

**Manchester City Council
Report for Information**

Report to: The Executive – 29 June 2022

Subject: Integrated Care Systems and Place-Based Lead for Manchester

Report of: Chief Executive

Summary

Integrated Care Systems are being established nationally as part of the next phase of health and social care integration. This includes the establishment of Greater Manchester Integrated Care (NHS GM) and locality arrangements for Manchester. The Manchester Partnership Board will lead the development of Manchester's future operating model for health and social care integration. Joanne Roney OBE has been appointed by NHS GM as the Place-Based Lead for Manchester in addition to being Chief Executive of Manchester City Council.

Recommendations

The Executive is recommended to:-

- (1) consider and comment on this report.
 - (2) note and endorse the appointment of Joanne Roney as Place-Based Lead for Manchester.
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Wards Affected: All

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| Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city |
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| No direct impact |
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| Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments |
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| No direct impact |
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| Manchester Strategy outcomes | Summary of how this report aligns to the OMS/Contribution to the Strategy |
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| A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities | Health and social care is an important part of the city's economy including creating significant economic value, jobs, health innovation and through its impact on regeneration |
| A highly skilled city: world class and home grown talent sustaining the city's economic success | Health and social care supports significant jobs and skills development in Manchester |
| A progressive and equitable city: making a positive contribution by unlocking the potential of our communities | Progressive and equitable is central to the Our Healthier Manchester Locality Plan including all aspects of tackling health inequalities and the Build Back Fairer work in the city |
| A liveable and low carbon city: a destination of choice to live, visit, work | There are many links between health, communities and housing in the city as per the Our Healthier Manchester Locality Plan. Health partners have an important role in reducing Manchester's carbon emissions through the Manchester Climate Change Partnership |
| A connected city: world class infrastructure and connectivity to drive growth | Transport infrastructure and digital connectivity are critical to providing effective health and care for Manchester residents |

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

Financial Implications:

No direct financial implications arising from the report. The Section 75 agreement and aligned budget arrangements with Manchester Foundation Trust for the Manchester Local Care Organisation will remain in place.

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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.

1.0 Introduction

- 1.1 The purpose of this report is to update the Executive on the UK Government's reforms to health and social care to establish Integrated Care Systems, including at the level of Greater Manchester. A report will be brought to the Health and Well Being Board and Health Scrutiny Committee with more detail about the transition to Integrated Care Systems and the next steps for Manchester.
- 1.2 As part of these reforms, NHS GM (Greater Manchester Integrated Care) have appointed Joanne Roney OBE as the Place-Based Lead for Manchester.

2.0 Integrated Care Systems

- 2.1 On 1 July 2022, Clinical Commissioning Groups (CCGs) will be disestablished across England, and Integrated Care Systems (ICS) will be established. This is in line with legislation set out in the Health and Care Act 2022.
- 2.2 The national aims for ICSs are to:
 - (i) Secure better health and wellbeing for everyone
 - (ii) Tackle unequal outcomes, experience and access to health and care services
 - (iii) Enhance productivity and value for money; and
 - (iv) Support broader social and economic development – this is an additional focus for the NHS beyond the existing national aims in points i-iii
- 2.3 In Manchester, the statutory responsibilities of the CCG will transfer to Greater Manchester Integrated Care (NHS GM).
- 2.4 These upcoming system reforms are an opportunity to accelerate the delivery of Manchester's ambitions to improve health outcomes and tackle health inequalities through further integration of health and social care.
- 2.5 Manchester has worked effectively in partnership on health and social care for a number of years, which means the city is well prepared for the establishment of a GM ICS. The Our Healthier Manchester Locality Plan sets out our strategic ambitions and priorities, aligned to the Our Manchester Strategy for the city. This has been refreshed a number of times since the original plan in 2016. It has a focus on how partnership working can improve population health, address the social determinants of health and tackle health inequalities. It also led to the establishment of Manchester Local Care Organisation in 2018, Manchester Health and Care Commissioning in 2017, and the Single Hospital System for the city.
- 2.6 Integrated Care Systems include a strong focus on place-based partnership working. There will be 10 place-based arrangements in GM that are each coterminous with local authority boundaries, including the city of Manchester,

which are referred to as 'locality' arrangements by NHS GM. These place-based partnerships aim to ensure that care and support is connected to the things that keep people well – their homes, their families, friendships and networks, communities, and their jobs. The approach recognises that Councils are the leaders of place and this is an opportunity to better connect health and care services to communities. The 10 locality partnerships will each address specific place-based challenges, reflecting the identity and benefitting from the strengths of communities in each area. At the same time there is a strong focus on improvements to and greater consistency in access to services and quality of services.

- 2.7 Local authorities and the NHS, as part of our integrated care system, have a statutory duty to deliver on this agenda through the GM Integrated Care Partnership and GM NHS Integrated Care. The reforms recognise that health and social care integration can make a significant contribution to this agenda but most of what needs to be done is determined by much broader factors such as jobs, housing, environment, infrastructure, families and communities, and it is recognised that Councils have key roles to make these connections and lead each place.

