

# **Bury Integrated Care Partnership Operating Model and Priorities**

**Bury Health Scrutiny Committee 18<sup>th</sup> July 2023**



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**Part of** Greater Manchester  
Integrated Care Partnership





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# Partnership Overview

# The Bury Integrated Care Partnership



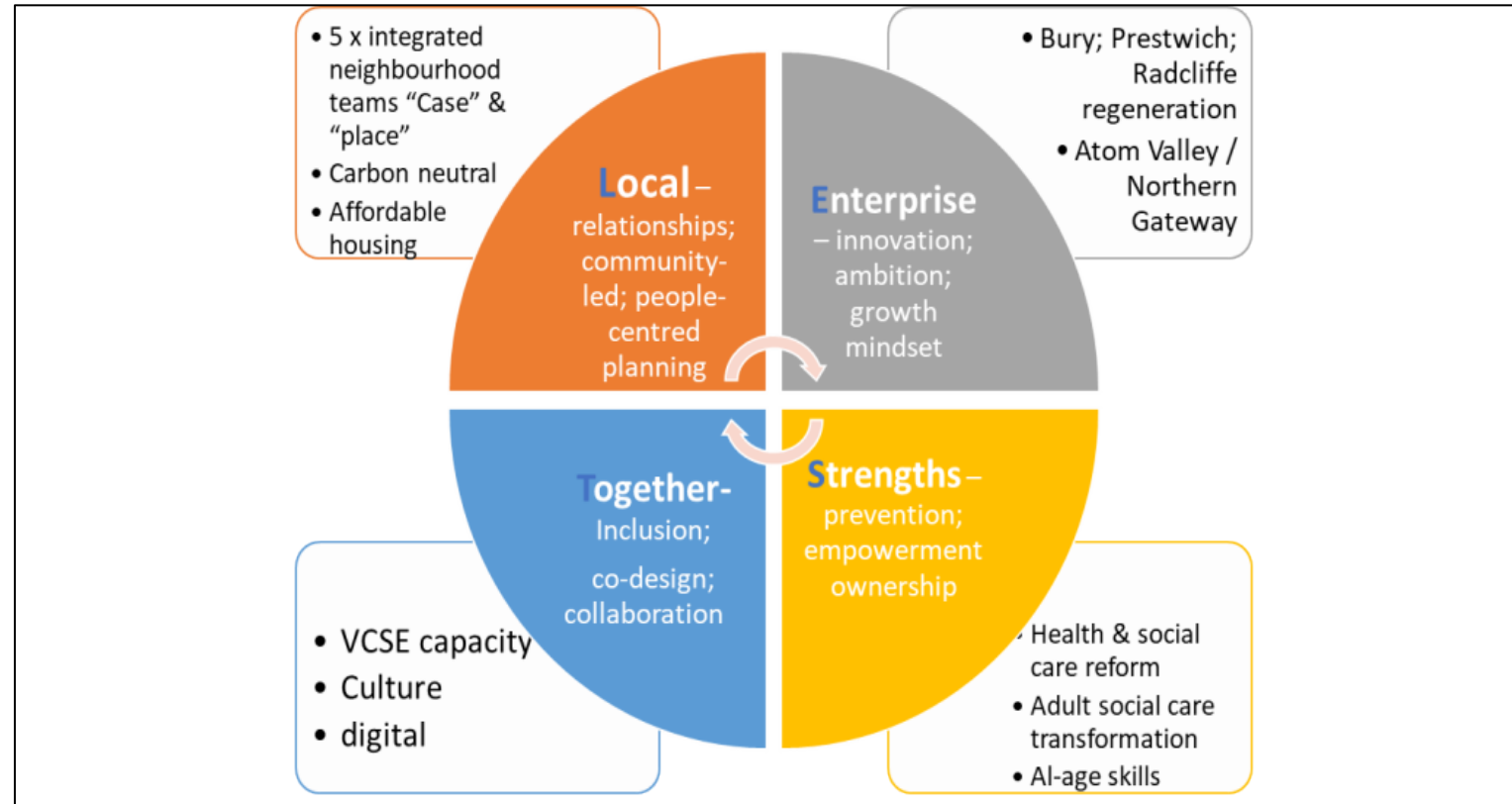
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- The Bury Integrated Care Partnership describes the joint work of key partners in Bury to manage and transform the health and care system in Bury and to provide better outcomes for residents.
- It is a partnership of sovereign organisations bound together by a commitment to improve health and well being and the health and care system for Bury people.
- We are also bound together by a way of working that is positive, committed, honest, open, transparent, challenging and committed.
- The Health and Care System in Bury costs about £450 million per year
- <https://buryintegratedcare.org.uk/>

- Bury Council
- Northern Care Alliance (inc. Fairfield General, and Community Health Services)
- Pennine Care Mental Health Trust
- Manchester Foundation Trust
- NHS Greater Manchester
- Primary Care Providers
- Voluntary Sector
- Bury Healthwatch
- Persona
- and other partners

# Our Ambition for Bury

- We seek to improve the health and care system and outcomes for residents in the context of the Strategy for the Borough – Lets Do It.
- The overarching ambition of Lets Do It is **“Driving faster economic growth than the national average, with lower than national average levels of deprivation”**
- Lets Do it signals an ambition for public services to work differently – working together with patients and communities, co-designing, working in partnership, and focused on prevention of poor health.
- Partners to the Bury Integrated Partnership are committed to the vision.



# Locality Plan

- In the context of the Lets Do It Strategy we have together written a Locality plan – our strategy for the health and care system in Bury.
- It has 10 broad objectives that together describe our ambition to reform our system
- In summary...



