

Devolution in Greater Manchester - The Role of Innovation & Economics in Delivery

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CENTRAL VS LOCAL CONTROL – LOCAL REVENUE STREAMS

- Paris 83%
- Berlin 75%
- New York 66%
- England 5%



GREATER MANCHESTER - A SNAPSHOT PICTURE



£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



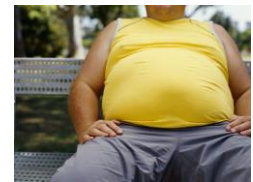
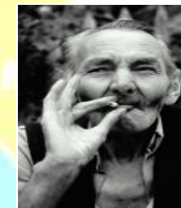
112,000

People on long-term sick and inactive



THE GM HEALTH CHALLENGE

- Early priority in MIER
- The economic impact of ill health
 - Early years
 - Cost of worklessness
 - Chaotic Families
- Smoking, obesity, alcohol became economic & productivity issues



Mental Health – Health Economics

- Costs to the wider health care system of our current approaches are significant:
 - Poor mental health makes physical illness worse and raises total health care costs by at least 45% for each person with a long-term condition.
 - This suggests between 12% and 18% of all NHS expenditure on long-term conditions is linked to poor mental health and wellbeing – between £8 billion and £13 billion in England each year (GM, between £420m and £1.08bn).
- There are 3,981 people in GM in contact with mental health services for every 100,000 of the population compared to 2,176 nationally
- Average per capita spend in GM is £228 compared to £145.81 nationally.

Standardised workless claimant rates of ESA and IB/SDA aged 16-64 years per 100,000 population, by ICD Chapter of condition, May 2015

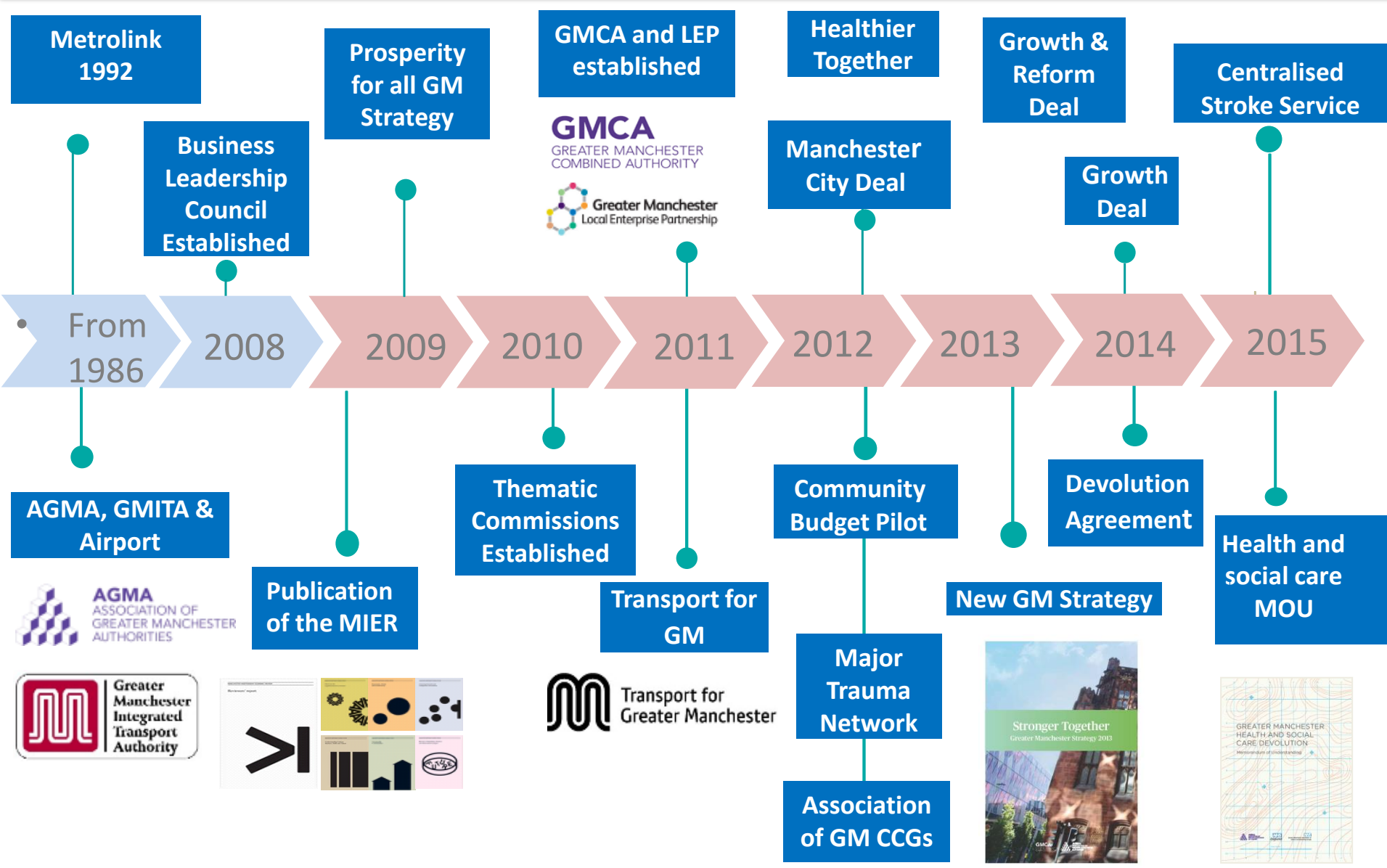
Condition	Grtr Mcr	England
Infections	79.8	73.4
Cancers	185.5	136.6
Blood	14.9	13.2
Endocrine	125.9	91.9
Mental	4,125.2	2,886.7
Nervous system	489.4	396.6
Eye	62.3	50.6
Ear	31.6	25.3
Circulatory	376.6	241.1
Respiratory	222.6	138.0
Digestive	143.1	95.1
Skin	47.8	34.4
Musculoskeletal	1,211.5	853.1
Genito/urinary	59.2	43.9
Symptoms	785.2	601.3
Injuries/poisoning	391.0	297.8
Other factors	174.2	151.2

