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This was the year that Greater Manchester took charge of health and social care in our region. Taking charge is both a huge opportunity and a challenge as we seek to deliver the fastest and greatest improvement of the health and wellbeing of the people who live here.

This, our first annual report, captures the steps that we have taken to achieve that vision in 2016/17.

We have taken on this responsibility in the context of severe resource restraint within the public sector. However, that has only strengthened our resolve to work together across health and social care, with the wider public service and with the voluntary and community sector so that we get the most from every pound that we spend in Greater Manchester.

Much of our work this year has focused on how we break down the barriers that prevent the integration of care around the needs of individuals. We are clear that we can no longer address the physical, mental and social needs of a person from within separate silos that primarily reflect the needs of organisations rather than those of people and the places they live in.

This is the belief that has powered our conurbation to lead the way in creating community-based models of care. By establishing local care organisations, we will begin to have the means to deliver a far more preventative outlook and begin to shift the balance away from hospital care and to delivery of a richer set of services in the community.

We want to put people in control of decisions about their care and to change the way that health and care services interact with our communities; starting the conversation with what an individual's unique strengths and interests are, and what a good day would be for them, rather than beginning with an assessment of what is wrong.

In our first year we have achieved a great deal, including exceeding many national targets, delivering strong financial results, investing in new care models and improving the quality of services. We have strengthened our partnership even more through groundbreaking memorandums of understanding with the voluntary and pharmaceutical sectors. This year was not without its challenges, in particular on urgent and emergency care, but we are confident that we have now set out a clear improvement path.
The second year of our work is likely to bring further challenges – particularly in maintaining the excellent level of financial performance we saw this year. We know that we will need to make difficult decisions – for example on moving some of our scarce resources out of hospitals and into our communities and on the shape of hospital services across our conurbation. We will also fall short in achieving our vision if we do not make sure that social care services across Greater Manchester meet the changing and growing needs of our population.

However, we approach 2017/18 with a sense of optimism that the partnership spirit we have fostered can see us increase the pace of the radical changes we are making and build on the momentum from this year. Our Business Plan contains further details of these changes.

The upcoming year will be when our new care models come to life and start to have an impact on people’s experience of our health and care system; better access to services close to home and freeing up our hospitals to do what they do best – caring for the sickest people who really need to be there.

Lord Peter Smith
Chair, Greater Manchester Health and Social Care Partnership
Introduction to the Partnership

Our first year objectives
The reason we are here is to deliver the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million people of Greater Manchester.

Our strategic five-year plan Taking charge of our health and social care in Greater Manchester sets out the main objectives to be delivered by 2021. These are to:

- transform the health and social care system to help more people stay well and take better care of those who are ill
- align health and social care to wider public services such as education, skills, work and housing
- create a financially balanced and sustainable system
- make sure services are clinically safe.

To achieve these, we set ourselves a number of priorities for 2016/17, focusing on system performance, finance, quality and transformation.

Who we are
Greater Manchester Health and Social Care Partnership is made up of the city-region’s NHS organisations and councils, plus representatives from primary care, NHS England, the voluntary, community and social enterprise (VCSE) sector, Healthwatch, Greater Manchester Police and the Greater Manchester Fire and Rescue Service.

How we are run
The Strategic Partnership Board sets the strategy and guides the full breadth of work we undertake together. A representative executive drives the work on behalf of the board and maintains detailed focus and oversight on quality and outcomes, performance, finance and transformation.
What we have delivered in 2016/17

System performance

When Greater Manchester Health and Social Care (GMHSC) Partnership took charge of all system performance from 1 April 2016, we faced similar challenges to those seen across the NHS nationally. Devolution has given us the opportunity to support improvement through a culture where peers and partners proactively challenge and support delivery at all levels of the Greater Manchester system.

We are already seeing a difference. The table below shows how we have delivered against a number of key standards.

| Referral to treatment (RTT) | ● Greater Manchester has consistently performed above national standards.  
|                           | ● Performance for the full year 2016/17 is 92.4% against a target of 92%. |
| Diagnostics               | ● We achieved the 1% standard at the end of the year. Endoscopy remains an area of high demand with ongoing work to manage pressures. |
| Cancer                    | ● Performance remains strong with consistent delivery of the 62-day cancer standard; this is a reflection of the collaborative approach within the cancer network. |
| Urgent care               | ● Four-hour A&E performance for 2016/17 was 87.5% against a target of 95%.  
|                           | ● For delayed transfer of care, we achieved 4.3% — there was a decline in performance at the start of the year but a sustained improvement later in the year brought us close to trajectory. |
| Mental health             | ● Greater Manchester is achieving the improved access to psychological therapies (IAPT) six and 18-week standards and the quarterly IAPT access rate standard.  
|                           | ● Achievement of the IAPT recovery rate was challenging — but improved throughout the year.  
|                           | ● Early intervention in psychosis (EIP) — Greater Manchester has consistently delivered above the national standard and the England average. |
Referral to treatment
Referral to treatment times (RTT) in Greater Manchester have been above the national standard throughout the year. We have done this through an improved understanding of capacity gaps across Greater Manchester and the use of the NHS England ‘capacity tool’, so we can more easily see what capacity is available in both NHS and independent care provision.

Diagnostics
This area proved challenging throughout the year with variable performance across Greater Manchester. Considerable work was undertaken to manage the pressures more effectively. This has resulted in Greater Manchester improving significantly to achieve the 1% standard by the end of the year.

Cancer
We have built on Greater Manchester’s strong collaborative approach on cancer, which has historically delivered strong results.

Performance remained positive with consistent delivery each quarter of the 62-day standard.

Our performance throughout the year has been underpinned by the work of great organisations such as The Christie NHS Foundation Trust, which was rated ‘outstanding’ by the Care Quality Commission (CQC) in November 2016.

Urgent care
As we took charge of the Greater Manchester system, we knew that urgent and emergency care was going to be one of our most difficult challenges.
In our first year we established the Greater Manchester Urgent and Emergency Care Taskforce to address these challenges and drive service improvement.

In September 2016 we allocated £5m from the Greater Manchester Transformation Fund to help hospitals and social care services deal with winter pressures. This was particularly aimed at adopting a coordinated approach to triaging and redirecting A&E patients to more appropriate primary care, and speeding up discharge by helping people access the right level of home care and support on leaving hospital.