*To enable health and care organisations and the voluntary sector in the borough to achieve more together than each individual organisation could do alone, to provide more effective integrated services, to achieve better outcomes and experience for people, to improve cost control in health and care services and to have a greater impact on improving population health, reducing health inequalities and increasing inclusivity.*

# Locality Board

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- We have a meeting of senior leaders from all partners to the Bury Integrated Care Partnership - The Locality Board.
- The meeting sets strategy and seeks assurance on the operation of the system.
- The meeting also sets the tone of the way in which we work together as partners.
- It draws on senior political, clinical, and managerial leadership in the borough
- It also seeks to listen to and act on the lived experience of Bury people
- The Locality Board also has some specific duties delegated to it from the Greater Manchester Integrated Care Board

# Programmes of Work



- We have a duty to understand all parts of the operation of the health and care system in Bury on behalf of our residents. This is because:
  - Bury people access lots of different services sometimes at the same time
  - It is a system with a complex set of interdependencies
  - We want the whole system to contribute to the locality plan objectives,
- So we have established **11 programmes of work** where partners come together to understand 'Business as Usual' and to identify opportunities to improve outcomes and support more efficient and effective services.
- Each programme has an SRO and a clinical lead, and a programme meeting/steering group, and each programme connects to relevant GM wide arrangements.
- We ask each programme to think about transformation in the context of 4 themes – quality, finance, workforce, and health inequality

1. Urgent Care
2. Elective Care and Cancer
3. Learning Disabilities and Autism
4. Complex Care
5. Mental Health
6. Primary Care
7. Adult Social Care Transformation
8. Ageing Well inc. frailty and dementia
9. Community services
10. End of Life and Palliative Care
11. Long Term Conditions

# Integrated Delivery Collaborative Board

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- We manage these programmes as a portfolio because they are so interdependent – how one service works really affects how effective other services can be.
- So we have an Integrated Delivery Collaborative Board manage the portfolio of programmes and to provide assurance to the locality board.
- Each programme reports on its work at the monthly Integrated Delivery Board
- As a system we have a very small amount of dedicated system capacity to support the integrated delivery board – a chief officer and some programme capacity
- The small amount of dedicated capacity is technically hosted by NCA but works on behalf of the whole system.
- The small team exists to co-ordinate the joint work and is very dependent on all partners committing time and resource and effort across all relevant programmes, and to do so in the right spirit.



# Supporting the Locality Board and IDC



- To support the Integrated Delivery Board and the Locality Board in its work we have a number of committees and boards that bring together relevant reps from organisations in the Bury Integrated Care Partnership
- The locality board routinely receives a progress report from the primary care commissioning committee (in accordance with the delegated authority to the locality board)
- It also routinely receives a report from the groups in bold reflecting the importance of clinical and professional leadership, and the 'quadruple aims' of workforce, quality, finance and health inequality

- Clinical and Professional Leadership
  - **Clinical and Professional Senate**
  - GP Leadership Collaborative
  - **Primary Care Commissioning Committee**
- Enabling Groups
  - Strategic Estates Group
  - **Strategic Workforce Group**
  - Communications Leads Group
  - Business Intelligence Group
  - **Strategic Finance Group**
  - **System Quality Assurance Group**
  - **Population Health Programme Board**

# Neighbourhood Working

- We believe in creating opportunities for front line staff to know each other across different organisations, to work together more effectively, and to have a shared understanding of the assets of our communities.
- We have therefore built an integrated neighbourhood team in each of the towns in the borough – Prestwich, Whitefield, Bury, Radcliffe, and Ramsbottom (with Tottington)
- This currently includes adult care, community health services, and GPs, but we want to extend that to include other parts of the health and care system.
- A model of family hubs is being rolled out on this footprint to support children, young people and families
- We are also seeing the alignment of other public services on the same footprint and have established ‘public service leadership teams’ in each neighbourhood
- We have a detailed understanding of health needs of each neighbourhood in the neighbourhood profiles - <https://theburydirectory.co.uk/neighbourhood-profiles>



# Spine of the BICP

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- Locality Board – strategic alignment
- Integrated Delivery Board – joined up programme delivery
- Neighbourhood Working

Supported by clinical and professional leadership and a range of enabling functions.

In addition.....

# Children and Young People

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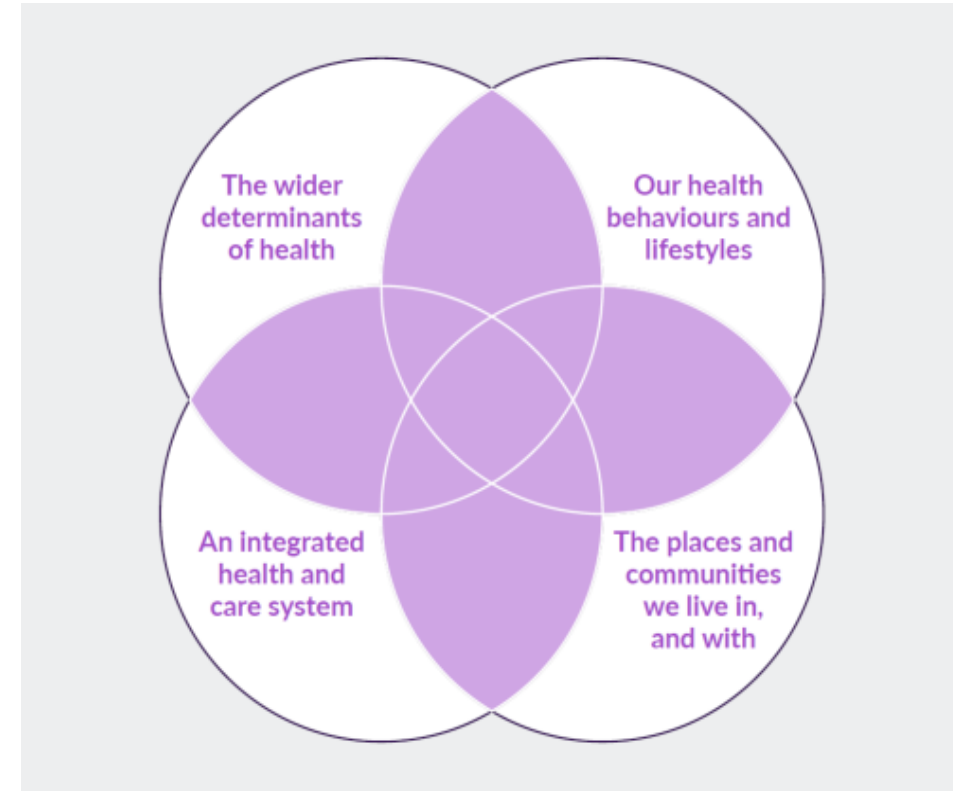
- The borough also has a Childrens Strategic Partnership Board – where those partners particularly focused on the circumstances of the youngest residents of the borough come together – childrens services in the council, NHS childrens services, schools and others.
- We use this as the delivery board for the health and care system for childrens services – so it is a ‘sister’ to the integrated delivery board.
- We are conscious that children appear in many other of our programmes (e.g urgent care, in primary care) and we work hard to connect it all together.

