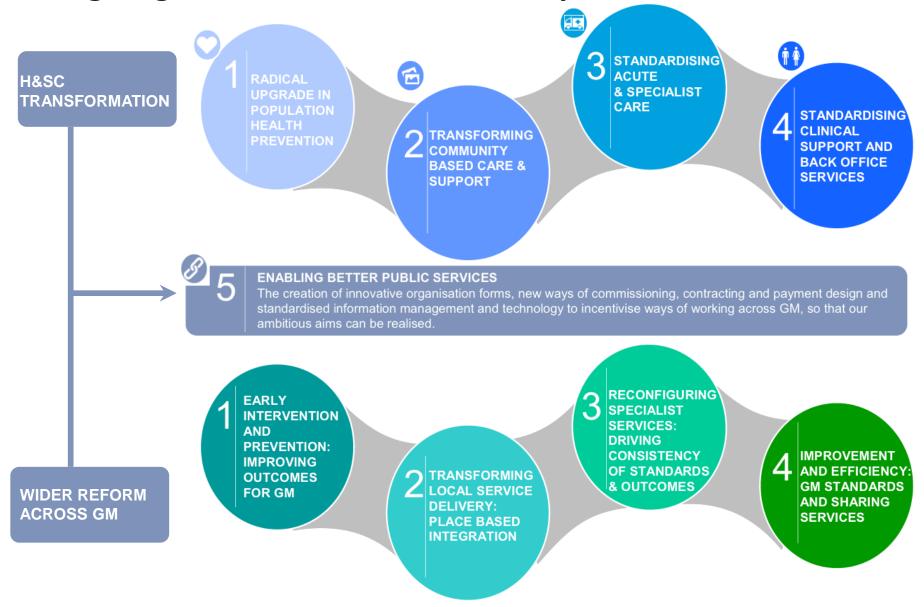




Health and Social Care Devolution

Vicky Sharrock
GM Health and Social Care Partnership

Aligning reform across GM: examples of our work





£56 Billion GVA

Fastest growing LEP in the country



2.7 Million People

Growth of 170,000+ in the last decade



104,000 People Unemployed

7.8% (above UK average of 5.5%)



77.7 Male Life Expectancy

England average: 79.3



81.3 Female Life Expectancy

England average: 83.0



112,000

People on long-term sick and inactive

GVA - Gross Value Added

LEP – Local Enterprise Partnership



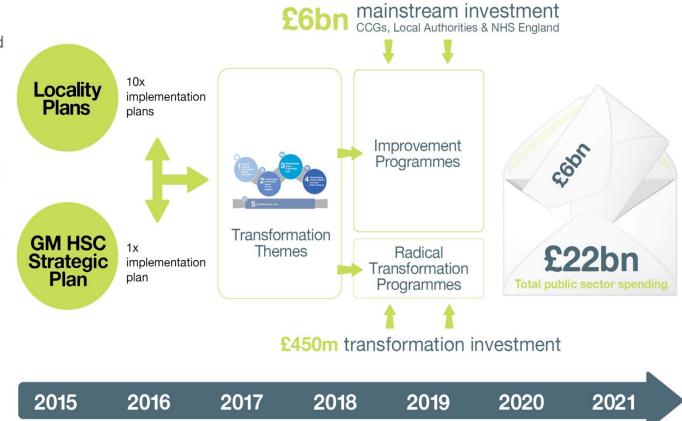
£2bn financial challenge by 2020/21 across health and social care

Vision:

To deliver the greatest and fastest possible improvement to the health and wellbeing of the 2.8m people of Greater Manchester

We will do this by:

- Creating a transformed health and social care system which helps more people stay well and takes better care of those who are ill
- Aligning our health and social care system far more widely with education, skills, work and housing
- Creating a financially balanced and sustainable system
- Making sure the system remains clinically safe throughout.



Scope

Involves the whole heath care system...

- Acute care (including specialised services)
- Primary care (including management of GP contracts)
- Community services
- Mental health services
- Social care
- Public Health
- Health Education
- Research & Development

Resources of c£6bn

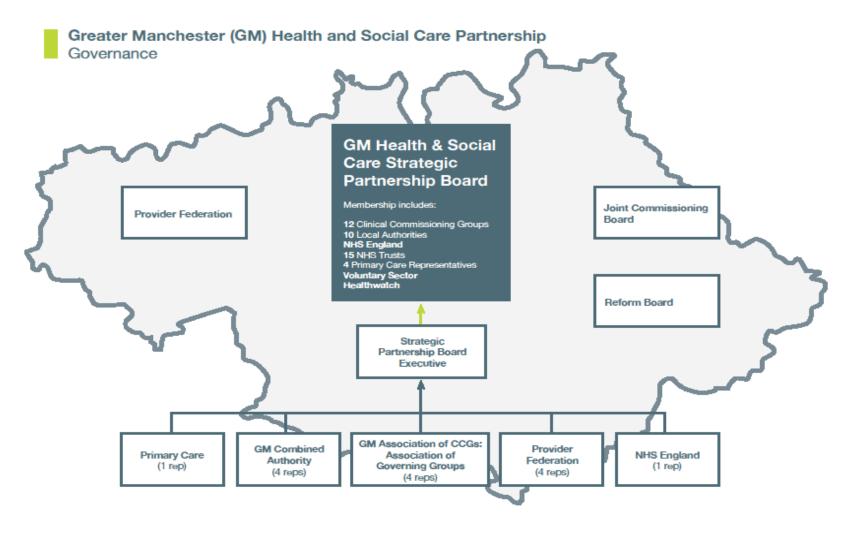
- £812m local authority social care and public health
- £3.7bn CCG allocations
- £1.5bn PHE mainly specialist commissioning and primary care

Principles

- Still part of the national NHS and social care system
- Decisions are made in the interest of GM residents organisations will collaborate to prioritise those interests
- Commissioning at a GM level where optimum for residents
- Subsidiarity decisions made at most appropriate level
- Transparent decision making underpinned by open sharing of information
- Shared outcomes to drive changes to organisational form where necessary
- Transitional risks will be shared with NHSE
- Skills and resources will transfer with commissioning functions
- New Burdens principle applies and will still access any new health and social care funding
- Underpinned by GM Strategic Sustainability Plan achieving clinical and financial sustainability over 5 years with certain caveats eg investment
- A radical approach to optimising the use of NHS and social care estates
- "all decisions <u>about</u> Greater Manchester will be taken <u>with</u> Greater Manchester"



Our Governance



1 April 2016 – What is Different?

- GM Governance
- GM Partnership Team
- GM Strategic Plan
- The Money
 - Money flows in usual way through LA's or CCGs
 - Specialist commissioning financial risks remains with NHSE but management of budget is responsibility of Chief Officer
 - Adhere to national "business rules" for CCG but at GM level
 - We are only assessed once
 - We are responsible within GM to stick to control totals,
 - National decisions should be agreed with and communicated through GM
- £450m Transformation Fund

Key messages

- These are unprecedented times, this has never been done before
- It challenging and we wont get it right all the time, we are learning as we go
- But it is exciting and a privilege to be involved and helping to shape the future
- It will feel uncomfortable at times but that's OK
- We need to bring people on the journey with us and manage relationships
- Important to keep focused on the vision and remind ourselves why we are doing this