Taking charge is working in Greater Manchester

MARCH 2020
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5. OUR PRIORITIES

This document is intended to demonstrate the progress – or not – we have made in the different areas we said we would work on when we took charge of the budget and decision making in the 2015 devolution deal. There are a number of charts which don’t start at zero, which is the statistical convention, using confidence intervals as the preferred method to identify change. We want to be fully transparent in terms of both successes and areas where we haven’t made the difference we may have hoped, but we also want to keep this as simple as possible. Should anyone reading this want access to the data we are more than happy to provide that. Contact: gm.hsccomms@nhs.net

This document is not a formal evaluation, it is a current snapshot of how we are performing against the commitments in the original Taking Charge document. There is a significant amount of formal, independent evaluation of health devolution taking place which will cover the full five year period and each main area of activity.
WHY DID WE TAKE CHARGE IN GREATER MANCHESTER?

In April 2016 Greater Manchester took charge of the £6bn spent here each year on health and social care and the decision making about how it is best spent. This remains the largest of a number of devolution deals the city-region has made with the government.

Our stated aim was to deliver the greatest and fastest improvement to the health and wellbeing of our 2.8 million people. We wanted to take charge of health and care, building on the other devolved powers we had been given, because we believe having the freedom and flexibility to make our own decisions over some of the most important things in our lives is of fundamental importance to achieving our ambitions for our city region as a whole. This presents a huge opportunity, as well as a great responsibility.

Our ambition is for our city region to sit at the heart of the north, with the size, economic influence and, above all, skilled and healthy people to rival any global city.

Put simply, skilled, healthy and independent people are crucial to bring and keep jobs, investment and therefore prosperity to Greater Manchester. We know that people who have jobs, good housing and are connected to families and community feel, and stay, healthier.

We knew we needed to work together in health and social care, and also across the whole range of public services, to tackle some significant challenges and make Greater Manchester one of the best places in the world to grow up, get on and grow old.

Our challenges are significant.

Greater Manchester has the fastest growing economy in the country and yet people here die younger than people in other parts of England. Vascular and respiratory illnesses mean people become ill at a younger age and live with their illness longer than in other parts of the country. Our growing number of older people often have many long term health issues to manage.

Thousands of people are treated in hospital when their needs could be better met elsewhere, care is not always joined up between teams and is not always of a consistent quality.

We knew we spent too much time and money providing reactive services that attempted to deal with the consequences of people getting ill and not enough proactively helping people to live well at home and in their communities.

We also spend millions of pounds dealing with illnesses caused by poverty, stress, air quality, debt, loneliness, smoking, drinking, unhealthy eating and physical inactivity.

The way we were spending the £6bn on health and social care was not improving this picture. For some people, things were getting worse, contributing to ongoing and deepening inequalities across our city region, local authorities and neighbourhoods. We believe all people here deserve a better chance to achieve their potential, to contribute to and to benefit from the many opportunities our rapidly growing city region should present.
The terms of the 2015 deal involved our 37 NHS and local authority partners creating an ambitious five-year plan (Taking Charge: 2016-2021) to transform health and care. In return – in addition to control over our £6bn day to day budget - we were given a single £450m “transformation fund” to spend over the five years to deliver the objectives in Taking Charge, as well as more freedom to spend it in the way we wanted. Whereas the rest of the country was able to bid for separate, targeted, pots of money over the five-year period, we were given ours under one agreement instead.

We created a Partnership Board, representing every NHS and council organisation in Greater Manchester, to oversee the work. This is still going strong four years later. There are also a number of other unique arrangements representing different parts of our ‘system’. These include the Joint Commissioning Board (which commissions health and care services at Greater Manchester level), Primary Care Board (which oversees primary care services such as GP services, optometry, pharmacy and dentistry) and the Provider Federation Board (which brings together acute, community and mental health trusts).

Together they have ensured the £450m – and the overall £6bn - was invested wisely and to maximum effect to deliver the agreed, shared objectives in Taking Charge. These included a number of specific actions we thought could help us make the changes needed most quickly, and some of the benefits to the people we believed could be realised by 2021.

