



Greater Manchester

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About Greater Manchester's integrated care system

GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP

Operating at **3 levels** to ensure that...

- ... Everyone has an opportunity to live a good life
- ... Everyone has improved health and wellbeing
- ... Everyone experiences high quality care and support where and when they need it
- ... Health and care services are integrated and sustainable

3 Neighbourhoods

1 of 66 areas

Local Primary Care Network (all GP practices)

Dentists, pharmacists and opticians

Social care teams

NHS therapists and community teams

Other public services e.g. schools & housing providers

Voluntary, community and social enterprise sector



2 Local place

1 of 10 places

Local Integrated Care Partnership Board

Council

Social care providers

NHS Trust(s)

Primary Care

Healthwatch

Voluntary, community and social enterprise sector

1 Across Greater Manchester system

2.8 million people

Greater Manchester Integrated Care Partnership Board

NHS Greater Manchester Integrated Care

Provider Collaboratives - All NHS Trusts (Provider Federation Board) and all Primary Care (Primary Care Board)

Greater Manchester Combined Authority

Health Innovation Manchester

Social care providers

Voluntary, community and social enterprise sector

Our Strategy Missions – Overview



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

Fairer Health for All Aims and Objectives

What we will do:

1

Improve health and wellbeing to narrow the gap in healthy life expectancy

Between men and women living in Greater Manchester, between all ten localities, as well as the England average by at least 15% by 2030.

2

Reduce unwarranted variation in health outcomes and experiences

Leading to significant reductions in health inequalities between and within localities in avoidable mortality by 2027. Reducing avoidable mortality will also require us to eliminate the fivefold difference between the highest and lowest social groups in the experience of having 3 or 4 multiple health harming behaviours such as smoking and excess alcohol consumption through whole system approaches.

3

Increased social and economic activity because of reduced ill-health

Narrowing the 15-year gap in the onset of multiple morbidities between the poorest and wealthiest sections of the population to 5 years by 2030.

4

Reductions in preventable or unmet health needs leading to reductions in demand

Evidenced in part by closing the health inequalities gap in smoking with England by 2030. Smoking is our single greatest cause of preventable inequalities and 1 in 4 hospital patients' smoke.

5

Eliminating the difference in life expectancy for those with serious mental illness and incidence of physical health conditions

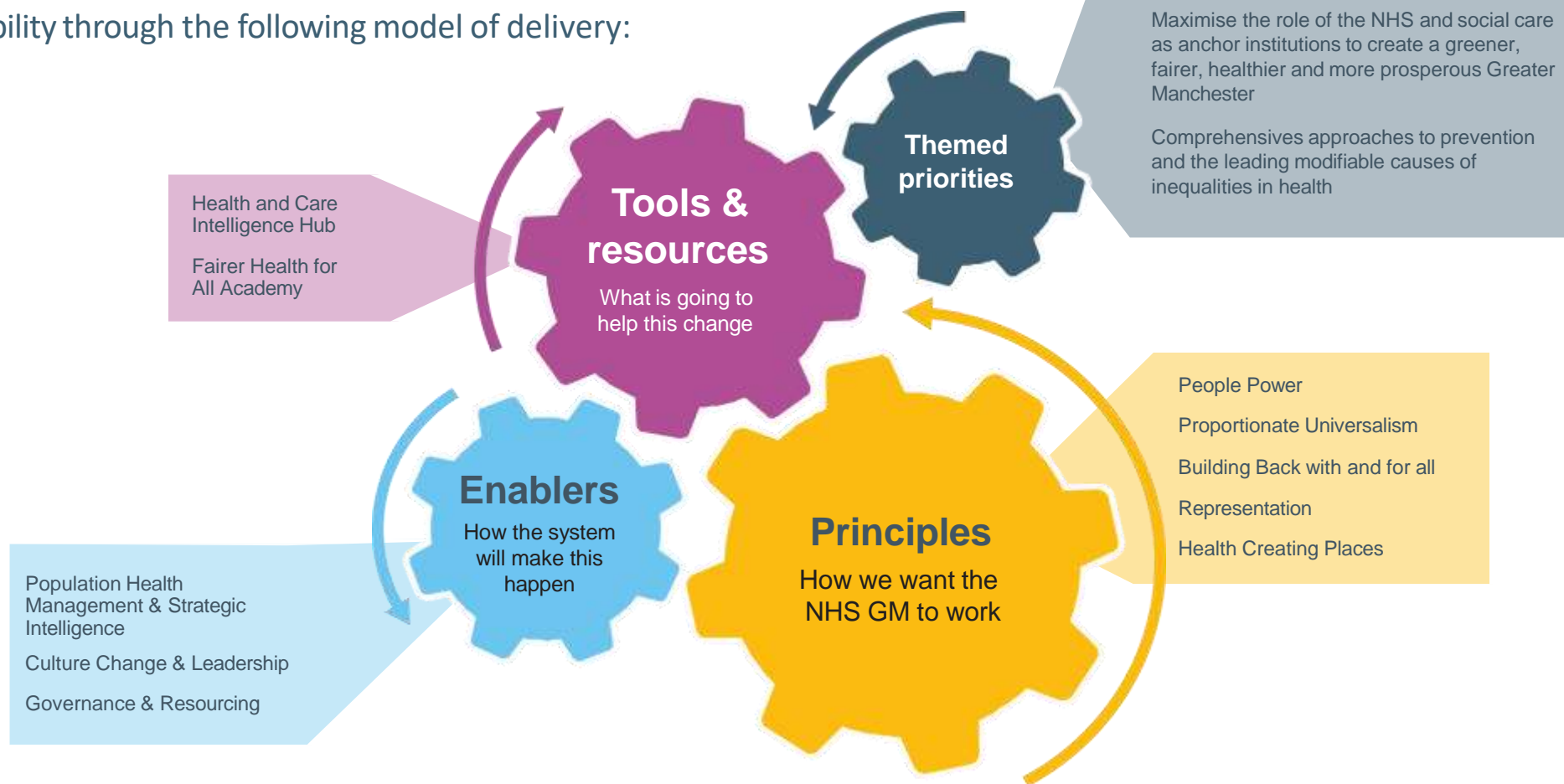
For people experiencing mental health conditions by 2030.

