

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 9 February 2022

Subject: Greater Manchester Integrated Care System and Integrated Care Board arrangements and the Manchester Locality Plan Refresh

Report of: Executive Director of Strategy/ Deputy Chief Accountable Officer, Manchester Health and Care Commissioning

Summary

Part one of the report provides an update on the establishment of a Greater Manchester Integrated Care System/Integrated Care Board (ICB) and Manchester Locality Board. The Chair Designate for the ICB will attend the Scrutiny meeting.

Part two of the report provides an update on the refreshed Manchester Locality Plan which will ensure that local priorities continue to be delivered during the transition to the new arrangements in 2022/23.

Recommendations

The Health Scrutiny Committee is asked to note the report.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city

The Greater Manchester ICS/ICB will have a key role to play in ensuring NHS organisation across the City contribute significantly to the zero-carbon target for Manchester.

Our Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Healthy and resilient residents and communities' will be able to thrive in employment and opportunities which will support the local economy.
A highly skilled city: world class and home grown talent sustaining the city's economic success	A healthy population is essential for the city's future economic success and NHS anchor institutions have a major role to play in skills development and job opportunities

A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Tackling health inequalities is a priority for the emerging GM ICB and population health work will be implemented at a GM, City and Neighbourhood level
A liveable and low carbon city: a destination of choice to live, visit, work	The health benefits of a liveable low carbon city relate to the wider determinants of health.
A connected city: world class infrastructure and connectivity to drive growth	Digital inclusion and active travel are two examples of how the GM system and the City can work together

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

NHSE ICS guidance documents and the NHSE system oversight framework:

<https://www.england.nhs.uk/publication/integrated-care-systems-guidance/>
<https://www.england.nhs.uk/publication/system-oversight-framework-2021-22/>

1. Introduction

- 1.1 This paper updates the Manchester Health Scrutiny Committee on the development of Integrated Care Systems (ICS) and the approach to implementation for Greater Manchester and the City of Manchester.
- 1.2 It also includes the refreshed Locality Plan for Manchester, which recommits to the strategic intent to improve the health and care outcomes for the people of Manchester and recognises the significant change in context following the COVID-19 pandemic.

PART ONE

2. Background

2.1 National context

- 2.1.1 Subject to legislation passing through parliament, Integrated Care Systems (ICS) will be established in England from 1st July 2022. This change was originally planned for 1st April 2022 but has been delayed to allow sufficient time for the legislative process to conclude. ICS will have four aims: -

- **Improve outcomes** in population health and healthcare;
- **Tackle inequalities** in outcomes, experience and access;
- **Enhance productivity** and value for money;
- Help the NHS support broader **social and economic development**.

- 2.1.2 National guidance sets out the core building blocks of an ICS including: -

- **An ICS Partnership**, convened between the ICS Board and Local Authorities as a broad strategic alliance;
- **An ICS NHS Body**, as a statutory NHS organisation, which will deliver the following functions: -
 - Developing a plan to meet the health needs of the population and to ensure NHS services and performance are restored;
 - Allocating resources;
 - Establishing governance arrangements;
 - Arranging for the provision of health services;
 - Leading system implementation of the people plan;
 - Leading system-wide action on data and digital;
 - Working with Councils to invest in local community organisations and infrastructure;
 - Joint work on estates, procurement, supply chain and commercial strategies;
 - Planning for, responding to, and leading recovery from incidents;
 - Functions NHS England/Improvement (NHSE/I) will be delegating including primary care and appropriate specialised services.

2.1.3 The ICS NHS Body will put necessary governance arrangements in place, including a unitary board (ICB), committees and a scheme of delegation.

2.1.4 The ICS NHS Body may delegate some of these functions to either: -

- **Place based partnerships** between NHS, local councils, VCSE, residents, patients and carers.
- **Provider collaboratives**, bringing NHS providers together across one or more ICSs to secure benefits of working at scale. As a minimum these will cover acute physical and acute mental health services. Some services, such as ambulance services may cover more than one ICS area.