At the same time we promised we would still remain part of the NHS and social care system, working, like the rest of the country, to uphold standards set out in national guidance. We would also meet statutory requirements and duties, including those of the NHS Constitution and Mandate and those that underpin the delivery of social care and public health services.

But by changing the way we do things – and making decisions here about the people and services here - we aim to ensure that the £6bn a year total budget for health and social care brings the greatest benefit to the largest number of people.
OUR AMBITIONS

Taking Charge, our five year plan, identified areas where, if we successfully began to bring them up to the England average, there would be some big benefits for the people of Greater Manchester.

1. Reducing the number of very low birth weight babies.
2. Increasing the number of children “ready to learn” when they start school.
3. Reducing the number of children living in poverty by raising the number of parents in good work.
4. Reducing the number of falls so more people are living independently at home.
5. Cutting the number of deaths from the big killers – cancer, heart disease and lung disease or respiratory problems.

We knew our health and economic challenges were so big that even bringing things to the England average would be difficult. What we also knew was that they can only be achieved by working with a wide range of partners to transform people’s life opportunities, change the lifestyles they lead and improve public, third sector and business services across health, social care, education, transport, housing and business.

At the same time, running through our work was the commitment to meeting national NHS standards and to achieving financial balance to ensure a sustainable future for our health and care services.

We have focussed on three big transformational areas to deliver our ambitions:

1. Helping people stay healthier and closing health inequalities: A fundamental change in the way people and our communities take charge of – and responsibility for – managing their own health and wellbeing, whether they are well or ill. We wanted to help people develop a new relationship with NHS and social care staff. We would also invest far more in preventing ill health so that everyone could start well, live well and age well, while addressing the issues in our lives and communities that were unfairly limiting health and opportunities of too many residents.

2. Joining up health and social care locally, and with wider public services, to give people better access to high quality support: The development of a new care model via local care organisations where GPs, hospital doctors, nurses and other health professionals come together with social care, the voluntary sector and others in looking after people’s physical and mental health - so when people do need support from public services it’s largely in their community, with hospitals only needed for specialist care. The local care organisations would, in turn, be far more closely linked to other local public services such as schools, job centres, police and probation as part of a city region wide model of public services.

3. Ensuring we have innovative thinking and strong partnerships to create consistent and high standards across Greater Manchester: in our workforce, our digital and technological support, our research, development and innovation sectors, as well as our finances and estates.
OUR PROGRESS

The following pages show the progress which has been made over the last four years, including our achievement of the NHS constitutional standards. Where possible we have included the England average because closing the gap between us and the England average, or exceeding it if possible, has always been our goal. Where possible we show current figures or trajectories.
Healthy babies

The first 1,000 days of life – beginning at conception – are critical to the future health prospects of children as they grow up.

Babies born very small are more likely to face health problems later in life. One of our planned outcomes was to reduce the number of babies born at a very low weight to that of the England average. However clinical guidance changed in 2015 which led to more babies being delivered early in a planned way. This measure therefore became a less meaningful way of checking whether we were reducing health inequalities. Instead we are now measuring stillbirths.

Result:

Of the approximately 36,000 babies a year born in Greater Manchester:

- 23 fewer babies were stillborn in 2018, compared to 2016
- The number of babies born with a brain injury (Hypoxic–Ischaemic Encephalopathy grades 2 and 3) fell from 51 in 2016 to 26 in 2018
- 19 fewer babies were born in 2018 with an assessment that the baby needed ongoing care, compared to 2016. The standard test is taken shortly after birth and is an indicator of the baby’s condition and a marker for the care received in labour.
Smokefree pregnancies

Smoking while pregnant is harmful to both the mother’s and baby’s health and can have a long term impact on the baby’s health, as well as the health of others in the family. The proportion of mothers known to be smokers at the time of birth is falling much faster than the England average and we are successfully closing the gap with the English average.

Result:

An additional 250 babies were born smoke-free in the year after our full smokefree pregnancy programme was introduced in early 2018.

Data source: NHS Digital
Children ready to start school

Children’s personal development and readiness for school is a key indicator of their future prospects. Starting school without reaching a good level of development is harming the life chances of almost a third of our children. It is holding back our region’s development too.