Working Well Programme Attached Clients Analysis

	Number of attached clients	% of attached clients
<u>Physical health a severe barrier to work, mental health not a severe barrier</u>	941	21%
<u>Mental health a severe barrier to work, physical health not a severe barrier</u>	1,229	27%
<u>Both physical <u>and</u> mental health severe barriers to work</u>	1,878	41%
<u>Neither physical nor mental health severe barrier to work</u>	500	11%

- Mental illness is associated with sickness absence from work and increased levels of worklessness. Losses in MH work related outputs to GM business and industry are estimated at £430m per year.

GREATER MANCHESTER - A HISTORY OF WORKING TOGETHER



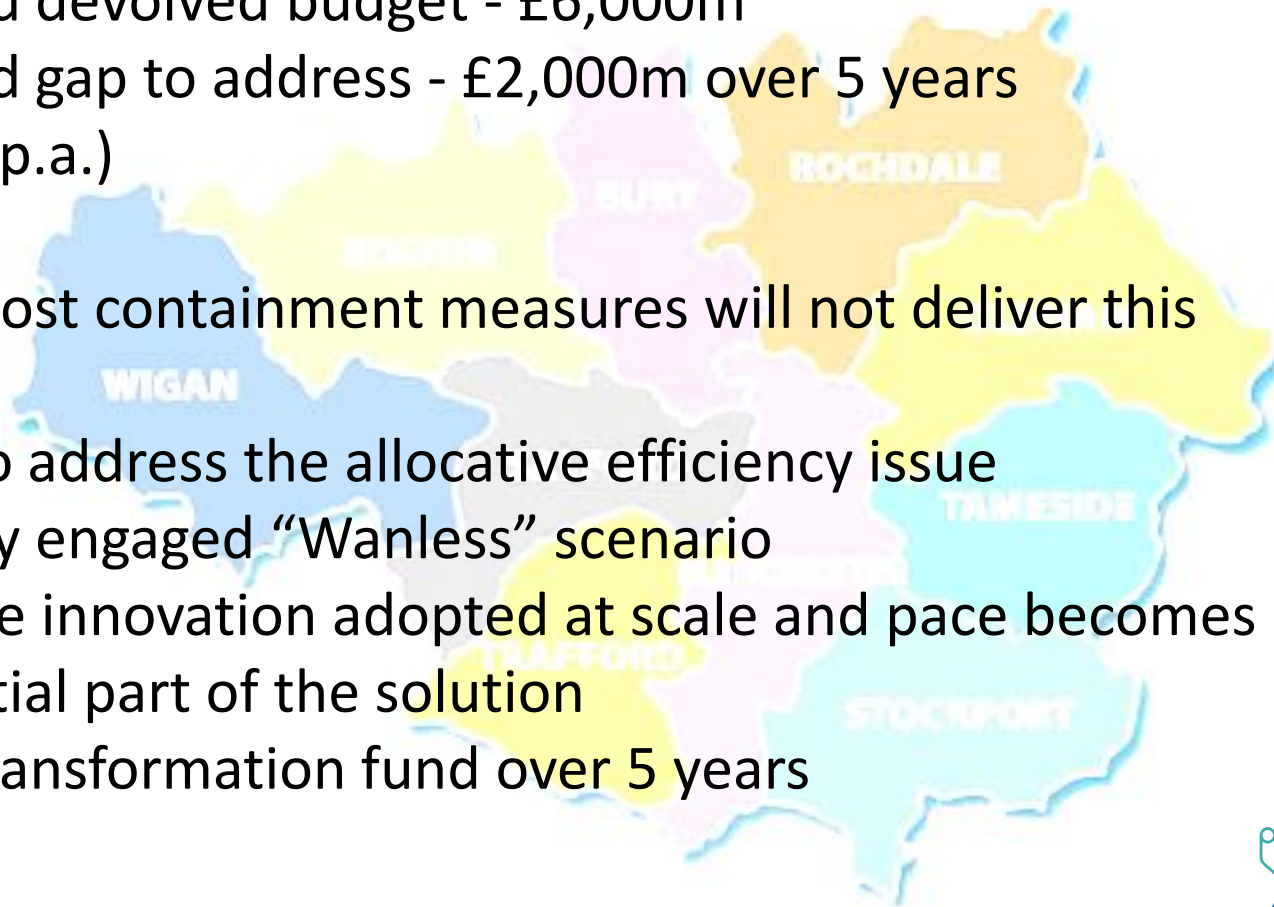
DEVOLUTION ISN'T JUST ABOUT HEALTH & SOCIAL CARE