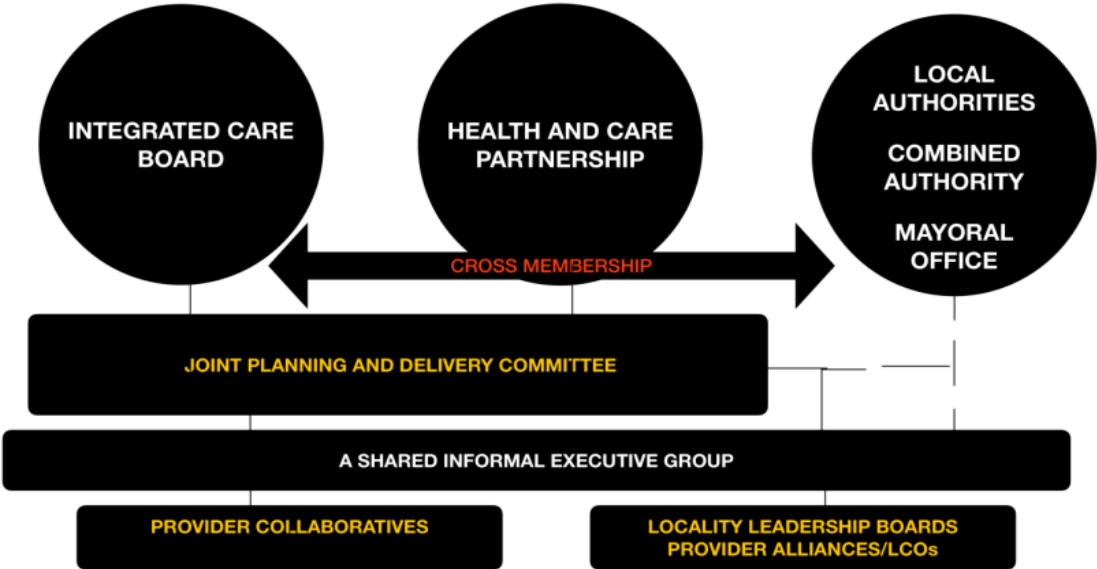
2.1.5 The statutory organisation within this new system will be the Integrated Care Board (ICB). This will take on the functions of Clinical Commissioning Groups (CCGs) which will be disestablished on the 30th June 2022.

2.2 Greater Manchester context

2.2.1 In Greater Manchester this will mean a shift from the Greater Manchester Health & Social Care Partnership (GMHSCP) arrangements to a new Greater Manchester ICS and ICB. Work is underway to prepare for this shift, determining the future role and governance of the GM ICS and ICB and the 10 localities in the new structure.

2.2.2 Sir Richard Leese has been appointed Chair designate of the Greater Manchester ICB along with two non-executive directors. The Chief Executive Officer recruitment is in progress, with a planned interview date in February, and recruitment to the Chief Finance Officer, Medical Director and Chief Nurse roles has also commenced.

2.2.3 The GM ICB will operate within the governance structure shown below:



2.2.4 Work is underway to develop a Greater Manchester operating model. This will include actions focussed on five 'integrating processes'

- 1. Creation of a simple narrative as to how the new system will work
- 2. ICB and ICP governance and priority setting
- 3. Agreeing financial flows and responsibilities
- 4. Signing off locality leadership arrangements
- 5. Agreeing running cost allocations and deploying staff within the national HR framework

2.2.5 In addition, there is significant thematic work focussed upon areas such as finance, workforce, digital etc.

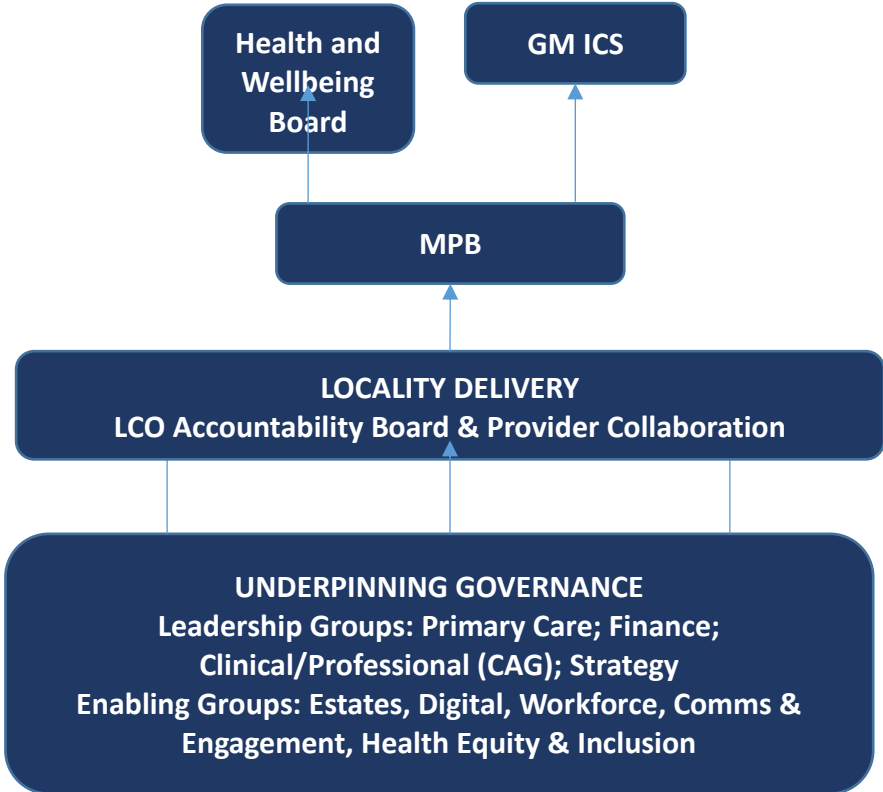
2.2.6 The ten GM localities are each considering this operating model in light of how their own arrangements develop.