Nevertheless, we are not consistently achieving high performance on A&E waiting times. This, along with levels of non-elective admissions and lengths of hospital stay, will be important indicators of whether the shape of our system is changing as the new community care models start to deliver.

**Mental health**

A focus for 2016/17 has been getting people with mental health needs to the most suitable care as quickly as possible – in the past too many patients have accessed the system through A&E, where often the expert support they need is not available.

We have met the national access and waiting time targets. As we move into the delivery of our mental health strategy, backed by investment from the Greater Manchester Transformation Fund, we expect to see further improvements in our mental health performance.

**Finances**

As part of the accountability agreement signed between the Partnership and NHS England, we are accountable to NHS England for delivering financial performance in line with agreed control totals for Greater Manchester.

For 2016/17, control totals were agreed for all NHS bodies within Greater Manchester. These include NHS provider control totals, which are ultimately set by NHS Improvement in consultation with the Partnership team, and commissioner control totals set by NHS England. NHS financial plans were agreed in accordance with the business rules set out in the 2016/17 national planning guidance published jointly by NHS England and NHS Improvement.

Local authorities are not subject to these same business rules, although they are statutorily required to set a balanced budget each year and ensure...
that a break-even position is achieved for the year. All local authorities set plans on a break-even position, which applied to the social care budgets within scope of the devolution arrangement and reported as part of the GMHSC Partnership financial position.

During the year, financial performance was routinely monitored and reported monthly to the Finance Executive Group as part of its oversight role of the financial performance of the wider Greater Manchester system. The financial position was also reported monthly to the Strategic Partnership Board Executive.

**Control totals**

The GMHSC Partnership agreed a financial control target of £79.9m surplus for 2016/17, against which the financial performance of the Partnership would be measured. The table below provides the split of the planned surplus by sector.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Planned surplus/(deficit) £m</th>
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</thead>
<tbody>
<tr>
<td>GMHSC Partnership central budgets</td>
<td>37.1</td>
</tr>
<tr>
<td>Clinical commissioning groups (CCGs)</td>
<td>51.6</td>
</tr>
<tr>
<td>NHS providers</td>
<td>(8.7)</td>
</tr>
<tr>
<td>Local authorities</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Total plan surplus/(deficit)</strong> for Greater Manchester</td>
<td><strong>79.9</strong></td>
</tr>
</tbody>
</table>

In accordance with 2016/17 business rules, the GMHSC Partnership central budgets and CCG budgets were also required to set aside a 1% uncommitted reserve to support management of the in-year financial position, both locally and nationally for the NHS in England.

**Performance**

The GMHSC Partnership delivered a very strong financial performance, despite significant local and national challenges. All 10 localities within Greater Manchester have delivered a performance better than that planned at the start of the year, and the provider and commissioner sectors of the NHS have each delivered income and expenditure positions that in aggregate meet all agreed financial plans and control totals, and are in surplus both in aggregate for each sector and for all individual organisations.

NHS commissioners have, in aggregate, delivered the business rules set out by NHS England at the start of the year, including the requirement to release into the financial bottom line the 1% of allocations set aside at the start of the year.

NHS providers (NHS trusts and foundation trusts) have delivered a significant over-performance against the control totals agreed with NHS Improvement. All individual providers have met their control totals, and in a
number of cases they have exceeded them. This strong performance has attracted additional national funding into Greater Manchester in the form of extra money from the Sustainability and Transformation Fund (STF) from NHS Improvement.

The 2016/17 out-turn position across Greater Manchester sectors is summarised in the table below.

Overall Greater Manchester has delivered a surplus of £236.5m, which represents an increase of £156.5m compared to our planned surplus of £79.9m.

It is important to note that the full surplus of £236.5m, while contributing to the national NHS financial position and offsetting a number of areas across England that have recorded deficit financial positions in 2016/17, remains in Greater Manchester and will ultimately be available to invest in services or infrastructure here over the coming years. The £98.8m surplus delivered by the provider sector is not returned to any national body but is retained as cash within the individual provider organisations.

The £97.1m surplus delivered within CCG accounts will be held as a brought-forward reserve for the CCGs to invest in services in future years. The future spending of these brought-forward surpluses in CCGs will, however, be dependent on sign-off from NHS England nationally.

The strength of the financial performance in 2016/17 is testament to the benefits of a collaborative approach to managing financial risk across the Partnership. However, much of the surplus has been generated through one-off measures and additional national funding. It is important to recognise that 2017/18 remains a very challenging financial year and the robust management of organisation, locality

<table>
<thead>
<tr>
<th>Sector</th>
<th>Planned surplus/ (deficit) £m</th>
<th>Actual surplus/ (deficit) £m</th>
<th>Better/ (worse) than plan £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMHSC Partnership central budgets</td>
<td>37.1</td>
<td>40.6</td>
<td>3.6</td>
</tr>
<tr>
<td>Clinical commissioning groups (CCGs)</td>
<td>51.6</td>
<td>97.1</td>
<td>45.5</td>
</tr>
<tr>
<td>NHS providers</td>
<td>(8.7)</td>
<td>98.8</td>
<td>107.5</td>
</tr>
<tr>
<td>Local authorities</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total plan surplus/(deficit) for Greater Manchester</td>
<td>79.9</td>
<td>236.5</td>
<td>156.6</td>
</tr>
</tbody>
</table>
and Greater Manchester finances will continue to be critical if performance is to be maintained and we are to deliver our goal of clinically and financially sustainable care.

**The Transformation Fund**

Greater Manchester’s £450m Transformation Fund (awarded by NHS England over five years) aims to help us transform services across all Greater Manchester areas and deliver long-term clinical and financial sustainability.

By the end of 2016/17, six of the 10 localities had secured multi-year funding to support delivery of their locality plans. The funding awarded was:

- Salford £18.2m
- Stockport £15.9m
- Tameside and Glossop £23.2m
- Wigan £15.5m
- Bolton £28.8m
- Manchester single hospital service £27.2m and Manchester local care organisation and single commissioning function £37.8m.

Additionally, one-off development funding of £10m was awarded to other localities and a number of themes, cross-cutting programmes and enablers to support the development of transformation plans in 2016/17.

The largest single investment we made through the fund in 2016/17 was the £42m for primary care transformation across Greater Manchester – reflecting its key role as the foundation of integrated, community delivery models.