There is a strong relationship between deprivation and school readiness levels so, working with our partners across Greater Manchester, including councils, schools, nurseries and voluntary organisations, our school readiness programme has focused work to improve early years development in particular on children who receive free school meals.

Result:

Since 2014/2015, the gap between Greater Manchester and national rates of children who start school ready to learn has fallen from 3.9% to 3.6%.

In the same period, for our most disadvantaged children, the gap in school readiness levels has virtually completely closed.
Stopping smoking

Greater Manchester set itself an ambition in 2017 through its Making Smoking History programme to reduce the number of smokers by at least a third by 2021. That’s the equivalent of 115,000 fewer smokers. A reduction of this level and at this pace has never been achieved by any other major global city, but Greater Manchester is on track to meet that bold target.


Result:

46,500 fewer people smoked in 2018 compared to 2016.
The proportion of people who smoke is falling twice as fast as the England national rate.
Getting more active

Through Greater Manchester Moving we’re creating an unprecedented culture of moving, including our ambition to support 75% of our residents to get active and to make walking a normal part of everyday life. Underpinned by our investment, this is beginning a social movement, with a network of champions and new opportunities, resources and incentives. This includes embedding the Daily Mile walk or run in our schools, workplaces and wider communities.

RESULT:

We are on target to achieve the Greater Manchester Moving goal of 75% of residents active by 2025. We are reducing rates of physical inactivity more than twice as fast as the national average. Our proportion of inactive adults has fallen by 1.8% between spring 2016 and spring 2019. In the same period, that national rate declined by 0.8%. 68,100 more Greater Manchester adults are now active. 23,100 more young people are now active in Greater Manchester in 2018/19 than the previous year.
Health and employment

The first service of its kind in the country and the result of the largest ever NHS investment in local employment support, Working Well Early Help assists people at risk of falling out of employment, or who are newly unemployed, because of their health.

The programme began in March 2019. As it progresses it will boost thousands of residents' chances in life and our region's economy. This should also meet our original object of reducing the numbers of children living in poverty because a parent or guardian is out of work.

At the same time we are also supporting the Greater Manchester Combined Authority in its work to help unemployed people with health conditions move towards work.

RESULT:

In its first six months the Working Well Early Help service helped 349 people and of those 73% were given support and 27% were provided with advice.

20,000 people have been helped back towards work via the broader Working Well programme since 2014.

Healthy eating for older people

Malnutrition is thought to affect more than 60,000 people in Greater Manchester. It can result in weight loss, decreased energy levels, reduced mobility and make it more difficult to recover from illness. It can also lead to falls.

A new Greater Manchester nutrition and hydration programme for over 65s was introduced in five pilot areas in 2018. Based around a simple “paperweight armband” test for excessive thinness, it allows malnutrition or dehydration in older people to be easily identified.

RESULT:

1,500 community and care workers have been trained since October 2018, they assessed 10,000 people and gave 900 specialist advice on diet. More than 600 of those people gained weight and stabilised their weight.
Cancer

We said we would cut the numbers of deaths from the “big killers” - cancer, heart disease and lung disease or respiratory problems.

Work has included developing an online training package for GPs and practice staff (which is now being adopted across England) to spot the early signs. We have recruited people to be “cancer champions” and raise awareness of the tell-tale signs in their communities. We have also set up centres for rapid diagnosis and introduced screening for early stage lung cancers.

Results:

● 7% more people have been referred at an early stage for each of the last three years

● The survival rate for 12 months after diagnosis has improved from 64.1% in 2007 to 72.1% in 2018 (based on data from 2016) and we expect to reach the national average in 2019 (although the data will not be published until 2021).

Stroke

Stroke services in Greater Manchester were reorganised in 2015 to provide three specialist centres where most patients are treated. This change has been independently assessed as having led to a significant improvement in in survival and recovery. It has led to 68 additional lives a year being saved and a drop in the average hospital stay of 1.5 days. It has also led to an improvement in quality standards at the non-specialist stroke centres.

