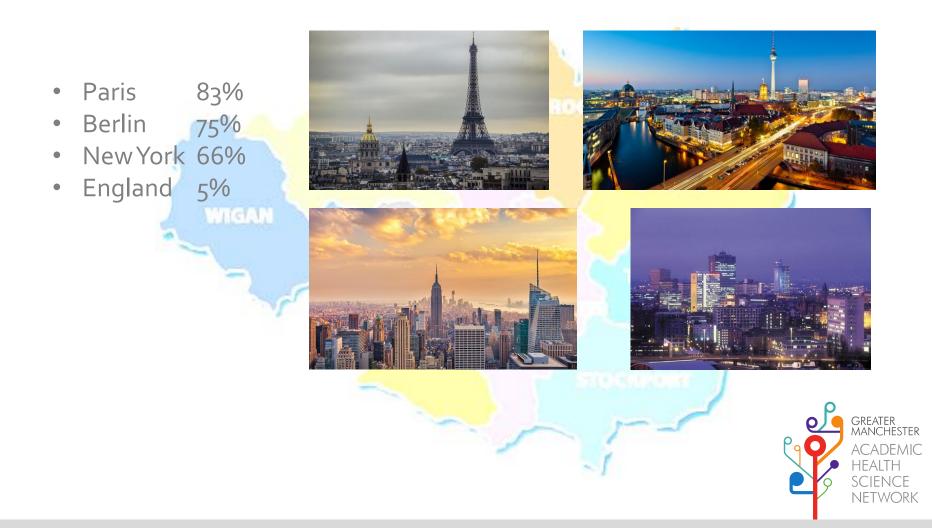


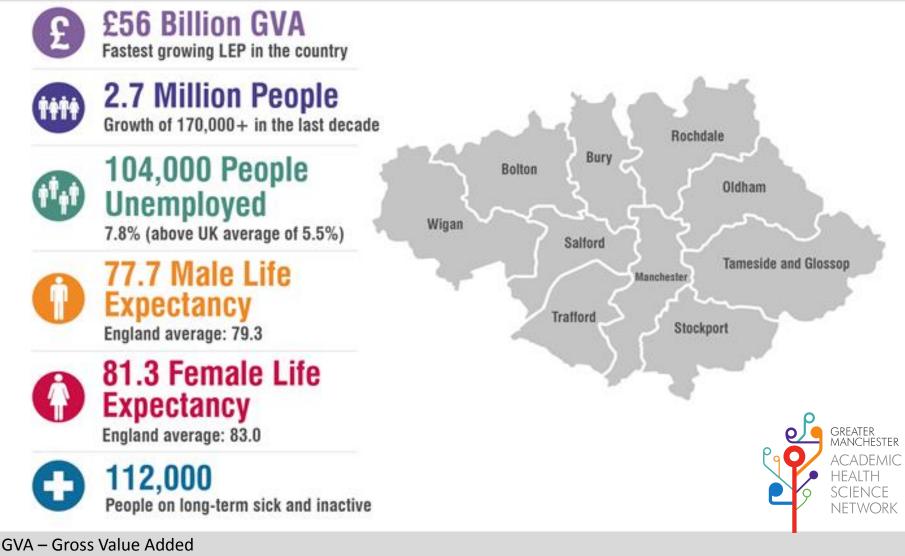
Devolution in Greater Manchester - The Role of Innovation & Economics in Delivery

Mike Burrows Managing Director Greater Manchester Academic Health Science Network

CENTRAL VS LOCAL CONTROL – LOCAL REVENUE STREAMS



GREATER MANCHESTER - A SNAPSHOT PICTURE



LEP – Local Enterprise Partnership

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 longterm 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 national



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
Еуе	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

GREATER MANCHESTER ACADEMIC HEALTH SCIENCE NETWORK

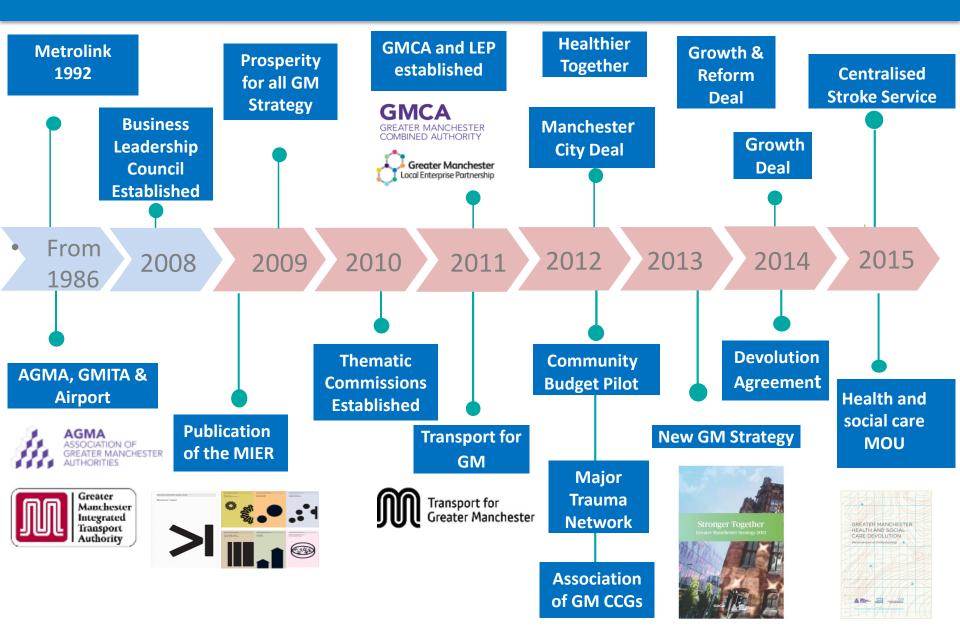
Working Well Programme Attached Clients Analysis