All the investments are underpinned by a formal agreement with the Partnership that commits the recipient of the funding to the delivery of a series of milestones and metrics, including a crucial focus on reducing acute activity levels, allowing for cashable efficiencies to be made.
Quality

We are committed to ensuring that everybody receives the safest, highest quality care for their individual needs. As such we have placed quality improvement at the heart of the care experience, with the focus on working towards reducing variation of outcomes. We can improve quality when we work together and that’s why our approach has been focused on engagement with our partners, leaders, clinicians, patients and carers.

In 2016/17 we established a Quality Board to make quality improvement a reality. Through the Quality Board and the refresh of the clinical networks, Greater Manchester is making the most of opportunities to learn from each other.

Some key examples of our work within 2016/17 include:

**Preventing suicides**
The tragic death of a young woman by suicide in a Greater Manchester acute hospital highlighted a number of issues in relation to mental health liaison for patients who presented in the acute setting with suicidal behaviour. In response, we have developed Greater Manchester standards for preventing suicide and self-harm in acute hospitals.

**Developing a learning culture to improve quality**
Our commitment to quality improvement includes supporting our leaders to develop a culture of learning from one another. For example, our work on the innovative Gateway-C programme focused on improving Greater Manchester’s performance in recognising and referring patients with suspected cancer. Gateway-C has been developed to provide new interactive online learning modules for GPs and primary care staff. GPs are already starting to report changes in their consultation and referral behaviour.

**Greater Manchester Diabetes Prevention Programme**
There are currently around 170,000 people with diabetes in Greater Manchester and East Cheshire. Around 12,000 people have type 1 diabetes (7%) and 158,000 (93%) have type 2 or some other type of diabetes. If this incidence was reduced by just 10%, it would potentially save hundreds of lives and millions of pounds in lifetime healthcare costs. In response to this, all areas of Greater Manchester started to offer behavioural interventions to people at risk of developing type 2 diabetes.
Improving safety and outcomes of maternity services

In Greater Manchester and East Cheshire* there are about 37,000 births every year. In response to the national report Better births: Improving outcomes of maternity services in England, we have been considering where we can improve safety and outcomes for our women, babies and their families. Our new maternity dashboard is the basis of this work, along with other sources of local and national data. The findings of this will be developed into a Greater Manchester and East Cheshire maternity transformation strategy and implementation plan.

*All data is collated across a Greater Manchester and East Cheshire footprint

Primary care complaints

Most NHS care and treatment goes well, but sometimes things can go wrong. During 2016/17 we have invested in our complaints service so that complaints are dealt with in a timely manner. This means patients are not waiting as long for a response, and, more importantly, changes to services to improve their quality of care are happening much faster.

In 2016/17:
- the number of complaints where reviews were completed within 40 working days almost doubled
- a process has been established to ensure that all clinical complaints are reviewed by an appropriately qualified independent clinician
- the number of complaints ongoing at any given time has reduced overall by 75%.
Improving the health of vulnerable communities

Pride in Practice
In 2016/17 we awarded a three-year grant to the LGBT Foundation to roll out Pride in Practice, a quality assurance support service that helps Greater Manchester primary care providers strengthen relationships with the lesbian, gay, bisexual and trans (LGBT) community. So far 1,706 GPs, dentists, optometrists and pharmacists have received free face-to-face training, and 94 outlets achieved a Pride in Practice award for excellence in LGBT healthcare.

Access to psychological therapies workshops
A number of improving access to psychological therapies (IAPT) workshops were delivered across Greater Manchester in 2016/17, with the aim of gaining insight into why Black, Asian and Minority Ethnic (BAME) groups do not access psychological therapies as well as their White British counterparts, and why, when they do access these services, their recovery rates are lower than the White British population.

The workshops resulted in a number of recommendations being made to improve the quality of IAPT services, thus enabling better access and recovery for BAME groups. Alongside the report, a video was produced to raise awareness of IAPT services among BAME communities.

The video is now available on YouTube in five different languages (English, Bengali, Urdu, Arabic and Mandarin) with English subtitles.
The Greater Manchester transformation portfolio

We have developed a suite of transformation programmes at local and Greater Manchester level, all aligned to the vision, strategic objectives and outcomes set out in *Taking charge of our health and social care in Greater Manchester*. All these programmes collectively make up the overall Greater Manchester transformation portfolio.

Although a number of programmes are already well underway, the main focus in 2016/17 has been to ensure the programme foundations are in place to support acceleration of implementation and delivery in year 2 (2017/18) onwards.
Theme 1: Radical upgrade in population health and self-care/prevention

Greater Manchester may be a great place to live and work for many, but people here die younger than in other parts of England, and we face a range of health challenges affecting everyone. Our future success depends on the health of our population.

The Greater Manchester population health plan 2017–2021 was launched in January 2017 and confirms our priority programmes for creating good health. The plan reflects what local people say is important and focuses on what we believe can make most difference across our population during the three ‘life course’ stages – childhood (Start Well), adulthood (Live Well) and growing older (Age Well).

Also during 2016/17:

- We worked with our partners and stakeholders to develop a tobacco-free Greater Manchester strategy for 2017–21.
- We signed a memorandum of understanding (MoU) between Greater Manchester and Sport England to outline principles for working together.
- We started to roll out the focused care model to 24 practices across deprived parts of Greater Manchester. The ‘focused care’ approach is aimed at patients who face complex problems in some of our most deprived communities.
- We produced proposals to introduce an integrated approach to tackle dehydration and malnutrition, based on the nationally recognised work in Salford.
- We developed a framework and set of propositions for creating a unified population health system for Greater Manchester that is organised to deliver at pace and scale the commitments set out in the population health plan.
- We ran a Taking Charge Together engagement programme, with more than 6,000 local people taking part to learn what stops them taking control of their own health and how they can overcome this.
Theme 2: Transforming community-based care and support

Developing accountable local care organisations

Our strategic plan, Taking charge of our health and social care in Greater Manchester, described Greater Manchester’s overarching objectives for local care organisations (LCOs). LCO is a term we have developed in Greater Manchester to describe how we will secure the principal features of a proactive, preventative, population health model that delivers consistently high outcomes.