Heart disease and respiratory illness

Our population health programmes, such Making Smoking History and Greater Manchester Moving, will have an impact on survival rates from heart disease and respiratory illness. However, it will take time for the benefits to be demonstrated in the numbers of people who have these illnesses, because of the time it takes the body to recover from smoking, for example.
**Healthy life expectancy**

Our longstanding, deep-rooted challenges are resulting in people here dying earlier and experiencing poor health younger than in other parts of the country. Our programmes are aiming for changes that mean everyone can live longer and healthier lives, with healthy life expectancy increased to at least the regional average, and the greatest improvements in the areas and groups which have historically had the worst outcomes.

The graphs below show the gap between the England and Greater Manchester averages for life expectancy and healthy life expectancy. For both men and women the gap has reduced.

### Results:

Life expectancy and healthy life expectancy are both improving across Greater Manchester. There have been significant increases for men since 2013-15, and smaller increases for women. In both cases, for Greater Manchester the progress is greater than for England as a whole, closing the gap with the national rates.
Preventing falls

Falls can lead to rapid deterioration in health among older people. So we set an initial aim in 2016 to reduce the number of falls.

The work we have done on improving nutrition and hydration among older people and in raising standards of social care referenced in this document should help to reduce the number of falls.

In addition, we have introduced new standards for healthcare professionals to identify clinical frailty and support people better using this knowledge. We are developing methods for GPs to refer people at risk of falling to improve their strength and balance, for example.

We currently do not have the evidence we need to make a link between the work we have done and the causes of reported emergency admissions due to falls.

![Emergency Admissions due to falls (65+) - Rate per 100,000](image)

Data source: Office of National Statistics
Dementia diagnosis and follow up

We said we wanted to make Greater Manchester the best place in the world to live with dementia.

To achieve this ambition we have focused on supporting people who are living with dementia and helping their carers and families.

This has included:
- Proactively identifying people with dementia
- Helping people who are diagnosed get the right support
- Identifying those who are likely to be in the last year of their lives, to ensure their wishes are recorded and met and that they receive the same standard of care as anyone else

The monthly diagnosis rate has remained relatively static at between 76% and 77.3% of the total number thought to have dementia, which is above the England average of 67.6% to 68.8%.

![Dementia Diagnosis Rate Graph](source: NHS Digital)

Finding the missing thousands

We said we would identify the “missing thousands” of people who may be living with a health condition but who do not know about it.

We have targeted particular groups of people who have been unlikely in the past to take up the opportunity of screening, but who are at risk.

A trial programme to identify early stage lung cancers among smokers and other people through a simple test in a mobile unit produced encouraging results.

It saw a significant increase in lung cancers diagnosed at their early stage from 18% to 65% and a decrease in secondary, later, stage cancers from 48% to 13%.

This approach is now being rolled out across new areas.
Managing medication effectively

Greater Manchester is working to improve the effectiveness of medicines and to minimise the potential harm they may cause.

We have introduced a new electronic system to inform community pharmacists of a change in a patient’s prescription that has occurred during a hospital stay, so they continue to receive the right medication at home. This scheme has supported 2,600 patients at Salford Royal Hospital in a trial during 2019, making an estimated cost saving of £2.2m through avoiding readmission. This system will be extended to Stockport, Tameside and Bolton during 2020.

Greater Manchester has made good progress over the last two years in reducing inappropriate prescription of antimicrobials, in line with a national ambition to cut antimicrobial resistance because of the threat it presents to public health. Over-use and inappropriate use of antibiotics is a problem as it can lead to the spread of antimicrobial resistance.

Most of our Clinical Commissioning Groups were above the NHS England target rates for antimicrobial prescribing two years ago, but all have significantly reduced their prescribing rates since then and only two are now above the target level.

The graph below shows performance against national targets for number of antibacterial drugs that have been prescribed, in relation to what would be expected given the number and characteristics of patients registered at GP practices.

We are continuing to work to cut inappropriate antimicrobial prescribing and to reduce the need for these medicines through infection prevention measures in healthcare settings.

We are working to ensure that patients in Greater Manchester receive safe, effective and cost-effective medicines for all of their conditions.

Data Source: EPACT
Joining up health and social care locally, and with wider public services, to give people better access to high quality support

Integrating health and care

We said we would make sure local health and care support is joined up and local. It should be connected, in neighbourhoods, with other public services such as education, justice, housing, early years, transport and jobs so people have the best chance to achieve their potential. All these services should be high quality and accessible for those who need them.