6

Ensuring all Greater Manchester children have the best start in life Through measures including lower infant mortality by 2027, and when compared to England peers.

Fairer Health for All methodology

The Greater Manchester Fairer Health for All framework will enable neighbourhood, locality and system action on health equity, inclusion and sustainability through the following model of delivery:



Evidence Based strategy

Agreed once for GM

Creation supported by place , profession and person

Data informed

Agreed success measures

Understanding variation

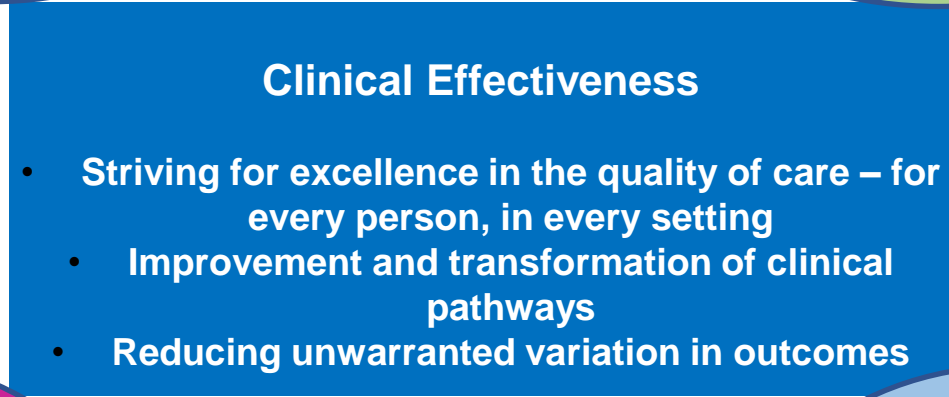
Delivered in place

Neighbourhood model

Communities

- ***Clinical governance is “a system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.”***

- (Sally and Donaldson 4.7.98, BMJ p. 61)