Localities are now implementing their new care models, with mobilisation underpinned by binding investment agreements through the Transformation Fund. Progress against the metrics in these agreements will be tracked through the Greater Manchester assurance process with localities.

We are aligning this work fully with the reform of wider public services in each of the 10 localities so that we can genuinely draw on all the resources in each place that contribute to the health and wellbeing of the population.

At a Greater Manchester level, to support this programme we have:

- established an LCO network with representation from 10 localities, wider public services and key partner organisations, Greater Manchester enablers and cross-cutting themes. This forms a centrepiece of the Theme 2 governance
- initiated the integrated support and assurance process (ISAP) with localities procuring new models of care and aligned with the Greater Manchester Transformation Fund process. This is a Greater Manchester-led process in partnership with the NHS England national team and NHS Improvement.

In the first year of the GMHSC Partnership, localities have either been awarded money from the Greater Manchester Transformation Fund or are due to submit funding proposals. This will support the integration and transformation of health and social care, and established the appropriate governance structures to integrate budgets, resources, commissioning and provision.

Some of the localities key achievements during the first year, and future priorities, are shown on the map (right).
The reform of primary care is critical to the delivery of our new community-based care models. In our first year we have:

- published the primary care strategy Delivering integrated care across Greater Manchester: The primary care contribution
- invested an additional £41m in general practice over the next four years to deliver the strategy
- introduced a new set of primary care standards as part of the strategy for GPs, dentists, optometrists and pharmacists to work closer together.

Across Greater Manchester, we will recruit more care navigators to help people find their way around the health and care system and direct them to other forms of support like benefits advice and transport.

There will be funding for medical assistants, so GPs spend less time on
paperwork, and clinical pharmacists who will work alongside GPs offering advice and medication reviews so patients get the most benefit from their medicines.

**Adult social care transformation**

Social care has a critical role to play in the delivery of *Taking charge of our health and social care in Greater Manchester*. While we know there are excellent examples of social care practice across Greater Manchester, we also know there is significant variation in the quality of provision.

In 2016/17 we have:

- launched the Greater Manchester Adult Social Care Transformation Programme
- appointed an associate lead for adult social care (ASC) to the GMHSC Partnership team
- conducted a baseline review of ASC services that, in conjunction with a process of engagement efforts, has led to the identification of four priority areas that form the basis of the ASC programme. These four priority areas are: support for carers; care at home; residential and nursing care; and learning disabilities.

The 10 localities are developing a social care core offer (including new models of care) that will support the Greater Manchester programme. The reformed social care offer will play a major part in the local care organisations in each locality.

**Carers**

Support for carers is a major component of our adult social care transformation programme. During our first year we took action to ensure the needs of carers across Greater Manchester are consistently met and to make this a ‘carer-friendly region’.

In 2016/17:

- The Greater Manchester Carers Advisory Group was established
- A universal offer for carers as part of Greater Manchester’s four key priorities for adult social care transformation was developed
- A carers’ action plan and a commitment to carers were agreed
- A carers’ charter was developed.

The charter defines what information, advice and support carers can expect. The views of carers have been included in the engagement process through a carers’ consortium connecting across Greater Manchester, along with health and care professionals.

One of the key components of the charter emerging from the engagement is ‘carers as equal partners’.
Voluntary, community and social enterprise

During 2016/17 we have been proactive in building relationships with the voluntary, community and social enterprise (VCSE) sector in Greater Manchester so it plays a real part in reform.

- We supported Greater Manchester Centre for Voluntary Organisations to develop a VCSE health and social care assembly so VCSE organisations can contribute to strategy and policy development.

- In January 2017 we signed a memorandum of understanding (MoU) with the Greater Manchester VCSE sector, which is made up of more than 15,000 different organisations.

- We agreed to support the VCSE sector with £1.1m from the Transformation Fund.

- We appointed a VCSE lead to the GMHSC Partnership team.

The sector is also represented on the Strategic Partnership Board and on many other thematic and locality boards. VCSE organisations have been involved throughout the year in helping localities develop their plans and deliver new services.

Listening to an independent public and patient voice is important to us. During the year we also came to an agreement with all 10 Greater Manchester Healthwatch organisations to ensure they have the capacity to both be represented and to participate in decision making.

Case study

Community support to improve wellbeing

Our partners have continued to support initiatives like the Salford Time Bank that reflect our collaborative approach and recognise the value to people’s health and wellbeing of community support that reduces social isolation.

Salford CCG, Salford City Council, the University of Salford, local providers and VCSE organisations, including carers’ groups, are all involved in the time bank, which brings people together to share and swap skills and make time for each other.
Asset-based approaches

In Taking charge of our health and social care in Greater Manchester we set out clearly our ambition to change the nature of our relationship with residents and patients. We want to take an ‘asset-based’ or ‘strength-based’ approach by helping people and communities come together to achieve positive change using their own knowledge, skills and ‘lived experience’ of the issues they encounter in their own lives. This is completely different to the traditional starting point for planning health and care services.

The Taking Charge Together exercise carried out in 2016/17 was a big step forward in shaping this fresh approach.

We have begun to develop a Greater Manchester-wide approach to asset-based approaches, and this includes how we will implement more personalised care across Greater Manchester. The implementation of this will gather further pace in 2017/18.

End of life care

Our end of life care strategic clinical network (SCN) has worked with education and training partners to produce principles for education requirements for the end of life care workforce, competencies for trainers and guidelines for job descriptions for educators, endorsed by Health Education England.

We want people in Greater Manchester to be able to die where they choose – often their own home. So we helped clinical commissioning groups (CCGs) embed a system enabling appropriate treatment decisions and interventions to allow this to happen.
Theme 3: Standardising acute and specialist services

We set up the Standardising Acute and Specialised Services Programme in 2016/17 to deliver specific strategic commitments, drawing from our experience where we’re already collaborating across Greater Manchester, specifically in A&E, acute medicine and general surgery, obstetrics and gynaecology, cancer and urology.

Healthier Together and cancer services

Healthier Together focuses on changes to high-risk general surgery, specialist cancer surgery, A&E and acute medicine to improve patient outcomes and experience, and the safety and quality of services. It will also reduce variations in care and make better use of scarce resources.