We have created 10 local care organisations, which form part of a new model of public service in each of the 10 boroughs of Greater Manchester, all of which focus on joining up public services in local neighbourhoods to work alongside our communities.

In Wigan alone this model has delivered:

- 5% reduction in domestic abuse incidents.
- Repeat rate down 7%
- 52% reduction in first time entrants to youth justice system
- 5.9% reduction in accident and emergency attendance rate for over 75s

Improving primary care

We have invested £41.2m from the Transformation Fund into general practice, over four years. Every day members of the public access primary care service from almost 2,000 points of service across Greater Manchester. People can now access care general practice care any day of the week including evenings and weekends. This means we are providing an additional 1,500 hours of time from GPs, nurses, health care assistants and pharmacists during evenings and weekends.

Assessment by NHS England shows Greater Manchester as the top ranked system nationally in terms of the proportion of the population benefitting from extended primary care access, with services available to 100% of local residents.

96.2% of GP providers (including practices and federations) are CQC rated ‘good or ‘outstanding’, above the national average of 94.6% (at December 2019).
Access to a dentist

Our access to NHS primary dental services across Greater Manchester compares well with North of England and national access levels.

We have invested in a dedicated new programme to reduce tooth decay among under 5s in four local areas – Bolton, Oldham, Rochdale and Salford. In these areas we are seeing consistent increases in numbers of children aged 0-5 years attending a dentist both for the 12-month period up to December 2018 and the 12-month period up to June 2019.

 RESULT:
The oral health transformation programme has so far resulted in:

- 90% of health visitor development reviews including oral health packs with free toothpaste and toothbrushes
- 722 early years settings holding daily supervised toothbrushing sessions, for approximately 31,400 children

These activities are directly encouraging families to attend dental services contributing to improvements in numbers of young children visiting a dentist. Around 1,377 additional 0-5s attended dental practices in our four priority areas in 2018/19 compared to 2016/17.

Between June 2017 and July 2019, dental visits by Greater Manchester children increased by 1.4%, driven by a 2% increase in our four priority areas. This compares to a 0.8% increase nationally in the same period.
Improving social care

Greater Manchester has overseen a significant improvement in the quality of social care provided across its 10 boroughs. There are more than 560 care homes and 370 home care agencies in Greater Manchester.

Quality standards have been improved by:

- Ensuring care and support are “personalised” for the needs and wishes of the individual being cared for
- Agreeing goals with people that maintain or improve an individual’s health and quality of life
- Meeting quality standards consistently
- Raising pay rates and standards, leading to less sickness absence and turnover
- Improving leadership and management skills

Data source: Care Quality Commission
Improving residential care

Percentage of care homes in Greater Manchester with a current rating of good or outstanding

Providers in Greater Manchester rated “inadequate”

Data source: Care Quality Commission
Improving mental health care

We recognised that mental health services were not good enough, so in 2017 we began a £134m action plan, with nearly 60% of that focused on children, young people and new mums.

Early intervention in psychosis

Greater Manchester has consistently met the waiting time standard (that 56% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral).

Early intervention in psychosis

Data Source: Mental Health Services Minimum Dataset (MhSDS) - Future NHS Collaboration Platform - Mental Health Core Data Pack
Children and young people’s community eating disorder services

We aim to meet the national standard for community eating disorder services for children and young people being in place in all areas by 2021. This will ensure that 95% of children in need receive treatment within one week for urgent cases (September 2019) and four weeks for routine cases.

Greater Manchester’s waiting times are better than both the north west and national averages at over 91% being seen within 4 weeks (at September 2019).
Improving access to psychological therapies

All ten clinical commissioning groups (CCGs) in Greater Manchester continue to be above the median for all CCGs nationally for first treatment numbers (May 2019). The graph below shows how Greater Manchester is performing against the rest of England.

Since the introduction of the access and waiting time standards in 2016, Greater Manchester has improved recovery rates from 44.92% (July 2016) to 50% (July 2019) and has increased the rate of access to psychological therapies from 3.98% (July 2016) to 5.3% (September 2019).
**Children and young people’s access to mental health services**

Greater Manchester achieved the NHS England target of 35% of children and young people with a diagnosable mental health condition receiving access to an NHS service. The access rate has continued to improve in 2019/2020 and is forecast to reach upwards of 45% by the end of March 2020.