# Population Health and Health Inequalities



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- Tackling health inequalities is a core priority of the Lets Do It Strategy for the Borough, and the Borough Locality Plan.
- We ask all of our programmes to ensure they understand and address inequality in access, treatment and outcome.
- But we also know that the health and care system is actually only one contributor to population health and health inequalities.
- So we have **charged the Health and Well Being Board** (a statutory committee of the council) to be a “standing commission” on health inequalities – to influence all the factors affecting population health that are within our control locally.
- The Health and Well Being uses the Kings Fund framework to define its work and to challenge partners in Bury to play their part.
- The public health team of the Council manage the business of the Health and Well Being Board under the leadership of the Director of Public Health
- We have a comprehensive Joint Strategic Needs Assessment available to all. <https://theburydirectory.co.uk/jsna>



# Supra local Footprints

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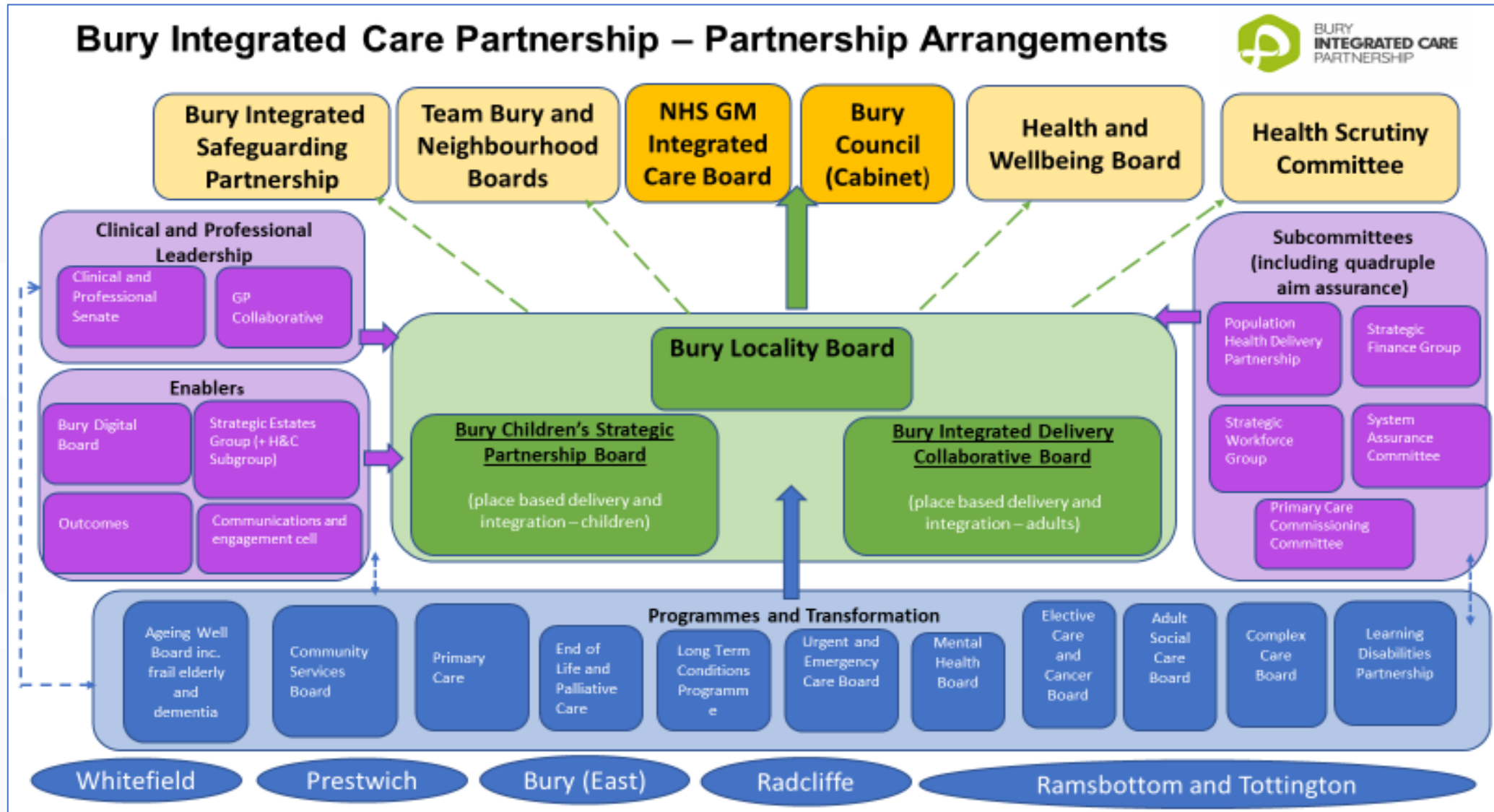
- For some services we need to develop working relationships above the level of Bury but not necessarily at GM level.