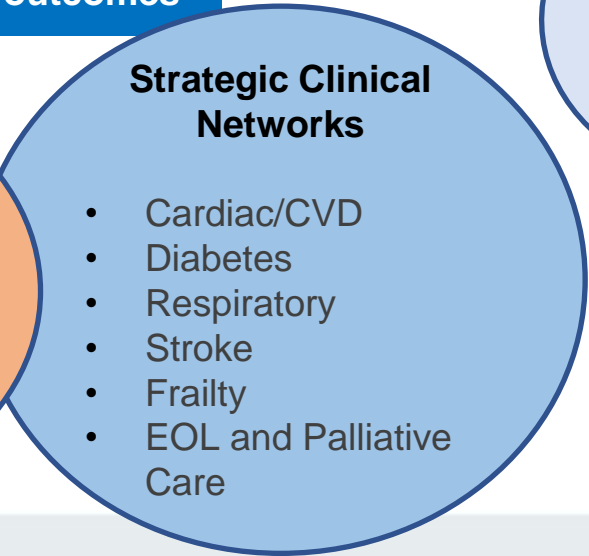
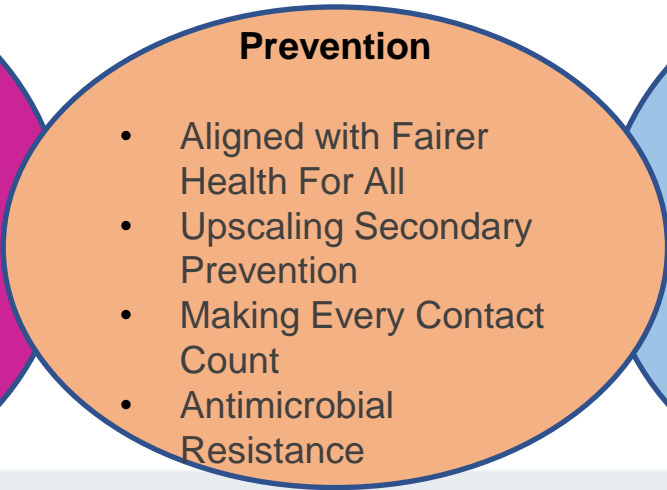


Personalised care

Halt worsening of, and reduce acute exacerbations of, existing conditions

Equity in access to and quality of health care; equity of health outcomes

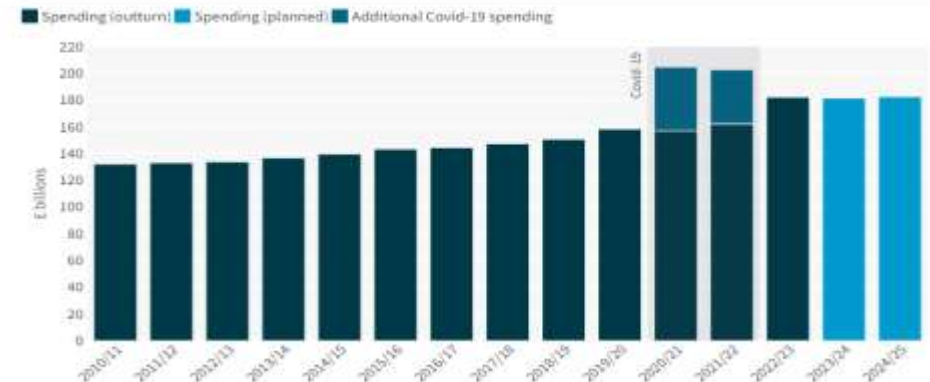
Assist people to live well with Long Term Conditions