**Physical health checks for people with severe mental illness**

Due to a combination of lifestyle factors and the side-effects of antipsychotic medication, there is a high incidence of cardiovascular disease causing premature death in people with severe mental illness (15 years for bipolar disorder and 25 years for schizophrenia). It is therefore necessary that these patients have an annual physical health check in order to identify risk factors for cardiovascular disease.

In Greater Manchester, up to 3,800 more people are receiving these checks every month.
Improving learning disability care

In Greater Manchester, there are estimated 65,000 people with learning disabilities and 7,405 receive services because of their learning disabilities. We have worked with them and their families to develop a vision for our LD services. We have also made it a priority to reduce the numbers of people with learning disabilities who live in an “institutional” setting, instead providing supported living in local communities.

We have:
- Reduced the numbers of patients who are cared for in institutional settings and are working towards the national target, although we do not expect to meet it by the expected date of April 2020
- Put in place new specialist teams who identify support for patients with the most complex needs
- Assessed the needs of patients who have not yet been discharged and identified alternative care for the most have the most complex needs

Improving hospital care

In many specialist areas hospitals are working together as networks or single services to give the best results for people.

People now access the same high-quality care for oesophageal and stomach cancer, no matter where they live.

People who have suffered a major trauma are now taken directly to the hospitals specialising in handling this, and people who have a stroke now go to one of three specialist centres. The changes to these two services save around 220 lives every year in Greater Manchester.

We have worked with them and their families to develop a vision for our learning disability services:
- Neuro-rehabilitation (treating injury or disease of the nervous system)
- Benign urology (treating disease of male and female urinary system and male reproductive organs)
- Respiratory (lungs and structures associated with breathing)

We have:
- Paediatric surgery (surgery for infants, children, and adolescents)
- Breast services (diagnostic and surgical services)
- Vascular (treating conditions of the blood vessels, for example arteries and veins)
- Cardiology (heart)
- Musculoskeletal/orthopaedics (treatment of muscles, bones, or joints)

People are also getting home from hospital more quickly now: there’s been a 30% drop in hospital stays of more than 21 days, and a 15% reduction in stays of more than seven days.

The number of days people spend in hospital following an emergency admission has remained broadly the same since 2015, which is good news given our ageing population. We hope that our focus on supporting people at home will reduce these numbers in the future.
The quality of our hospitals has improved over the period 2015 to 2019, as rated by the Care Quality Commission.

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O = Outstanding         G = Good         R = Requires Improvement         I = Inadequate
Ensuring we have innovative thinking and strong partnerships to create consistent and high standards across Greater Manchester: in our workforce, our digital and technological support, our research, development and innovation sectors, as well as our finances

Workforce

We are working with our NHS, social care and voluntary sector workforce to develop new roles, attract and retain our talented workforce and make it easier for people to work across different organisations.

Results:
- Flexible working toolkit launched and rolled out to employers
- Health and social care awards event hosted, recognising the workforce, with 350+ nominations
- Working carers toolkit created, resources provided to employers to help them support carers and systems put in place to identify carers so they can be assessed for support
- Apprentices: An agreement that Greater Manchester public sector organisations will collaborate, including ensuring their apprentices get minimum standards around pay, terms and conditions
- Workforce race equality scheme in place
- We have a continuous service protocol in 9 of our 10 boroughs for staff from health, local authority, fire and transport

Transforming digital

- 10 boroughs of Greater Manchester now have an integrated digital care record in place
- 4,300 patient records shared each month to inform better care and treatment
- 600,000 clinical documents transferred between hospitals and GPs

Forging partnerships between the NHS, social care, the universities and science and knowledge industries

Health Innovation Manchester is a groundbreaking partnership with the NHS, academia and industry to find new treatments and cures through research, to transform care through digital technology and to support economic growth by strengthening Greater Manchester’s position as a global life sciences cluster.