- We have developed a partnership with the NCA and the 4 localities they serve – Bury Oldham, Rochdale, Salford. A key priority is the national front runner programme on hospital discharge
- We have developed a partnership meeting with MFT and the localities mainly served by North Manchester General
- We have developed a partnership meeting with the 5 boroughs that Pennine Care Foundation Trust work on

# Bury Integrated Care Partnership Partnership Arrangements



The partnership architecture described in the preceding slides is reflected in this diagram.

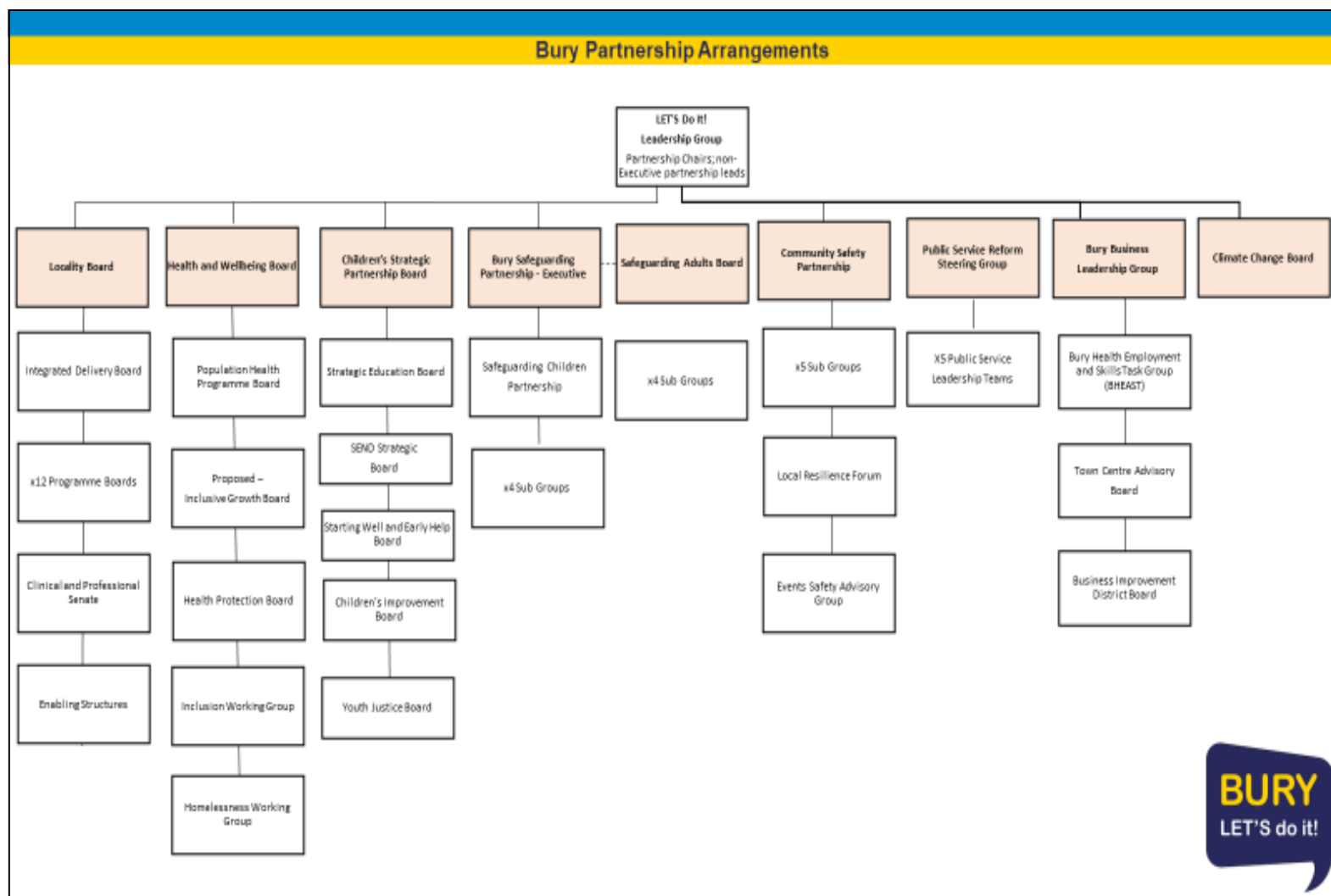


# Team Bury

- The Locality Board, and the Health and Well Being Board are two important parts of the wider 'Team Bury' partnership. The wider partnership includes:

- The Community Safety Partnership
- The Business Leadership Group
- The Childrens Strategic Partnership Board
- Bury Integrated Safeguarding Board
- Public Service Reform Steering Group
- Climate Change Board

- Partners to the Bury Integrated Care Partnership have an important role to play in all these groups.







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# The GM Context

# The GM Strategy for Health Care and Wellbeing



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- We also do this work in the context of the Greater Manchester Strategy for Health, Care and Well Being – the GM Integrated Care System Strategy.
- We contribute to, and benefit from, working on a GM wide footprint.
- The priorities of the GM Strategy align closely to our ambitions in Bury expressed through the Lets Do It Strategy and the Locality Plan.