The roots of poor health are found across society and the public service – we need to do more than just respond at the point of crisis. This requires integration of not just health and care, but contributing wider public services focussing on health, wealth and wellbeing

Worklessness & Low Skills	Children & Young People	Crime & Offending	Health & Social Care
<p>Long-term JSA claimants</p> <p>ESA claimants (WRAG)</p> <p>'Low pay no pay' cycles</p> <ul style="list-style-type: none"> Working Tax Credit claimants Low skill levels (vocational or academic) Insecure employment <p>NEET (Young People)</p> <p>Compounding factors:</p> <ul style="list-style-type: none"> Lone parents with children 0-4 Poor literacy and numeracy Poor social skills Low aspirations Living alone 	<p>Child in Need Status (CIN) / known to Children's Social Care</p> <p>Child not school ready</p> <p>Low school attendance & exclusions</p> <p>Young parents</p> <p>Missing from home</p> <p>Compounding factors:</p> <ul style="list-style-type: none"> Repeat involvement with social care LAC with risk of offending Poor parenting skills SEN Frequent school moves Single parents 	<p>Repeat offenders</p> <p>Family member in prison</p> <p>Anti-social behaviour</p> <p>Youth Offending</p> <p>Domestic Abuse</p> <p>Organised Crime</p> <p>Compounding factors:</p> <ul style="list-style-type: none"> Lost accommodation Dependent on service Vulnerability to sexual exploitation Missing from home Violent crime 	<p>Mental Health (including mild to moderate)</p> <p>Alcohol Misuse</p> <p>Drug Misuse</p> <p>Chronic Ill-health (including long-term illness / disability)</p> <p>Compounding factors:</p> <ul style="list-style-type: none"> Unhealthy lifestyle Social isolation Relationship breakdown / loss or bereavement Obesity Repeat self-harm Living alone Adult learning difficulties