During 2016/17:

- The Healthier Together joint committee set its commissioning intentions for high-risk elective general surgery patients to be transferred to four sites specialising in emergency and high-risk general surgery from 1 April 2017.
- The new Greater Manchester service for urology cancer (which was co-designed with patients, clinicians and providers) was completed, assured by NHS England and approved by commissioners. The collaborative approach is now forming the template for the transformation of other prioritised services, including vascular and neuro-rehabilitation.
- The Healthier Together National Emergency Laparotomy Audit (NELA) dashboard went live, meaning that levels of compliance with quality and safety standards can now be monitored and improved for patients across Greater Manchester.
- Commissioners, healthcare professionals and patients agreed that surgery for stomach and gullet cancers will take place in one dedicated centre for Greater Manchester, at Salford Royal Hospital.
- The new £20m medical and surgical centre opened at Stepping Hill Hospital, which is now one of Greater Manchester’s four specialist centres for emergency and high-risk abdominal surgery.
- The stroke services in Greater Manchester were all rated ‘A’ by the Sentinel Stroke National Audit Programme – the best rating in the country.
The Greater Manchester cardiac strategic clinical network began a project to improve acute coronary syndrome care, piloting a pathway that allows eligible high-risk patients to be referred to a rapid access angiography service.

**Greater Manchester hospital-based services strategy**

Based on our work to deliver Healthier Together and improve cancer services, we have started to develop a hospital-based services strategy. During 2016/17:

- We have been working to identify the scope and focus for this work, so that in 2017/18 we can work with our system and residents to develop the strategy.

- Further work has developed that is closely linked to standardising acute and specialist care, and will affect the future shape of hospital-based services. This work includes plans for a single hospital service in the city of Manchester, development of the Salford/Pennine hospital group, and the Greater Manchester cancer plan.

This work is described in more detail in our business plan for 2017/18.
Theme 4: Standardising clinical support and corporate functions

Our work on standardising clinical support and ‘back office’ across Greater Manchester will enable us to deliver the recommendations of the national Carter Review on driving efficiency and productivity gains from the system.

The Greater Manchester finance community is leading the work, which is being taken forward through the key projects set out below.

**Corporate functions and procurement**
Oldham hosts NHS Greater Manchester Shared Services and has led our programme to improve corporate services during 2016/17.

We’ve already identified savings providers can make on items they procure and are looking at collaboration opportunities to reduce costs further.

**Hospital pharmacy**
We have developed a hospital pharmacy strategy that our trusts have used to inform their plans.

We’re working on a sustained campaign across Greater Manchester that will reduce wastage and improve pharmacy services by encouraging patients to bring their own prescribed medicines into hospital with them.

**Clinical support (pathology and radiology)**
We’ve collected and analysed data on radiology and pathology to identify areas for improvement, and then produced an overall plan.

We have undertaken financial modelling and developed a case for change that’s been submitted to NHS Improvement.
Theme 5: Enabling better care

During 2016/17 we agreed the ‘enabling’ programmes that would support the delivery of our objectives across multiple transformational and population health ambitions. The key programmes are set out below.

Workforce

We want to ensure that we have the best possible staff to deliver our health and social care services in Greater Manchester, and workforce issues cut across all our operational and transformation activity at different levels.

In 2016/17 we:

- developed a Greater Manchester workforce strategy built on plans from the 10 localities
- signed a memorandum of understanding (MoU) with Health Education England
- are developing a Greater Manchester workforce collaborative to lead the work across universities, health organisations, unions and others.

We reviewed how we would overcome our workforce challenges, including through the following:

- Greater Manchester directors of nursing produced a model for change, including a new apprenticeship, in preparation for proposed changes to healthcare undergraduate funding
- we developed plans to stabilise and transform the primary care workforce in preparation for delivering new models of care
- we launched a nationwide recruitment campaign to attract more emergency medicine consultants to Greater Manchester hospitals.

We are proud to have been chosen by Health Education England as one of the initial 11 test sites for training the first ‘nurse associates’. Supported by three Greater Manchester universities and 11 NHS trust and CCG employers, 230 trainees began in the new role in January 2017, and are working across primary and secondary care addressing nursing shortages.

Estates

We want to use the public estate available to us in Greater Manchester as efficiently as possible in delivering local and national objectives. A lot of our work in 2016/17 has been about seeing what we’ve got and what we need to achieve our objectives.

We have:

- agreed a Greater Manchester estates strategy and a pipeline of prioritised projects
• established the infrastructure and governance, including the Greater Manchester Strategic Estates Board
• agreed a national memorandum of understanding (MoU) with the Department of Health, HM Treasury, Department for Communities and Local Government, NHS Improvement and NHS England
• agreed a local MoU between all Greater Manchester organisations, NHS Property Services and community health partnerships
• developed a capital financing strategy exploring the options for funding the capital investment required.

Digital
Our aim in Greater Manchester is to create more integrated digital systems, improving access to information for both patients and clinicians, leading to better care and greater self-management.

During 2016/17, we:
• published our information management and technology (IM&T) strategy, Enabling health and care reform through technology, which identifies priorities to address at Greater Manchester, locality and cluster levels
• agreed a single delegated IM&T transformation fund with the Department of Health and NHS England (awaiting further details on the full allocation)
• completed digital maturity assessments for the 10 localities in deciding how to allocate IM&T funds
• developed the Greater Manchester Health and Social Care Digital Collaborative, which will coordinate agreement on shared standards and drive the delivery of digital transformation
• launched DataWell – a health and social care information exchange system.

Medicines optimisation
We want Greater Manchester to be the safest and most effective place in the world to receive medicines, and that means working with companies that develop and trial them.

In February 2017 we signed an MoU to create the Greater Manchester and Pharmaceutical industry Partnership Group. The group will use NHS data and information to improve medicine safety and discover, develop and deliver new treatments.

The MoU will allow us to explore different ways of paying for medicines based on patient outcomes, so we make best use of the £1bn Greater Manchester spends on medicines. It also provides the infrastructure to attract global companies to Greater Manchester.
and create a world-leading hub for life sciences research and investment.

**Payment and contracting innovation**

An important area of our transformation work is developing new models of care delivery and provision at locality, cluster and Greater Manchester levels, and we’ll need innovative, evidence-based contracting models and pricing mechanisms to achieve these reforms.

During the year we’ve started to see new approaches that may offer the necessary scope to cover all sectors and a wide range of providers. These include a contract combining activity and cost-reduction incentives, a cost and volume contract with risk-sharing arrangements and high-level outcome measures, and a capitation-based contract linked to an outcome framework.