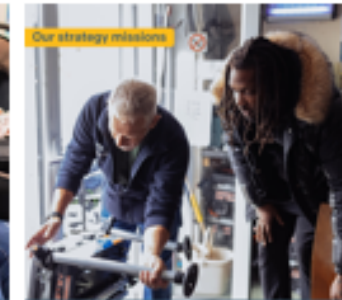
## Strengthen our communities

We will help people, families and communities feel more confident in managing their own health



## Help people to stay well and detect illness earlier

We will work together to prevent illness and reduce risk and inequalities



## Help people get into, and stay in, good work

We will expand and support access to good work, employment and employee wellbeing



## Recover core health and care services

We will continue to improve access to high quality services and reduce long waits



## Support our workforce and carers at home

We will ensure we have a sustainable, supported workforce including those caring at home

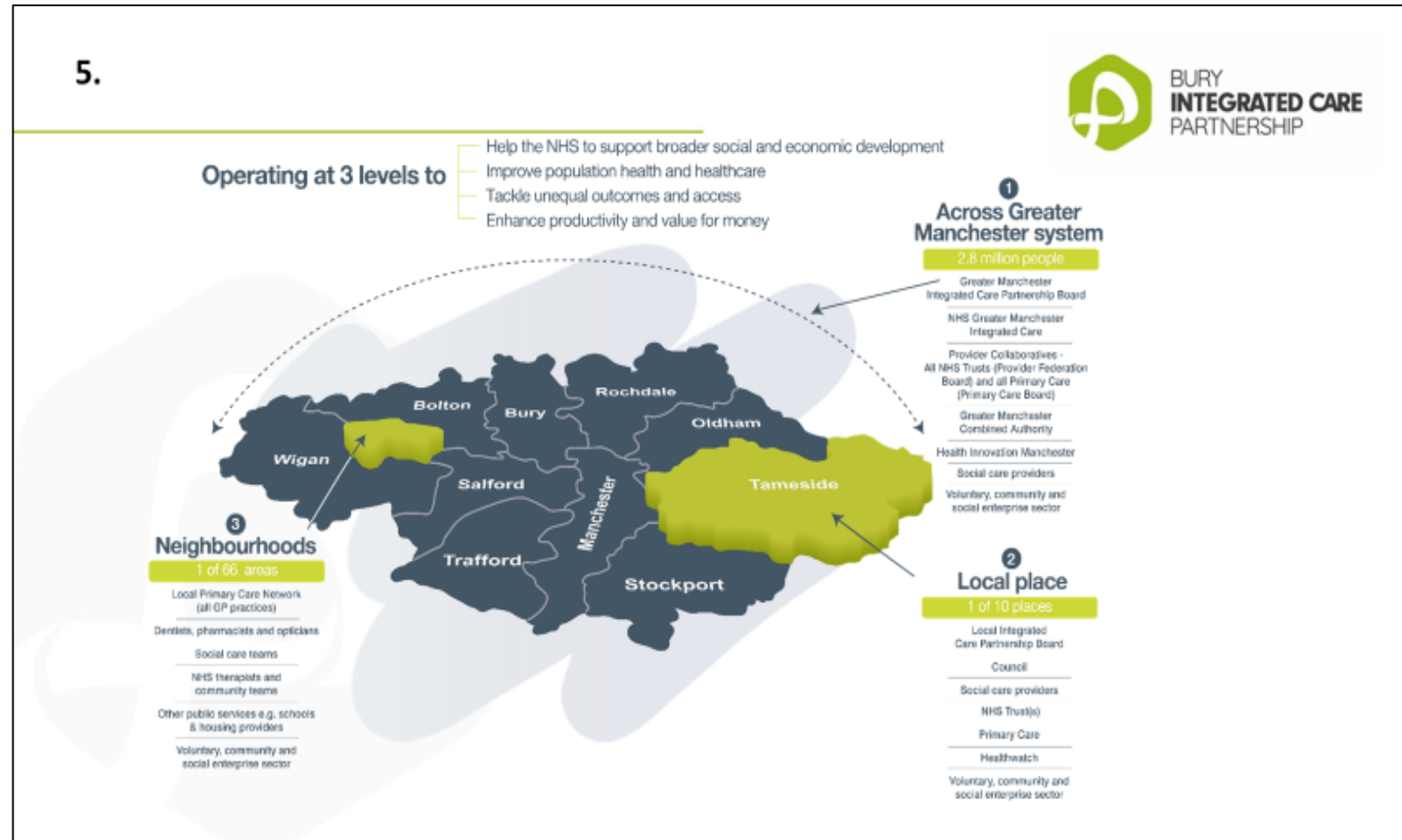


## Achieve financial sustainability

We will manage public money well to achieve our objectives

# GM Operating Model

- The GM Health and Care Partnership (called the GM Integrated Care System – ICS) has an operating model that specifically recognises that work needs to be undertaken at three spatial levels:
  - GM wide
  - In each of 10 localities (Bury is one)
  - In neighbourhood.
- At a GM level there are a range of programme boards/system boards. Each of our 11 programmes in Bury is connected to the relevant GM board. This allows shared learning, consistency of practice. It also recognises Bury residents access services in many other parts of GM.



# The GM Joint Forward Plan



- The ICB is developing a joint forward plan for the GM health and care system. We will work to ensure that the Bury system is in a position to play its fully part, particularly on those issues that are within our local gift to address.
- The Forward plan broadly aligns to our local priorities.
- We will review every line of the forward plan and be clear where in our partnership arrangements we can locate responsibilities.
- An initial assessment of the priorities is listed in the slides in the Appendix .