The Financial Challenge

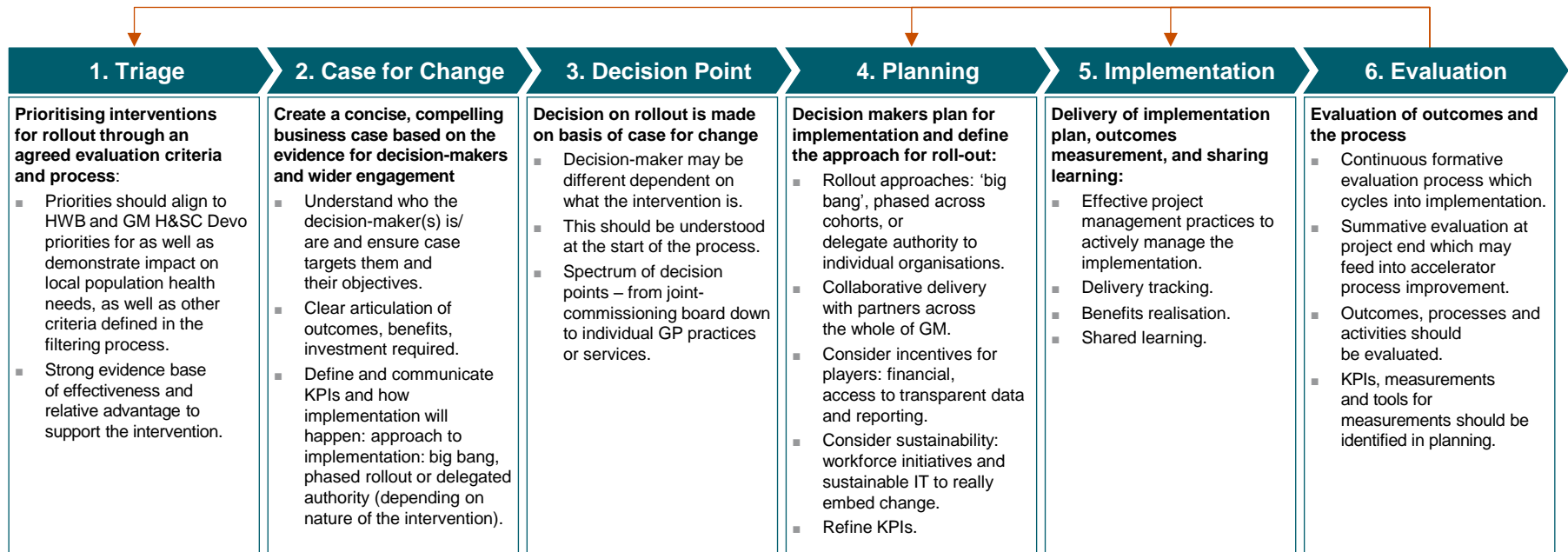
- Estimated devolved budget - £6,000m
- Estimated gap to address - £2,000m over 5 years
- 33% (6% p.a.)
- Existing cost containment measures will not deliver this
- A need to address the allocative efficiency issue
 - A fully engaged “Wanless” scenario
- Disruptive innovation adopted at scale and pace becomes an essential part of the solution
- £450m transformation fund over 5 years