3.0 Next steps in Manchester

- 3.1 NHS GM is developing a Greater Manchester Operating Model document, which will set out the overall vision and objectives for the GM Integrated Care Partnership, the GM 'system architecture', governance arrangements, and the features and characteristics of the GM system. The operating model document will be available on the intranet when finalised.

- 3.2 Manchester and the other nine GM localities are developing their own place-specific locality models. The key features include:

- (i) A Locality Board to ensure the priorities are decided together in the locality and support the effective joint stewardship of public resources. In Manchester this will be the Manchester Partnership Board (MPB).
- (ii) A Place Based Integrated Care Lead with dual accountability to the local authority and to NHS GM
- (iii) A place-based provider collaborative or alliance providing comprehensive integrated care at neighbourhood and place levels. This builds on the existing approach to provider collaboration and the work of the Manchester Local Care Organisation.
- (iv) A means of ensuring clinical and care professional input and leadership to place based working
- (v) A focus on health creation and prevention as well as health services with a particular emphasis on population health and reducing health inequalities. Manchester's work to tackle health inequalities – Build Back Fairer – will continue to be overseen by the Chief Executive and Director of Population Health and will be an important element of the work programme of MPB.
- (vi) An accountability agreement between partners in the locality and NHS GM

- (vii) An articulated relationship with their local Health and Well Being Board as the route to confirm accountability to the local authority
- 3.3 Joanne Roney OBE, Chief Executive of Manchester City Council, has been appointed by GM NHS as the Place-Based Lead for Manchester, as well as continuing to be Chief Executive of the Council. Most of the other GM localities have also appointed the relevant Local Authority Chief Executive as their Place-Based Lead. The Chief Executive will hold an additional contract with NHS GM, will be accountable for certain functions and additionally report directly to Mark Fisher, the Chief Accountable Officer of NHS GM.
- 3.4 The functions of the Place-Based Lead include:
- a) Convening the place-based integrated care partnership, and facilitate priority-setting, strategic alignment and decision-making between organisations across multiple sectors
 - b) Being the accountable officer for delegations from GM NHS Integrated Care to the place-based partnership
 - c) The place-based lead will be a member of the wider system leadership team, and therefore have influence over NHS financial resource allocation across Greater Manchester and specifically within the place they lead
 - d) Leading the local GM NHS IC employed team, and work with partner organisations to develop and support a 'one team' approach including purposeful arrangements for effective clinical and professional care leadership across the place
 - e) Listening to the voice of our communities. Ensuring our place-based partnerships are developed by listening to the voice and lived experience of our communities
 - f) Being responsible for the management and deployment of people who are allocated from both GM NHS Integrated Care and wider partners to form the place based integrated care team
 - g) Ensuring that partners work together to deliver on required outcomes and agreed ambitions
 - h) The role will work closely with the statutory officers in NHS Trusts, Adults and Children's Social Care and Public Health to support the full range of contributions to integrated care and population health. The statutory accountabilities of those individuals and their organisations are not affected by the creation of this role.
- 3.5 An important role will be that of Deputy Place-Based Lead. This will be a senior officer to provide strategic support to the Place-Based Lead and will be important given the constraints on the time available for the Chief Executive to undertake the joint role. A joint process of GM NHS and Manchester Partnership Board (MPB) is under way to appoint to this role.
- 3.6 NHS GM have identified leadership funding for each GM locality to fund the leadership function for the locality. The Manchester allocation for 2022/23 is £867,000. This funding will resource the Deputy PBL role, a core leadership team within the locality (including appropriate clinical and financial

governance), and other resources required to support the new arrangements effectively.

- 3.7 Manchester Partnership Board (MPB) will be the Locality Board for Manchester. The MPB is chaired by the Leader of the Council and includes a small number of Chief Executive and Director-level representatives from MCC, Manchester Foundation Trust (MFT), Greater Manchester Mental Health (GMMH), Manchester Local Care Organisation (MLCO), Primary Care in Manchester, and a VCSE sector representative.
- 3.8 Certain functions will be delegated from GM to Manchester through to the Place-Based Lead, and to MPB when it is formally constituted as a Committee of NHS GM Integrated Care Board (ICB). Other functions will be reserved to the NHS GM ICB. The list of functions is set out in a Scheme of Delegation and Reservation within the NHS GM Governance Handbook.
- 3.9 Manchester Partnership Board will lead the development of Manchester's future operating model. The initial focus is on a safe transition of functions and staff from the CCG from 1 July 2022. This will move quickly into the development of a future operating model for health and social care in the city.
- 3.10 The Manchester Provider Collaborative will bring together Manchester Local Care Organisation with Primary Care and Mental Health. MLCO is governed by an Accountability Board that provides assurance back to Manchester City Council and MFT as key partners in the MLCO. The Section 75 agreement and aligned budget arrangement that is currently in place between the Council and MFT for the Manchester Local Care Organisation will remain.

4.0 Recommendations

- 4.1 The Executive is recommended to consider and comment on this report.
- 4.2 The Executive is asked to note and endorse the appointment of Joanne Roney as Place-Based Lead for Manchester.