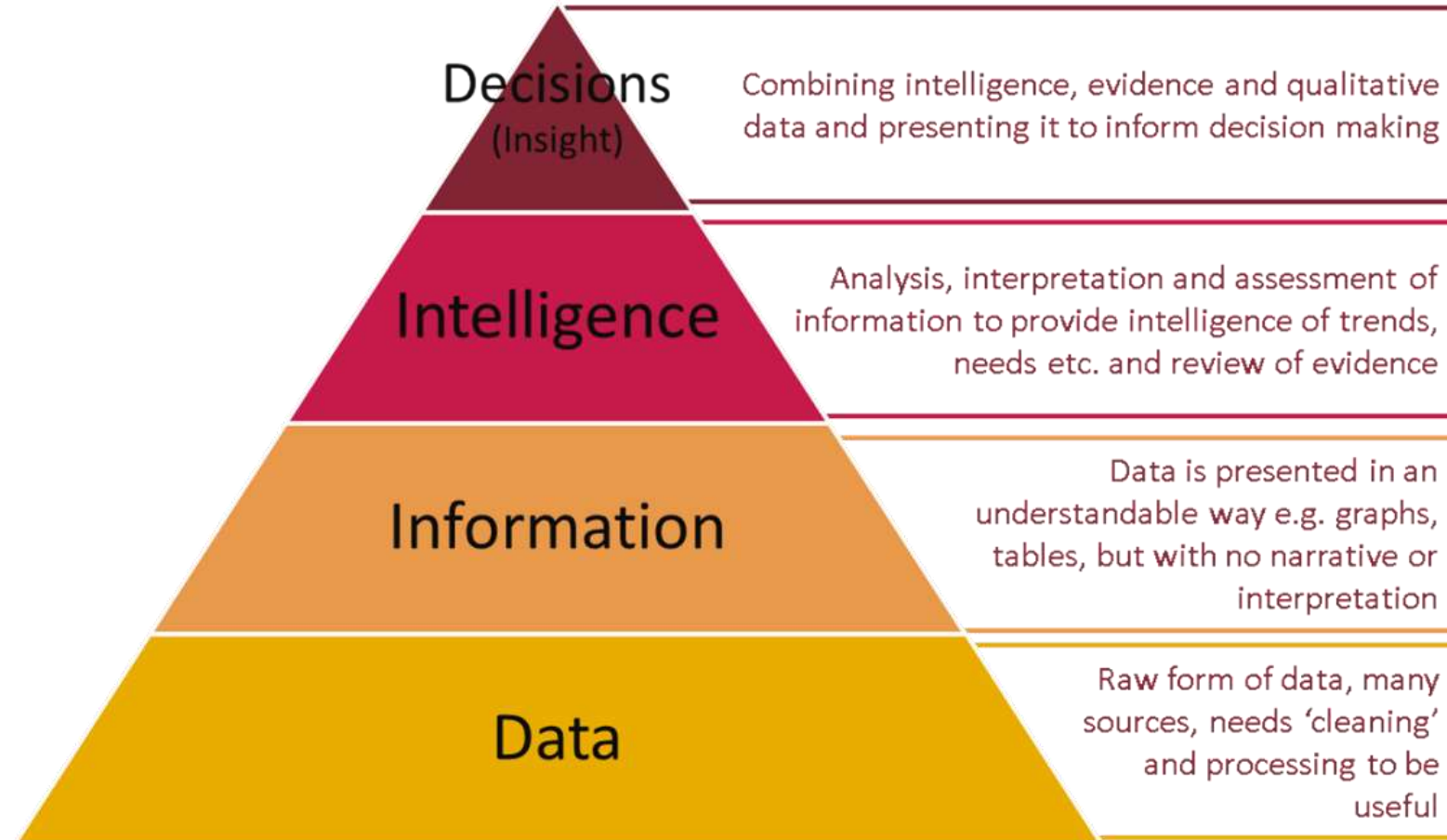
Total Department of Health and Social Care spending is projected to be stable for the next two years

Real-terms spending (in 2022/23 prices)



Source: Department of Health Annual Report and Accounts (2010/11-2019/20), NHS Annual Report and Accounts (2017/18-2021/22), Public Expenditure Statistical Analyses (2022/23-2024/25)

What do we need to implement strategy?



Why ICSs should prioritise secondary prevention

1. Reduce health inequalities

- To address health inequalities, we need to do more to get upstream and prevent the causes of health inequalities

2. Reduce excess mortality

- Likely disruption to routine prevention services during the pandemic, in part, contributed to the current excess mortality we are seeing.