Projects include:
- Eliminating Hepatitis C by 2025
- Enhancing community-based care for chronic obstructive pulmonary disorder (COPD) breathing difficulties
- Support for complex pregnancies following a previous still birth or miscarriage
- Quick diagnosis of a heart attack to support rapid treatment
Achieving financial balance

In 2016 we were already overspending, and without change would have continued to do so every year in our plan, eventually hitting a £2 billion overspend by March 2020. By taking charge and working together, over our first three years we achieved a balanced budget and provided an annual surplus that been used to help other parts of the NHS.

We have done this by working in a more efficient way across health and social care to achieve savings and work in a more effective manner. We have also received higher funding than originally anticipated and demand for services in some areas has been less than expected when we originally modelled our financial gap.

This means we have effectively more than paid back the £450m “transformation fund” allocated to us in 2016.
Upholding the national NHS requirements

The devolution deal was intended to help us deliver the greatest, fastest improvement to the health and wellbeing of the people here. However, we remained firmly part of the NHS and committed to working, like the rest of the country, to uphold standards set out in national guidance. We said we would also meet statutory requirements and duties, including those of the NHS Constitution and Mandate and those that underpin the delivery of social care and public health services.

We continue to do our best to meet the NHS nationally set standards, but improving the health of the Greater Manchester population is our overall goal, and one important element of that is working with people to give them the support they need in their homes and their communities to look after their health. The measures below demonstrate how our different approach is helping people stay well at home, reducing the numbers of people who need to go to hospital, both in a planned way and as an emergency by ambulance, reducing the amount of time people stay in hospital and helping take care of people locally so they don’t need to go back in to hospital.
We have made progress on reducing ambulance response times. This has been, in part, due to our work with North West Ambulance Service on reducing the number of people needing to go to hospital by ambulance. This means that the ambulance service has been better able to meet response time standards for those patients that need to get to hospital urgently.

**Ambulance: Category 1 Average Response Time**

Data Source: North West Ambulance Service

**Definition:** The average time for an ambulance to respond to a category 1 call where category 1 refers to time critical and life threatening events requiring immediate intervention, such as cardiac arrest (heart stops) or respiratory arrest (the patient stops breathing); airway obstructions and ineffective breathing.

**Latest:** In November 2019, the average response time for a Category 1 Ambulance call was 7 minutes.

**Standard:** 7 minutes

**Y-Axis:** Average Category 1 Response Time

**Goal:** Lower is better

**Ambulance Conveyances per 1,000 Population**

Data Source: NHS England, North West Ambulance Service

**Definition:** The number of incidents where an ambulance attended

**Latest:** In December 2019, there were 46,943 incidents across Greater Manchester

**Standard:** N/A

**Y-Axis:** Ambulance conveyances per 1,000 population

**Goal:** Lower is better
We began to make some good progress on reducing delayed transfers of care in 2017. However, there is local variation on performance against this target, with those areas that have more advanced integrated social care and discharge teams doing better. Recent developments will mean that this position should improve in 2020.

We have made a lot of progress on reducing the length of time that people have to stay in hospital, which is important because long stays can be bad for patients, especially for those who are frail or elderly.

**Delayed Transfers of Care per 100,000**

Data Source: NHS England

- **Definition:** The average number of delayed days in hospital per 100,000 population.
- **Latest:** In November 2019, there were 11,239 bed days delay across Greater Manchester, an average of approximately 375 per day.
- **Standard:** N/A
- **Y-Axis:** Delayed days per 100,000 population
- **Goal:** Lower is better

**Average length of stay**

Data Source: SUS (Secondary Uses Service) via NCDR (National Commissioning Data Repository), NHS England.

- **Definition:** The average number of days stayed in hospital per admission to hospital
- **Latest:** In November 2019, there were 76,005 admissions across Greater Manchester, with the average stay being 1.95 days
- **Standard:** N/A
- **Y-Axis:** Average LOS (days)
- **Goal:** Lower is better
The performance of Greater Manchester (and England) deteriorated in 2019 in terms of the time to treatment following a GP referral. We are below the national standard of 85% of patients being treated within two months of referral and our average performance was 80% throughout 2019. Our performance mirrors other regions and the national picture and it is primarily associated with workforce constraints and a significant 7-8% increase year-on-year of suspected cancer referrals. We do know, however, that 30% more people are treated for cancer within two months than was the case seven years ago.