Our work in 2016/17 focused on understanding our approaches across Greater Manchester and then agreeing a work programme to provide the greatest value to the system.
Commissioning

During 2016/17 we:

- agreed formal governance arrangements and set up an executive group to support the Greater Manchester Joint Commissioning Board
- published the five-year Commissioning for reform: The Greater Manchester commissioning strategy and an implementation plan for its first year
- arranged an external review of our commissioning approach and developed a future commissioning framework for Greater Manchester.

The framework provides design principles for Greater Manchester commissioning, including place-based approaches, service model co-design (involving residents) and commissioning at the right level.

The review looked at commissioning approaches across three levels:

- place-based commissioning – the design of a truly place-based approach to public service reform
- commissioning at scale – this involves commissioning of some services just once at Greater Manchester level (when it makes sense to do so)
- commissioning support – we aim to design commissioning support services that are responsive and effective.

Direct commissioning

Since April 2016 NHS England’s direct commissioning responsibilities in Greater Manchester have been delegated to the Partnership through our chief officer.

During 2016/17 our GP, optometry, community pharmacy and dentistry contracts teams carried out a variety of work.

The GP contracts team continued to support all the Greater Manchester CCGs in co-commissioning general medical services. The team:

- led a review of personal medical services contracts and a procurement programme for alternative provider medical services (APMS) under time-limited contracts
- provided assurance of service quality and compliance to the Care Quality Commission when it inspected Greater Manchester general practices.

Our optometry team managed ad hoc ophthalmic applications and the three-yearly round of contract assurance.
We also continued to work with Health Education England to roll out the Greater Manchester minor eye conditions scheme.

The community pharmacy contracts team:

- worked with Greater Manchester community pharmacists to implement a new contractual framework and associated funding introduced by the Department of Health
- supported the establishment of two new national services (a seasonal influenza vaccination programme and a pilot scheme to supply urgent and emergency medicines)
- delivered a minor ailments service across seven CCG areas, developing a programme for community pharmacies to deliver individual care plans (incorporating medication and general health and wellbeing advice).

Our dentistry team:

- worked with providers to reduce waiting times for young children who need dental treatment under general anaesthetic
- piloted a model of dental care for older people
- worked with local authorities to develop a Greater Manchester oral health network and oral health programmes.

Population and public health

From April 2016 we took on responsibility for a range of public health functions, including commissioning 31 different screening and immunisation services, plus child health information services.

Our first year was a busy but successful one.

- We commissioned bespoke training for all Greater Manchester local authorities to help their staff encourage lifestyle-based secondary prevention.
- We increased access to flu vaccination through pharmacies and by extending our schools programme to an additional 37,500 children in Year 3.
- We made it easier for pregnant women to get whooping cough and flu vaccinations through arrangements with local maternity services.

As a result, Greater Manchester was the highest performing area in England for flu vaccination coverage of people over 65 and in the top three performing areas for pregnant women, children, and adults in at-risk groups.
Specialist services

During the year we’ve developed clear governance arrangements so we can collaborate with regional and national colleagues to deliver specialised services locally in a consistent way. We developed Greater Manchester commissioning intentions for high-risk elective general surgery, which will be offered at selected hospital sites from 2016/17. We also undertook important work to reorganise services to improve standards in specialist cancer surgery.
Case studies

Spotting early signs of cancer

In 2016/17 we piloted a new service to detect lung cancer earlier in some of Manchester's most deprived areas. The service was funded by Macmillan Cancer Support. This was the UK's first community-based low-dose CT lung cancer screening NHS ‘one-stop shop’ service, aimed at detecting lung disease, especially lung cancer, at an earlier and more treatable stage that would offer higher survival rates. We screened 2,500 people and found 42 lung cancers. Almost eight out of 10 of these were at an early stage, and potentially curative treatment was offered to all the people discovered to have lung cancer. The next step is to look at offering lung health checks to people at high risk across Greater Manchester.

Research, innovation and growth

Greater Manchester is already an important centre for life sciences, with an exceptional track record for partnership working and a shared commitment to further developing the sector as a central source of economic growth and societal wellbeing.

This has contributed to Greater Manchester’s recognised excellence in science, which in 2016/17 earned it the international status of European City of Science, and selection as a pilot for the UK government’s first wave of science and innovation audits.

Health Innovation Manchester

Throughout 2016/17 we’ve continued to develop Health Innovation Manchester (HinM), which aims to speed up the discovery, development and roll-out of new ways to improve health.

During the year we have:
- consolidated HinM with a single brand and governance structure, and one leadership team, bringing together the Manchester Academic Health Science Centre and Greater Manchester Academic Health Science Network into one academic health science system for the city-region
- agreed HinM’s vision and priorities as part of a new business plan
- reviewed and clarified resource requirements.

Based on the new business plan, in 2017/18 HinM expects to create an innovation access system to support and guide industry innovators of any size, and use this to build a pipeline of proposals that can be rapidly evaluated, trialled and implemented.
Time to talk about mental health

More than 150 people from faith and voluntary organisations, including the Greater Manchester Jewish Representative Council and Greater Manchester Interfaith Network, attended a conference we held in September 2016 aimed at breaking the stigma around mental health. And in November 2016 we held an event to help schools and colleges understand their role in transforming emotional wellbeing and mental health services for Greater Manchester’s children and young people.

Cross-cutting programmes

Mental health

Greater Manchester is working towards a whole-system approach to the delivery of mental health and wellbeing services that support the holistic needs of the individual (and their families) while living in their communities. This will bring together, and draw on, all parts of the public sector, and focus on community, early intervention and the development of resilience.

Highlights from 2016/17 include:

- agreeing the Greater Manchester mental health and wellbeing strategy
- agreeing a suicide prevention strategy for Greater Manchester
- completing the transaction to create Greater Manchester Mental Health NHS Foundation Trust
- developing a single specification for ADHD and eating disorder services across Greater Manchester
- developing a whole pathway approach to community-based care and crisis support for children and young people
- providing education for service providers working with women in the perinatal period through the Greater Manchester mental health strategic clinical network
- setting up a network of practice for children and young people’s mental health.