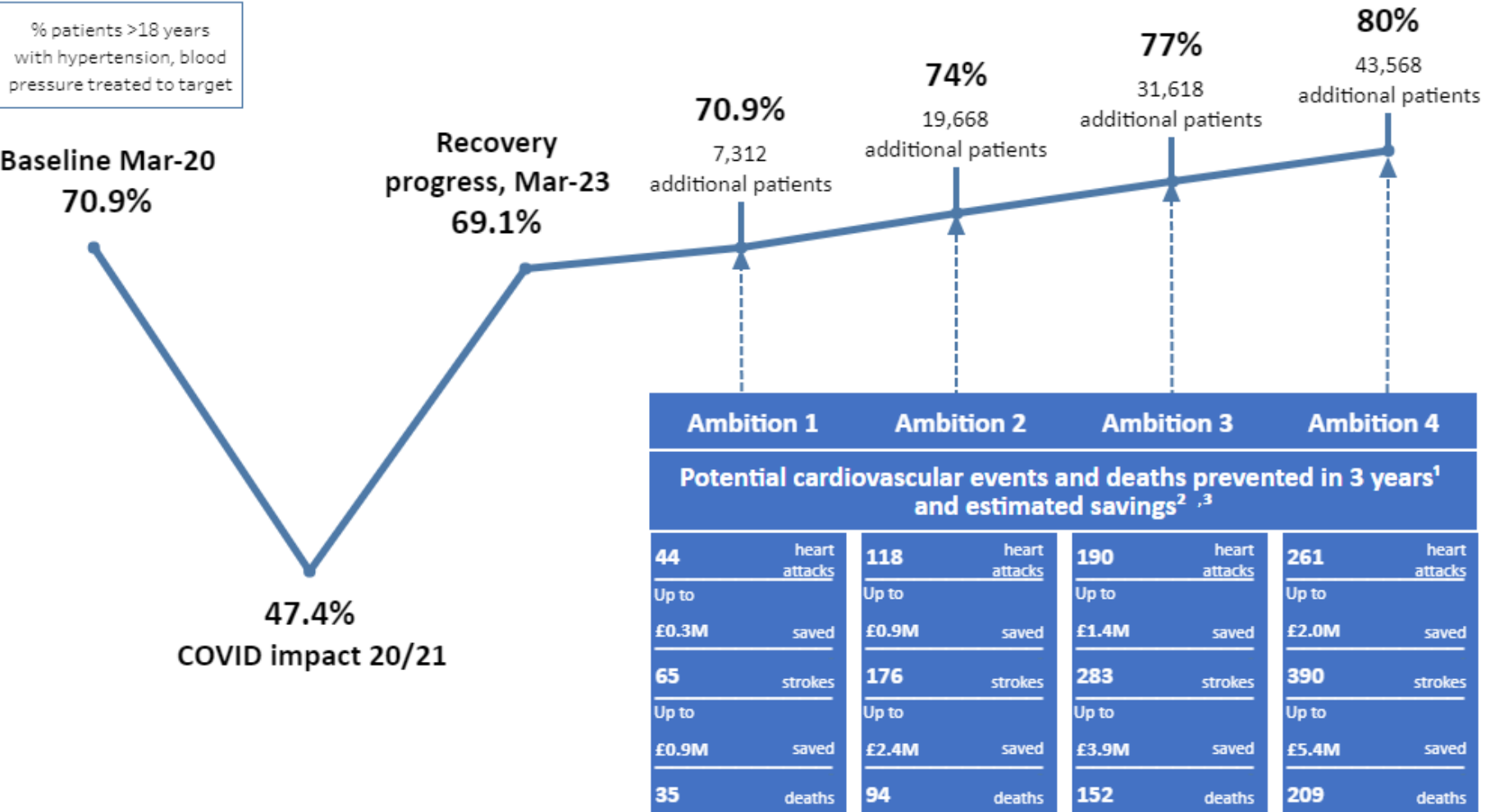
3. Reduce preventable admissions

- UEC crisis is complex, prevention could help reduce demand over the short to medium term

Impact of Optimising Blood Pressure (BP)



Greater Manchester



If we achieve **Ambition 1**,

this will save:

- 44 heart attacks
- 65 strokes
- 35 deaths
- £1.2m

Over 3 years

The aim is to achieve **Ambition 4**

References
 1. Public Health England and NHS England 2017. Size of the Prize
 2. Royal College of Physicians (2016). Sentinel Stroke National Audit Programme. Cost and Cost-effectiveness analysis.
 3. Kerr, M (2012). Chronic Kidney disease in England: The human and financial cost

Modelling
 Data source: CVDPrevent. Briefing note: [CVDPrevent online methodology annex v1 December 2022](#)
 Potential events calculated with NNT (theNNT.com). For blood pressure, anti-hypertensive medicines for five years to prevent death, heart attacks, and strokes: 1 in 100 for heart attack, 1 in 67 for stroke.

New drug causes ‘complete loss’ of gained weight without ‘any untoward side effects’

Alzheimer's drug lecanemab hailed as momentous breakthrough

Thousands of men miss out on life-extending prostate cancer drug

Paxlovid may reduce the chance of long Covid. Why don't doctors prescribe it more?

Miracle drugs can offer hope to families and nations

Thank you