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# Our Priorities

# Integrated Delivery Board Programme Priorities



- The Integrated Delivery Board has recognised that each of the programmes is large in its own right.
- We have a limited amount of ‘transformation’ capacity and bandwidth
- So we expect each programme to know the whole position (BAU), but the IDC board have asked the programmes to identify their **top three priorities** for reform and transformation for the next 6 months.
- In developing these priorities we have specifically asked each programme to identify areas of work that make a **contribution to reduced cost and or cash releasing efficiency savings.**
- We have also asked the top 2 and 3 health service priorities of the Childrens Strategic Partnership Board and the Population Health Board to be confirmed
- Crucially we have instructed each programme board to look to **simplify their system.** We have built services upon initiatives and our system is too complicated to navigate, and potentially inefficient. So transformation is not about new or additional services – it is significantly about **decluttering and delayering and reducing duplication**
- This work is on going to be considered by the Integrated Delivery Board and by the Locality Savings Group

# Integrated Neighbourhood Team Priorities



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- In addition, we have asked each Integrated Neighbourhood team to focus on a few priorities –
- All neighbourhoods are being asked to implement a comprehensive CVD prevention plan – this has the potential to secure the greatest gain in health and prevention of ill health.
- The individual neighbourhood priorities have potential for improved outcomes at lower cost.

## Neighbourhood plans – priority areas



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- **Borough wide priority:** Coronary Heart Disease Prevention with focus on
  - primary and secondary prevention, identification of those at risk, treatment optimisation, reducing inequalities in access, outcome and experience.
- **Neighbourhood Priorities:**

<b>North</b>	Improving dementia care especially at end of life
<b>East</b>	Increase uptake of bowel cancer screening
<b>Whitefield</b>	Improving services and care for people with a dual diagnosis
<b>Prestwich</b>	Falls prevention in older people / implementation of Frailty hub
<b>West</b>	Raising awareness of Adverse childhood experience [ACE] and trauma informed practice

# Focus of Locality Board

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- The Locality Board tasks the Integrated Delivery Board with holding to account the work of each of the 11 programmes.
- Each programme will provide an annual 'deep dive' report to the locality board
- However the Locality Board should do only what it can uniquely do, in the knowledge that the IDCB is doing its work, assured by not only the IDCB Chief Officer report but also the performance, quality assurance, and finance reports to the Locality Board
- The locality board wishes to concentrate on a small number of key areas of focus and against which progress will be measured and around which the partnership will gather at a senior and strategic level.
- The proposed areas of focus are presented on the next slide
- This does not mean these topics are prioritised over others – it is expected that all programmes are delivering on their priorities. It does however provide focus on the work of the board



# 5 Areas of Focus for Locality Board



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Focus	Contribution to financial position – examples only	Board
<p><b>The first thousand days of a child's life,</b> including the alignment of multi-agency working on a neighbourhood footprint working with family hubs, and addressing capacity requirements in early years services in council and NHS provision.</p>	<ul style="list-style-type: none"> <li>• Reducing number of children on EHCPs</li> <li>• Reducing number of children with complex circumstances in mainstream services</li> <li>• Reductions in demand for reactive NHS spend – CAMHS, eating disorders etc.</li> <li>• Reduced number of out of area placements</li> </ul>	<p><b>Children's Strategic Partnership Board</b></p>
<p><b>Right sizing and scoping Intermediate Care Capacity and wider community capacity</b> across the health and care system, connected to the implementation of national front runner programme on complex discharge and maximisation of independence.</p>	<ul style="list-style-type: none"> <li>• Reduced number of patients in institutional care home provision and lower levels of complexity/demand</li> <li>• Reduced numbers of DAFH patients in hospital</li> <li>• Reducing the need for escalation beds</li> </ul>	<p><b>Urgent Care Board</b></p>
<p><b>Sustainability of primary care provision,</b> particularly GP services but also understanding and working with others to mitigate the risks to dental, community pharmacy and optometric provision</p>	<ul style="list-style-type: none"> <li>• Ensuring the capacity and capability of primary care provision as a building block for the prevention of unnecessary, unplanned and reactive use of secondary care.</li> </ul>	<p><b>GP Leadership Collaborative and Primary Care Commissioning Committee.</b></p>
<p><b>Ensuring Services are delivered as efficiently</b> as possible, including reducing duplication. Streamlining processes, adopting technology</p>	<ul style="list-style-type: none"> <li>• Advice and Guidance implementation</li> <li>• The role of the RBMS as single point of contact</li> <li>• Improved communication pathways</li> <li>• Reducing 'bounce back referrals'</li> <li>• Full utilization of the NHS app capability</li> <li>• The primary/secondary interface discussion</li> </ul>	<p><b>Programme of work to be established.</b></p>
<p><b>Exploring opportunities to recruit and retain workforce capacity</b> in Bury organisations by demonstrating the opportunity for development and progression within the Bury Integrated Care Partnership – utilising the strengths of all organisations and in the context of NHS Work</p>	<ul style="list-style-type: none"> <li>• Reducing Agency Spend</li> <li>• Reducing sickness levels</li> <li>• Promoting and retaining expertise</li> </ul>	<p><b>Strategic Workforce Group</b></p>



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# Prioritisation Summary

# Summary of Priorities



## Locality Board Focus Areas

Starting Well – First 1001 days
Right sizing community capacity
Primary Care
Efficient Service Delivery
Workforce

## INT priorities

All	CVD
Prestwich	Falls Prevention
Whitefield	Dual Diagnosis
Bury (East)	Bowel Cancer Screening
Radcliffe	ACES and Trauma informed care
Ramsbottom and Tottington	Improving Dementia Care at end of life