The Greater Manchester mental health and wellbeing strategy aims to bring communities, employers, education authorities, and health and social care organisations together to improve the mental health and wellbeing of...
individuals and families. Specific plans include 24/7 mental health services for children and young people, a Greater Manchester-wide approach to suicide prevention and better access to community services.

In May 2016 Greater Manchester was named as a ‘mental health and employment trailblazer’ (one of only four in the UK) and awarded funding. As a result we have expanded our Working Well programme to include a mental health talking therapies service.

**Dementia**

Much of our work in 2016/17 has been on continuing to develop Dementia United, our long-term transformation support and development programme that will enable the whole Greater Manchester system to meet our dementia standards.

Among other things we:

- agreed Greater Manchester dementia standards and the establishment of locality profiles
- developed and provided access to a free toolkit containing a comprehensive roadmap and resources for the care of people with dementia
- developed our five ‘dementia pledges’ into deliverable standards and a suggested model for implementation
- launched a new framework, developed by the Greater Manchester pharmacy local professional network, to offer more community support to people with dementia.

**Case study**

**Living well with dementia**

Greater Manchester localities have introduced a range of initiatives to help local people live well with dementia. For instance, in Salford a scheme offers physical and mental support to 30 local residents living with mild/moderate dementia. The scheme is also looking at whether people with dementia benefit from ‘virtual’ treatment. In Tameside and Bury, the Storybox project uses various art forms, including music, stories, poetry and costumes to engage imaginatively with people with memory loss.
Learning disabilities and autism

We are committed to reshaping services for people with learning disabilities and/or autism, moving away from long-term hospital care to care in community settings and closer to home. This is in line with the NHS England Transforming Care programme – we were named one of its ‘fast-track’ sites in 2015 and awarded £3m (match-funded by Greater Manchester CCGs).

Our fast-track board’s particular focus is on the local response to Transforming Care and ensuring Greater Manchester people transferring from Calderstones in Lancashire, England’s last long-stay learning disability hospital, do so safely and with the care they need.

Alongside our work on Transforming Care, our adult social care transformation programme has identified learning disabilities as a priority area and we have started to develop our plans with stakeholders to expand family-based care and increase employment opportunities for people with a learning disability.

We have also worked with families of people with autism, not-for-profit specialist training provider North West Training Development Team (NWTDT) and the National Autistic Society (NAS), to establish a development programme for both staff and families.

Key delivery areas in 2016/17 included:

- seeking extra case management to facilitate discharges, and publishing an agreed Greater Manchester common approach to case management, Care and Treatment Reviews (CTRs) and dynamic risk registers (based on the model resulting in the fewest inpatient numbers)
- increasing discharges into the community from secure and non-secure settings, meeting our targets for reductions in inpatients
- developing the Calderstones/Mersey Care Forensic Care Pathway Development and Transition Stabilisation Programme.

Achieving world-class cancer outcomes

We want our cancer services to give people the best chance of avoiding or surviving cancer. These services must be sustainable, value for money and the best they can be for everyone, right across Greater Manchester.

Since April 2016 we have been a designated part of the NHS England national cancer vanguard.

This enables us to test new clinical ideas and ways of organising cancer care. It has also resulted in an extra £2.3m of transformation funding.
During 2016/17 we particularly focused on cancer prevention, testing and evaluating innovative approaches to awareness and behaviour change, social movement, cancer screening uptake and lifestyle-based secondary prevention.

In February 2017 we launched the Greater Manchester strategic cancer plan **Achieving world-class cancer outcomes: Taking charge in Greater Manchester 2017–2021**.

This plan outlines how we will continue to improve and transform our cancer services and support our work to deliver the national performance standards. We have ensured that a wide range of stakeholders are represented through the cancer governance.

By the end of 2016/17 we had signed up 5,000 ‘cancer champions’ and we aim to have 20,000 by the end of 2019.

### Diabetes

Diabetes is a growing health issue across our own and the national population. In 2016/17 we:

- started to ensure more GPs take part in the National Diabetes Audit so we can see what help is available to local people diagnosed with diabetes

- secured funding to take action when people are at risk of developing type 2 diabetes, and successfully bid to incorporate eight areas of Greater Manchester in the NHS Diabetes Prevention Programme.

### Our children’s health and wellbeing

Children’s health services are specifically identified in **Taking charge of our health and social care in Greater Manchester** as an area requiring transformation, and reviewing children’s services has been one of the year’s priorities.

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**Case study**

**Specialist cancer care at Salford Royal**

During the year patients with stomach and gullet cancers worked with the Oesophago-gastric Patient Association and the Upper-gastrointestinal (UGI) Support Group to address inconsistencies in standards of care and to design the first specialist surgical centre of its kind in Greater Manchester. In October 2016 it was agreed that in future all major surgery for these types of cancer – previously carried out at three different hospitals – will take place at Salford Royal Hospital, with local expertise and experience focused in one team.
We carried out widespread consultation on our Greater Manchester ‘early help’ strategy and have made sure the proposals for transformation we have developed are in line with our other strategies, particularly population health and mental health, including plans and guidelines for ADHD and eating disorders services.

It has been acknowledged that shared governance and some shared functions at a Greater Manchester level would support improved health outcomes for children and young people as well as improved safeguarding, early help and education. This has led to the establishment of the Greater Manchester Children’s Health and Wellbeing Board. It will have oversight for the delivery of improvements to children’s health and healthcare in Greater Manchester, while strengthening links with local authority service improvements and the work of other partner organisations.

**Developing a Greater Manchester maternity system**

Greater Manchester, in partnership with East Cheshire NHS Trust, intends to implement a local maternity system aligned to the national policy Better births: Improving outcomes of maternity services in England.

The focus of the Greater Manchester and Eastern Cheshire local maternity system will be to improve performance based on best evidence, ensure safe care, and provide mothers and their families with genuine choice.

Much of our focus in 2016/17 has been on services aimed at families, such as:

- creating guidelines for all Greater Manchester hospitals to support the care of mothers and families following a stillbirth in the second term of pregnancy
- setting up a network to improve care for pregnant women and their partners who have mental health issues.

Our Family Nurse Partnership (FNP) has continued to offer emotional and practical support to first-time young mums aged 19 years or under across Greater Manchester. A specially trained family nurse visits the young mum at home regularly, from the early stages of pregnancy until their child is two, offering help and advice on everything from health, social and financial needs to the mother’s long-term plans for education and employment.
Communication and engagement

During our first year we have employed a range of communication and engagement methods to ensure residents, staff and partners all understand and are actively involved in the design, delivery and evaluation of our work.