**Cancer Waiting Times – 62-Day Wait From Referral To Treatment**

- **Definition:** Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.
- **Latest:** In November 2019, 10,274 patients received their first treatment for cancer within 62 days across Greater Manchester.
- **Standard:** 85%
- **Goal:** Higher is better

**Cancer Waiting Times – Two Week Wait From Cancer Referral to Specialist Appointment**

- **Definition:** Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer.
- **Latest:** In November 2019, 9,798 patients were seen within two weeks of an urgent GP referral for suspected cancer across Greater Manchester.
- **Standard:** 93%
- **Goal:** Higher is better
We recognise that we have not performed as well as we should have on this target. There has been a significant increase in the numbers of people attending our accident and emergency departments even through the summer months. This has been despite the fact that the whole Greater Manchester population now has access to GP appointments in the evenings and at weekends.

**Patients Admitted, Transferred Or Discharged From A&E Within 4 Hours**

Data Source: NHS England

**Definition:** Percentage of patients who spent 4 hours or less in an A&E department.

**Latest:** In December 2019, 93,569 patients were admitted, transferred or discharged in less than 4 hours out of 125,573 attendances

**Standard:** 95%

This standard has fluctuated since April 2014 and the main pressures are seen in endoscopy and workforce. To help manage this we are working with the independent sector to increase our workforce so that we can improve access to the these tests.

Referral to treatment waits have become an increasingly challenging standard to meet across Greater Manchester. Reasons for the waiting list growth are variable and require local focus at specialty and neighbourhood level. A dedicated programme to reform planned care has been set up to look at how to make it easier for people to get the care they need at the same time as reducing avoidable demand on services.

**Diagnostic Tests Waiting Times**

Data Source: NHS England

**Definition:** The percentage of patients waiting six weeks or more for a diagnostic test (fifteen key tests)

**Latest:** In November 2019, there were 1,040 patients waiting 6 or more weeks

**Standard:** 1%

Range: Across Greater Manchester, diagnostics rates ranged from 0.7% (Trafford) to 4.7% (Stockport)

**Goal:** Lower is better
**Referral To Treatment – 18 Weeks**

**Definition:** The percentage of patients who have been referred for treatment but where treatment has not yet started within 18 weeks

**Latest:** In November 2019, 208,995 patients had been waiting 18 weeks or less to start treatment

**Standard:** 92%

**Y-Axis:** % patients who have been waiting under 18 weeks to start treatment

**Goal:** Higher is better

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**GP Referrals**

**Definition:** The total number of written GP referrals for first consultant outpatient appointment to hospital per 1,000 population. A lower figure here indicates that people’s health conditions are being successfully managed out of hospital in their community.

**Latest:** In November 2019, there were 56,628 referrals from GPs across Greater Manchester

**Standard:** N/A

**Y-Axis:** GP referrals per 1,000 population

**Goal:** Lower is better
Hospitals are dealing with increased numbers of patients attending and being admitted to hospital, but patients are getting home from hospital quicker. Despite higher demand the total number of beds has not increased.

**Total Bed Days**

Data Source: NHS England Activity Report, NHS England Overall weighted populations for core CCG allocations

**Definition:** The total number of bed days per 1,000 weighted population. A lower figure indicates less pressure on hospital beds and shorter hospital stays.

**Latest:** In November 2019, there were 151,580 bed days across Greater Manchester

**Standard:** N/A

**Y-Axis:** Total Bed Days per 1,000 weighted population

**Goal:** Lower is better
OUR PRIORITIES

Details of our future plans will be published in summer 2020 in ‘Taking charge: the next five years’. In summary, this is our focus:

- Joining up health, care and other local services through local care organisations
- Continuing to improve and develop primary care, in GP practices, pharmacies, optician’s and dentist’s surgeries
- Continuing to support and improve social care
- Improving mental health and wellbeing
- Improving hospital care
- Reform of the urgent and emergency care system
- Creating a population health system that addresses prevention through all areas of public services
- Implementation of the Greater Manchester cancer plan
- Continued reform of the commissioning system
- Delivering our workforce strategy