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



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
Long-term JSA claimants	Child in Need Status (CIN) / known to Children's Social Care	Repeat offenders	Mental Health (including mild to moderate)
ESA claimants (WRAG)	Child not school ready	Family member in prison	Alcohol Misuse
'Low pay no pay' cyclesWorking Tax Credit claimants	Low school attendance & exclusions	Anti-social behaviour	Drug Misuse
 Low skill levels (vocational or academic) 	Young parents	Youth Offending	Chronic III-health (including long-
Insecure employment	Missing from home	Domestic Abuse	term illness / disability)
NEET (Young People)		Organised Crime	Compounding factors:
Compounding factors:	Compounding factors:	Compounding factors:	Unhealthy lifestyle
 Lone parents with children 0-4 Poor literacy and numeracy Poor social skills 	 Repeat involvement with social care LAC with risk of offending Poor parenting skills 	 Lost accommodation Dependent on service Vulnerability to sexual 	 Social isolation Relationship breakdown / loss or bereavement Obesity
Low aspirationsLiving alone	 SEN Frequent school moves Single parents 	exploitationMissing from homeViolent crime	 Repeat self-harm Living alone 9 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

			•				
1. Triage	2. Case for Change	3. Decision Point	4. Planning	5. Implementation	6. Evaluation		
 Prioritising interventions for rollout through an agreed evaluation criteria and process: Priorities should align to HWB and GM H&SC Devo priorities for as well as demonstrate impact on local population health needs, as well as other criteria defined in the filtering process. Strong evidence base of effectiveness and relative advantage to support the intervention. 	Create a concise, compelling business case based on the evidence for decision-makers and wider engagement Understand who the decision-maker(s) is/ are and ensure case targets them and their objectives. Clear articulation of outcomes, benefits, investment required. Define and communicate KPIs and how implementation will happen: approach to implementation: big bang, phased rollout or delegated authority (depending on nature of the intervention).	 Decision on rollout is made on basis of case for change Decision-maker may be different dependent on what the intervention is. This should be understood at the start of the process. Spectrum of decision points – from joint- commissioning board down to individual GP practices or services. 	 Decision makers plan for implementation and define the approach for roll-out: Rollout approaches: 'big bang', phased across cohorts, or delegate authority to individual organisations. Collaborative delivery with partners across the whole of GM. Consider incentives for players: financial, access to transparent data and reporting. Consider sustainability: workforce initiatives and sustainable IT to really embed change. Refine KPIs. 	Delivery of implementation plan, outcomes measurement, and sharing learning: Effective project management practices to actively manage the implementation. Delivery tracking. Benefits realisation. Shared learning.	 Evaluation of outcomes and the process Continuous formative evaluation process which cycles into implementation. Summative evaluation at project end which may feed into accelerator process improvement. Outcomes, processes and activities should be evaluated. KPIs, measurements and tools for measurements should be identified in planning. 		
Key enablers							

Project management Communications and stakeholder engagement Analytics support Education and training Evaluation and outcomes measurement CHESTER Patient and carercengagement CADEMIC HEALTH SCIENCE NETWORK

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

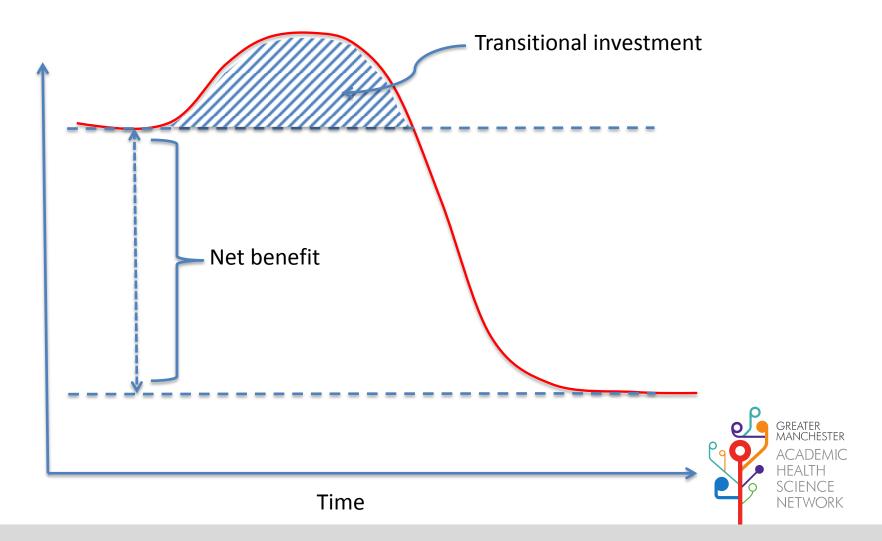


Innovation Into Practice - Criteria

- GM Strategy
- Evidence Base
- Economics
 - Cost benefit
 - Payback Rol, 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

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

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

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.

Mental health not prioritised in the workforce

Future state

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

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

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

