Homecare) *JFP mission: Strengthening our Communities*	Provider Collaborative *Population Health Board (GM)*	Developing 10 year care home capacity strategy to meet the needs of residents with complex needs. • Deliver 1000 additional apartments across 15 sites including 3 specialist dementia development • Increase number of care home beds rated good or outstanding • Manage capacity and demand through Care Home data monitoring.- procurement of additional nursing care provision
Enabling self care and promoting independent living (New programme to be developed)	Agree an overall framework for the city for which includes existing contributing programmes/services. *JFP mission: Strengthening our Communities*	Provider Collaborative *Population Health Board (GM)*	A framework will be developed to provide an understanding of the overall contributions and intended outcomes of the established programmes and measures agreed.
Local workforce recruitment (New programme to be developed)	Local recruitment and progression of: residents who are economically inactive; women; and Communities Experiencing Racial Inequalities *JFP Mission: Supporting our workforce and our carers*	Strategy and Planning Group *People Board (GM)*	A working group is being set up between system partners to develop a locality approach to link in with GM. This will include an analysis of workplace gaps/ vacancies to inform the approach. This will lead to an increase in local employment by delivering targeted employment opportunities, linked to system partners being key Anchor institutions focused on local wellbeing.