3. Manchester Partnership Board (Locality Board)

3.1 In response to the national guidance and forthcoming legislative change described above, Manchester City Council and NHS leaders have both contributed to the developing GM ICS and ICB arrangements and worked to develop locality arrangements for the City of Manchester.

3.2 The Manchester Partnership Board (MPB) will act as the Locality Board for Manchester, as described in the GM governance model (above) and developing operating model. The MPB succeeds the Transformation Accountability Board, which previously had oversight of Manchester's Locality Plan and associated transformation funding.

3.3 It is proposed that MPB functions within the governance model described below:



- 3.4 As the senior leadership forum for health and care within the City, MPB's role will include the Manchester locality health and wellbeing plan, production and implementation; any delegated responsibilities by GM ICB and improving agreed areas of unwarranted variation. It will comprise political, clinical and managerial leadership.
- 3.5 It will be the strategic interface between the NHS and wider public sector strategy in the City, optimising the wider determinants of health and the NHS' contribution to the City strategy.
- 3.6 As described in the diagram above, the Manchester Partnership Board will have the primary line of reporting for Manchester's responsibilities to both the NHS ICB Board and the Manchester Health and Wellbeing Board (HWB), bringing together key partners to plan health & social care services for Manchester.
- 3.7 Work continues to develop an operating model for the Manchester locality that meets the expectations, City strategy, national guidance and complements the emergent GM Operating Model and governance model.
- 3.8 In addition to establishing the set-up arrangements of Manchester within the GM ICS the MPB is also focussing on key City transformation programmes as set out in the locality plan. These include Recovery, North Manchester Strategy and the new Marmot task force work to tackle health inequalities.

PART TWO

4. Our Healthier Manchester: Locality Plan Refresh 2022

- 4.1 The original Locality Plan: Our Healthier Manchester, produced in 2016, set out the ambition to improve health and care outcomes for the people of Manchester within a financially sustainable health and social care system. The initial focus led to a rationalisation of the Manchester system, through the creation of a single commissioning function (SCF), a single hospital service (SHS), and a local care organisation (LCO). The first update to the Locality Plan (April 2018) was set within the context of the city's Our Manchester strategy, shifting the emphasis away from structural change to a focus on Our People, Our Services and Our Outcomes.
- 4.2 A Locality Plan Refresh (November 2019) was produced within the context of a maturing health and social care system, and in response to both the Greater Manchester Health and Social Care Partnership's (GMHSCP) Prospectus (March 2019) and the requirements of the NHS Long Term Plan. It was reflective of key Greater Manchester strategies, including the Greater Manchester Unified Model of Public Services and the Local Industrial Strategy – underpinned by the Greater Manchester Independent Prosperity Review. Turning the 3rd Locality Plan into delivery was, however, interrupted by the advent of the COVID-19 pandemic.

- 4.3 This latest refresh of Manchester's Locality Plan was produced at a time of unprecedented change, recognising that we don't yet know or understand the full impact that this has had on the health and wellbeing of our people. Nevertheless, this Plan seeks to reaffirm our City's ambition to create a population health approach that puts health at the heart of every policy, improving health and care outcomes for the people of Manchester, whilst recognising that our plans for the future will need to continue to evolve and respond to those changing needs, within a new governance structure.
- 4.4 Like previous refreshes of the strategy, it doesn't change the overall direction but reflects the evolution of our arrangements, the progress made and the shift in context due to the impact of the Covid pandemic. This refresh did not have significant engagement as it was undertaken during the Covid period and quickly in order to give some direction to the recovery phase of the City. We expect a more fundamental refresh, with wider stakeholder engagement to be undertaken in due course.
- 4.5 The Locality Plan Refresh (2022) has been approved by the MPB. It is attached as Appendix 1.

5. Recommendation

- 5.1 The Health Scrutiny Committee is asked to note the report.