Accelerating Innovation into Practice

Aligned to the Greater Manchester Strategic Plan aims

Continuous evaluation – learning system

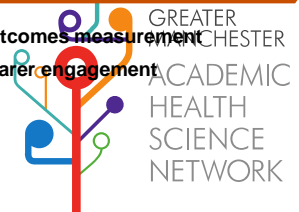


Key enablers

Project management
Communications and stakeholder engagement

Analytics support
Education and training

Evaluation and outcomes measurement
Patient and carer engagement



Innovation Into Practice - Sources

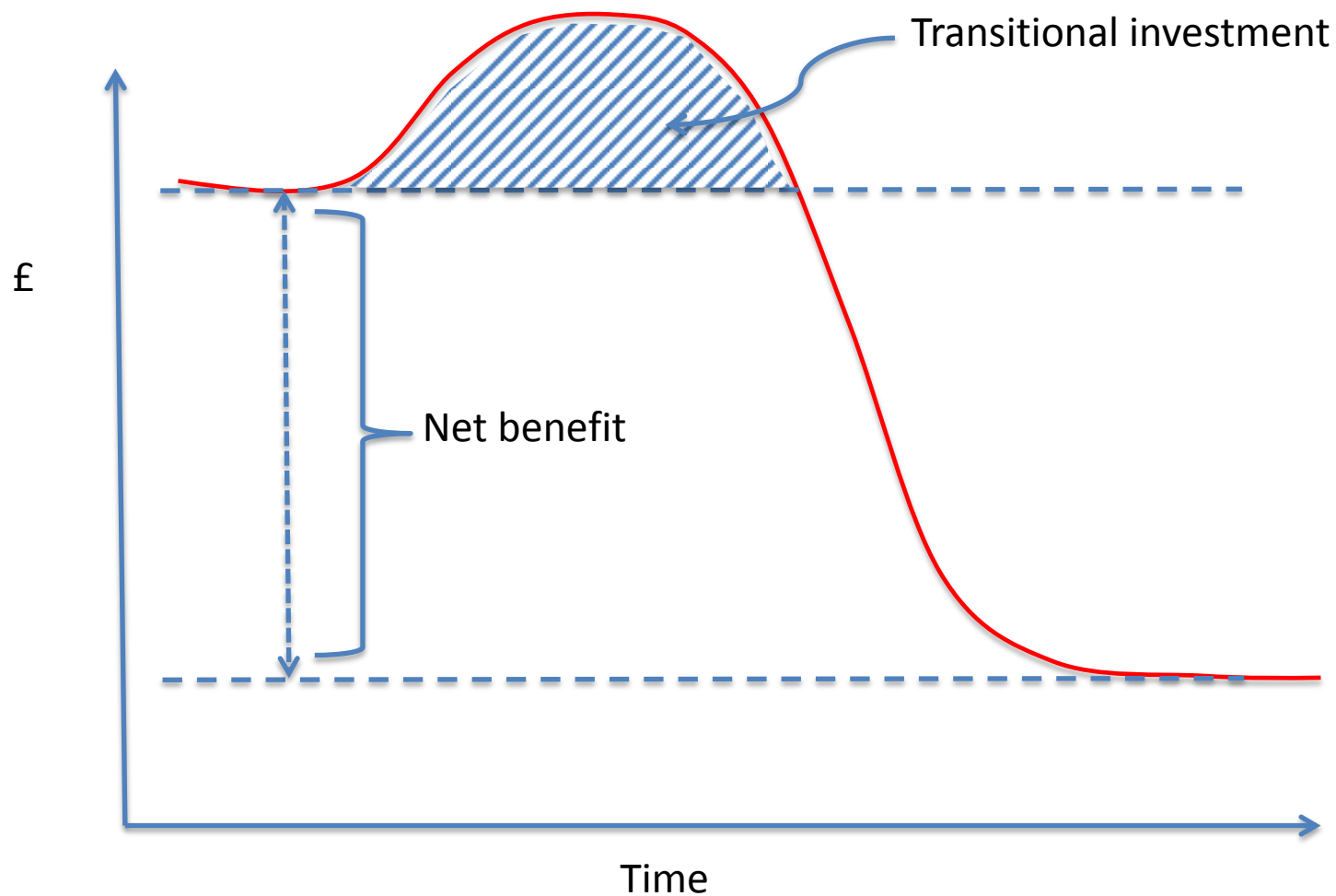
- Research Evidence
 - NICE
 - Clinical Networks
 - Public Health
- Industry
 - Med tech
 - Digital
 - Diagnostics
 - Pharma
 - Local SMEs
 - Accelerated access review
- Variation Analysis
 - Right care
 - Atlas of Variation
 - Local organisations - scalable proposals
 - Test beds



Innovation Into Practice - Criteria

- GM Strategy
- Evidence Base
- Economics
 - Cost benefit
 - Payback – RoI, Time
 - Cost of implementation
- Implementability
- System capacity
- Potentiation of GM research

FINANCIAL PROFILE



Transformation Fund

- £450m over 5 years
- Radical upgrade in population health prevention
- Transforming care in localities
- Standardising acute hospital care
- Standardisation of clinical support and back office functions
- Enabling better care
- One-off investment in new systems, processes and infrastructure
- Double running costs



The Strategy

Current state

1 Complex and fragmented commissioning for GM's 2.9 million residents across 10 LAs, 12 CCGs and 82 Mental Health and wellbeing programmes

2 Medical-focussed model of care, which does not always pick up on the holistic and complex needs of the individual and their environment

3 Discrepancies in outcomes and standards across 4 Adult MH NHS providers, 4 CAMHS providers, specialist provision and numerous voluntary sector providers results in care that can be inconsistent, misaligned and disrupted by transition points.

4 Mental health not prioritised in the workforce

Future state

1 Place-based commissioning, pan-Greater Manchester for specialised services, to deliver stronger outcomes, deeper integration, needs-based pathway models, pooled budgets and more community based models of support

2 Mental health is 'everyone's business', to allow local areas to make decisions across the public sector offering. This includes mental health and social care, but more broadly the opportunities to consider the best approach across public services, focus on community, early intervention and the development of resilience

3 Standardised outcomes framework with minimum standards across all providers and their interface

4 All public and private sector employers promote good employment practice for MH and employees will be supported to feel happy at work and helped to achieve life satisfaction

Thank You