## BICP Programmes

Urgent Care
Elective Care
Mental Health
Adult Care
Learning Dis.
End of Life
Complex Care/CHC
LTCs
Community Services
Ageing Well
Primary Care

## Childrens Strategic Partnership Board

## Population Health Board

## Qaudruple Aim

Better Outcomes	Lower Cost
Improved Experience	Improved Staff Experience

## Sub set of GM Joint Forward Plan Priorities for Locality Boards

Strengthening our communities	Scale up and accelerate delivery of person-centred neighbourhood model
Helping people stay well and detecting illness earlier	Tackling inequalities
	Supporting people to live healthier lives
	Upscaling secondary prevention
	Living well with long-term conditions
Helping people get into, and stay in, good work	
Recovering Core NHS and Care Services	Improving urgent and emergency care and flow
	Reducing elective long waits and cancer backlogs, and improving performance against the core diagnostic standard
	Improving service provision and access
	Improving quality through reducing unwarranted variation in service provision
Supporting our workforce and our carers at home	Using digital and innovation to drive transformation
	Achieving financial Sustainability

# Alignment of Priorities

GM ICP Mission	Strengthen communities	Stay Well	Financial sustainability	Recovering services	Get/Stay in work and supporting our workforce
<b>Bury Locality Plan 10 objectives</b>	<ul style="list-style-type: none"> <li>Population Health &amp; health inequalities</li> <li>Residents in control of their lives</li> <li>Residents in control of how services are organised around them</li> <li>Home first</li> <li>Neighbourhood team Working</li> </ul>	<ul style="list-style-type: none"> <li>Planned &amp; preventative services</li> </ul>	<ul style="list-style-type: none"> <li>Early intervention/cost control</li> <li>Integrated leadership</li> </ul>	<ul style="list-style-type: none"> <li>Provider collaboration</li> <li>Timely pathways</li> </ul>	<ul style="list-style-type: none"> <li><i>(The Locality plan as an inherent part of Lets Do it – economic ambition and reduced inequality)</i></li> </ul>
<b>Bury Integrated Delivery 11 programmes</b>	<ul style="list-style-type: none"> <li>Adult Social Care Transformation</li> <li>Ageing Well inc. frailty and dementia</li> <li>Community services</li> <li>End of Life and Palliative Care</li> <li>Long Term Conditions</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Learning Disabilities and Autism</li> <li>Primary Care</li> </ul>	<ul style="list-style-type: none"> <li><i>(All programmes identifying 2-3 programmes with demand reduction/cash saving identified)</i></li> </ul>	<ul style="list-style-type: none"> <li>Urgent Care</li> <li>Elective Care and Cancer</li> <li>Complex Care</li> <li>Mental Health</li> </ul>	
<b>Quadruple Aim 4 aims</b>	<ul style="list-style-type: none"> <li>Better outcomes - population health board</li> </ul>	<ul style="list-style-type: none"> <li>Improved Experience - Quality Assurance Board</li> </ul>	<ul style="list-style-type: none"> <li>Lower Costs - Strategic Finance Group</li> </ul>		<ul style="list-style-type: none"> <li>Improved Staff Experience - Strategic Workforce Group</li> </ul>
<b>Bury Locality Board 5 areas of focus</b>	<ul style="list-style-type: none"> <li>First 1001 days</li> </ul>	<ul style="list-style-type: none"> <li>Intermediate Care</li> </ul>	<ul style="list-style-type: none"> <li>Efficient service delivery</li> </ul>	<ul style="list-style-type: none"> <li>Primary care sustainability</li> </ul>	<ul style="list-style-type: none"> <li>Workforce</li> </ul>
<b>Population Health System 4 domains</b>	<ul style="list-style-type: none"> <li>Person and Community Centred Care</li> </ul>	<ul style="list-style-type: none"> <li>Health Related Behaviours</li> </ul>	<ul style="list-style-type: none"> <li><i>(demonstrating effect in terms of reduced demand)</i></li> </ul>	<ul style="list-style-type: none"> <li>The operation of the health and care system</li> </ul>	<ul style="list-style-type: none"> <li>Wider Determinants of health including work and skills</li> </ul>
<b>Neighbourhood Priorities 5 priorities</b>	<ul style="list-style-type: none"> <li>North – improving experience of those with dementia at end of life</li> <li>East - increased uptake of bowel cancer screening</li> <li>Prestwich - Falls Prevention and Frailty</li> </ul>	<ul style="list-style-type: none"> <li>Radcliffe - Ace – trauma informed care</li> </ul>		<ul style="list-style-type: none"> <li>Whitefield – Improving Services for those with Dual Diagnosis</li> </ul>	

# Examples of progress

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- FGH was the best performing A&E department in 22/23 in GM in terms of its 4 hour wait performance
- We have secured additional investment in a number of mental health priorities including:
  - Eating disorder services, Community mental health teams, Crisis support services based around A&E, Specialist Community Epilepsy Services and CAMHS investment
- Under 'transforming care' we have one of the lowest numbers of Bury residents with severe and complex learning disabilities in institutional care
- The public health team we were shortlisted as finalists in the national Municipal Journal Awards
- Our work as a cancer network has been commended by GM Cancer Alliance
- We have been innovative in a new pathway for Dermatology that has transformed waiting times and is class leading in GM, and new pathways in development for orthopaedics, Gynae and Urology
- We meet or exceed national benchmarking for access to GPs (e.g face to face)
- We have a class leading intervention on mental health teams in schools
- Adult Social Care has made £10m savings in the last 2 years - focus on strengths based work, use of technology, new models of housing coming on stream.
- Installation of new ADAM IT system supporting the transformation of our CHC performance
- One of the more developed models of neighbourhood team working in GM