Communication networks have helped to deliver coordinated and consistent messages across Greater Manchester as well as offering a platform for professional development and sharing best practice. During the year we have taken steps to align our approach more closely to the Greater Manchester Combined Authority’s communications, developing a single brand strategy.

We won gold in the public sector campaign category of the Chartered Institute of Public Relations North West Pride awards 2016 for our Taking Charge Together campaign.

Partnerships

Our first year has seen us strengthen existing relationships and develop new ones.

NHS England

The accountability agreement that, since April 2016, has devolved health and care responsibilities to Greater Manchester, has also ensured that NHS England is a key partner in implementing a place-based approach as part of our overall strategy as well as national policies.

During 2016/17 our chief officer met NHS England quarterly to discuss the Greater Manchester position and we work in conjunction with NHS England regional and national teams to support the design and delivery of key national programmes.

NHS Improvement

Our partnership works closely with the NHS Improvement national and regional teams.

We are committed to working together to deliver national operational, quality and financial objectives and achieve sustainability, align commissioner and provider plans, and review and approve new models of care or organisational change. This commitment is demonstrated by the step we took in 2016/17 to introduce a director-level post that is common to the senior management teams of both the Partnership and NHS Improvement.

Our public and patients

Throughout 2016/17 we have sent out clear consistent messages about our challenges, achievements and investment in transformation reform, shared specific plans at an early stage so people have a chance to shape
them locally and at Greater Manchester level, engaged with individuals and communities about their health behaviours and used this insight to inform changes, and built new networks.

**Patient and stakeholder involvement**

Throughout the year we have been working with patient groups, voluntary community and social enterprise (VCSE) groups and key clinical stakeholders across a range of areas.

We are continuing to involve these groups in designing models of care that are fit for purpose. Supporting the service users, a range of organisations such as the MSK Alliance, Macmillan Cancer Support and Greater Manchester Neurological Alliance have been involved from the very start of this process to ensure that ‘seldom heard’ patient views are integrated into the transformation process.
Locality engagement

During the year Greater Manchester’s 10 localities actively engaged their communities while developing their individual locality plans, holding over 300 face-to-face public and staff meetings, forums and events.

The following is just a snapshot of the type of local engagement continuing across Greater Manchester.

**Bury** – Workshops were held with stakeholders and providers to develop locality plan proposals, including engagement with service user and community groups to share and spread best practice.

**Bolton** – A collaborative project involving the CCG, the council, local Healthwatch and VCSE services focused on a joint framework for engagement that aligns to communication of wider plans and strategies.

**Manchester** – There was a continuation of conversations with residents and patients as new care models developed.

**Oldham** – Public workshops on urgent care, long-term conditions, and services for children, young people and older people helped shape new pathways across health and social care and the overall operating model.

**Rochdale** – Engagement events aimed to reach out to wider communities and test local opinion on devolution.

**Salford** – The Salford Together partnership tested its integrated care model in key areas to identify specific challenges. Local people helped develop the model and shape aspects of integrated care like shared care plans.

**Stockport** – A citizens’ representation panel was appointed, and all business cases and plans go through this to ensure local people's views are reflected in final proposals.

**Tameside and Glossop** – A system-wide workforce engagement programme was developed, which included a specific event for clinicians, who can also access personal development to become effective ‘system leaders’.

**Trafford** – Drop-in sessions were held for the public and stakeholders to talk about specific new services and the overall locality plan. There have also been events to engage CCG member practices in proposed models of care.

**Wigan** – A panel of patients has been created as part of the local partnership's leadership structure.
Evaluating our progress

During 2016/17 we agreed to commission an independent evaluation of the fundamental changes happening in Greater Manchester. This will help us see whether our strategy is meeting its specific ambitions and overall vision.

We have developed an approach for evaluating the strategic plan, and a detailed specification and conceptual framework for the locality evaluations is also being developed. The evaluation will take place at three levels:

- locality evaluation
- evaluation of the Greater Manchester strategic plan
- evaluation of devolution.

It is important that we create a culture within Greater Manchester that means we are willing and able to adapt our transformation programme in line with the evaluation’s findings. We have agreed to embed a continuous learning cycle and will develop an evaluation and learning network across the Partnership and localities.
In 2017/18 we must make our implementation plans a reality. We will continue to: build on the devolution agreement; implement our strategic plan; and take on clear collective responsibility for resources and population health.

In return for providing joined-up, better coordinated care, we will get far more control and freedom over the total operation of the health system in our area.

Of course, 2017/18 also sees the beginning of the tenure of the new directly-elected Mayor of Greater Manchester. We have already forged a good working relationship with the Mayor and his office and are actively engaged in how we can align the delivery of our business plan with the health and care commitments in his manifesto – including key initiatives on tackling homelessness and support for carers.

In our first year we have made enormous progress in harnessing collective enthusiasm among health and care partners and the wider system to collaborate as never before and start to make practical changes. This will continue in 2017/18, building on newly formed (and formalised) relationships and further strengthening existing ones.

As we move into our second year of operation:

- Our transformation plans will start to have an impact on our pathways of care and we expect to see hospital activity levels reduce.
- We will act on the commissioning review carried out in our first year and introduce different arrangements for planning and buying services. New care models, such as local care organisations (LCOs) and new models of hospital provision will start to operate, expand and make an impact.
- These new commissioning and care models will confirm our fresh approach to contracts and payments, ready for the next two-year planning cycle. We will pay particular attention to performance standards that are not currently being met, and ensure that we learn from this in transforming the system to improve in the long term.
- We will ensure key enablers are supporting the implementation of our plans, through improved use of our estates, digital technology and the capacity and capability within our workforce.
During this second year we will need even more devolved authority to make the changes required to achieve our objectives. For example, taking over further responsibilities from NHS England will support new commissioning arrangements, including for ambulance and NHS 111 services. We want to have more freedom in how we use money from the national Better Care Fund to join up health and social care services and we aim to establish a single system control total for Greater Manchester finances.

Our business plan for 2017/18 outlines in detail how we will deliver on all of this and this annual report should be read in conjunction with that document.