# Appendix 1 -

Alignment of GM Forward View Priorities to the Bury Integrated Care Partnership

# Our missions to meet the challenges



## Strengthening our communities

Delivery Leadership: Locality Boards

System Leadership: Population Health Board

Areas of focus	Actions
<b>Scale up and accelerate delivery of person-centred neighbourhood model</b>	Continue to develop Live Well and Social Prescribing
	Coordinate our response to poverty
	Expand community-based mental health provision
	Living Well at Home
	Take an inclusive approach to digital transformation
<b>Develop collaborative and integrated working</b>	Embed the VCSE Accord
	Deliver a GM-wide consolidated programme for those experiencing multiple disadvantage
	Embed the GM Tripartite Housing Agreement
	Giving every child the best start in life
	Ageing Well
<b>Develop a sustainable environment for all</b>	Increase identification and support for victims of violence
	Delivering our Green Plan

# Our missions to meet the challenges



Helping people stay well and detecting illness earlier  
 Delivery Leadership: Locality Boards

System Leadership: Clinical Effectiveness and Governance Committee (CEG); Population Health Board

Areas of Focus	Actions
<b>Tackling inequalities</b>	Reducing health inequalities through CORE20PLUS5 (adults)
	Equity in access to care and improved experience and outcomes for all children and young people (CORE20PLUS5 clinical priorities)
	Implementing a GM Fairer Health for All Framework
<b>Supporting people to live healthier lives</b>	A renewed Making Smoking History Framework
	Alcohol
	Enabling an Active Population
	Promoting Mental Wellbeing
	Food and Healthy Weight
	Eliminating New Cases of HIV and Hepatitis C
	Increasing the uptake of vaccination and immunisation
<b>Upscaling secondary prevention</b>	Early Cancer Diagnosis
	Early detection and prevention of Cardiovascular Disease
	Earlier diagnosis of Respiratory Conditions through Quality Assured Spirometry
	Early detection of unmet health needs for those living with Learning Disability and those with Severe Mental Illness
<b>Living well with long-term conditions</b>	Managing Multimorbidity and Complexity
	Optimising Treatment of long-term conditions
	Expansion of the Manchester Amputation Reduction Strategy (MARS) across NHS GM
	The GM Dementia and Brain Health Delivery Plan
	Taking an evidenced based approach to responding to frailty and preventing falls
	Anticipatory Care and Management for people with life limiting illness





# Our missions to meet the challenges

## Helping people get into, and stay in, good work

Delivery Leadership: Locality Boards

System Leadership: Population Health Board; GM Good Employment Charter Board, GM Employment and Skills Advisory Board

Areas of Focus	Actions
Enhance Scale of Work and Health Programmes	Expansion of our Working Well System
Develop Good Work	Working with employers on employee wellbeing through the GM Good Employment Charter
Increase the contribution of the NHS to the economy	Developing the NHS as an anchor system
	Implementing the Greater Manchester Social Value Framework

# Our missions to meet the challenges



## Recovering Core NHS and Care Services

Delivery Leadership: Locality Boards and PFB

System Leadership: System Boards; Finance and Performance Recovery Board

Areas of Focus	Actions
<b>Improving urgent and emergency care and flow</b>	Access to urgent care in the community
	Admission/Attendance Avoidance
	Improving discharge
	Increasing ambulance capacity
	Improving emergency department processes
<b>Reducing elective long waits and cancer backlogs, and improving performance against the core diagnostic standard</b>	Integrated Elective Care
	Improving productivity and efficiency
	Improving utilisation of the Independent Sector
	Improving how we manage our wait list
	Recovering children and young people's elective services
	Reducing waiting times in cancer
	Diagnostics
<b>Improving service provision and access</b>	Making it easier for people to access primary care services, particularly general practice
	Digital transformation of primary care
	Ensuring universal and equitable coverage of core mental health services
	Digital transformation of mental health care
<b>Improving quality through reducing unwarranted variation in service provision</b>	Improving quality
	NHS at Home – including Virtual Wards
<b>Using digital and innovation to drive transformation</b>	Implementation of Health and Social Care Digital Strategy
	Driving transformation through research and innovation

# Our missions to meet the challenges

## Supporting our workforce and our carers at home



Delivery Leadership: NHS GM People & Culture Function, NHS GM, NHS Trusts, Primary Care providers, Local Authorities, Social Care Providers, VCSE Organisations

System Leadership: GM People Board

Areas of Focus	Actions
<b>Workforce Integration</b>	Enable leaders and staff to work across traditional boundaries to support service integration
	Share best practice and develop tools to support a dynamic system culture
<b>Good Employment</b>	Increase in Good Employment Charter Membership and payment of Real Living Wage
	Improve access to staff benefits and flexible working
	Share best practice and resources to support managers
<b>Workforce Wellbeing</b>	Take action on the cause of staff sickness and improve wellbeing support
<b>Addressing Inequalities</b>	Building a leadership culture committed to addressing health inequalities
	Adapt the recruitment process to provide alternative entry routes for diverse talent
<b>Growing and Developing</b>	Develop our Greater Manchester careers approach to attract and support career development
	Develop and deliver the Greater Manchester retention plan
	Embrace digital innovation to improve the way we work – starting with HR digitisation
<b>Supporting Carers</b>	Provide more consistent and reliable identification and support for Greater Manchester's unwaged carers

# Our missions to meet the challenges

## Achieving financial sustainability

Delivery Leadership: Locality Boards; PFB

System Leadership: Finance and Performance Recovery Board

Areas of focus	Actions
<b>Finance and Performance Recovery Programme</b>	System recovery programme based on drivers of operational and financial performance
<b>Developing Medium Term Financial Sustainability Plan</b>	Development of three-year financial plan