

## Manchester City Council Report for Information

**Report to:** Personnel Committee – 19 October 2022

**Subject:** Arrangements between the City Council and NHS

**Report of:** Director of Human Resources and Organisation Development.

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### Summary

This report covers arrangements for the Manchester Place Based Lead for GMICS, and the Deputy Place Based Lead as well as an agreement to create a Joint post of Director of Equalities, Inclusion and Engagement with the NHS.

### Recommendations

The Committee is recommended to:-

1. Note that the Chief Executive has also taken on the role of Place Based Lead, under a secondment agreement.
  2. Note that the role of Deputy Place Based Lead has gone to external recruitment and in the meantime the Director of Population Health is acting up into this role, retaining his statutory DPH responsibilities.
  3. Note that cover for the Director of Public Health will be provided by one of the Assistant Directors of Public Health, following a selection process, who will be a member of SMT while covering.
  4. Note the creation of a Joint Director of Equalities, Inclusion and Engagement with the NHS and the transfer of the City Council Equalities Team to that post.
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**Wards Affected:** All

<b>Environmental Impact Assessment</b> - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
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None
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<b>Equality, Diversity and Inclusion</b> - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments
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The creation of a Joint Director of Equalities Engagement and Inclusion will help the City Council to meet our Public Sector Equality Duty and broader equality commitments.
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<b>Manchester Strategy outcomes</b>	<b>Summary of how this report aligns to the OMS/Contribution to the Strategy</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	
A highly skilled city: world class and home grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The aim of the City Council's Place Based arrangements is to reduce health inequalities and the creation of a joint post which will be focussed on this agenda will also make a positive contribution
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

### **Financial Consequences – Revenue**

### **Financial Consequences – Capital**

### **Contact Officers:**

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## **1.0 Place Based Lead**

### **Introduction**

- 1.1 The role of a single responsible Place Lead for Integrated Care has been recognised as a core feature of the locality approach intended as part of GM's development as an integrated care system. Place-based integrated care partnerships across Greater Manchester have been established to complete the journey to integrated care. They will be accountable to, and rooted in, communities. Place based partnerships ensure that day to day care and support is connected to the things which keep people well – their homes, their families, their friendships and social activities and their jobs. This ambition, to connect the contribution of all public services with communities in pursuit of good lives for all, is the focus of the place leadership model. It is critically important to define that within each locality the Council remains the leader of place. The place-based integrated care partnerships for each locality address specific place-based challenges.

### **Background**

- 1.2 The Place Lead for Health and Care Integration is responsible for driving the local integration of health and social care and connecting that to wider public services to address the social determinants of health, with purpose of improving health outcomes, improving the quality of care, reducing health inequalities and maximising the value of public resources.

### **Main issues**

- 1.3 The Place-Based Integrated Care Lead is accountable for:
- Convening the place-based integrated care partnership, and facilitate priority-setting, strategic alignment and decision-making between organisations across multiple sectors.
  - Being the accountable officer for delegations from GM NHS Integrated Care to the place-based partnership.
  - The place-based lead is a member of the wider system leadership team, and therefore has influence over NHS financial resource allocation across Greater Manchester and specifically within the place they lead.
  - 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.
  - 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.
  - 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.
  - Ensuring that partners work together to deliver on required outcomes and agreed ambitions.

- The role works 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.
- 1.4 In Manchester, it has been decided that the Place Based Lead will be the Chief Executive, and the Chief Executive has been performing this role (as well as her substantive role of Chief Executive) since implementation on 1<sup>st</sup> July 2022.
- 1.5 A post of Deputy Place Based Lead has been created and agreed and was subject to NHS redeployment efforts which did not prove successful. The post was advertised and an external appointment has been made, with the candidate aiming to start at GM ICS/Manchester Place Based team in January 2023. In the meantime, the Director of Population Health has been appointed as Interim Deputy Place Based Lead to cover until the substantive post holder is in place including a period of handover.
- 1.6 Cover arrangements for the Director of Population Health are being put into place.
- 2.0 Joint Director of Equalities, Inclusion and Engagement.**
- 2.1 There is currently in the former MHCC structure a post of Director of Workforce, OD & Inclusion and this post is now part of the functions set under the Place Based Lead. GMICS has stated that Workforce and OD issues will be managed centrally from within GMICS.
- 2.2 In Manchester, our work on Marmot has led us to focus on health inequalities and the wider determinants of them and a programme is underway focussed on achieving a step change reduction in inequality which requires a joined up and engaging approach across health and local government.
- 2.3 It has been agreed therefore to rescope the Director of Workforce, OD & Inclusion role to be a Joint Director (across health and local government) and retitled to Joint Director of Equality, Inclusion and Health Engagement. The council would fund half of this post which would reflect the focus on health but also the wider council requirements. This post will be responsible for the current council equalities team and their work programme which would be synthesised with wider work on Marmot and engagement. The post would report into the Director of Population Health.
- 2.4 The current postholder is an NHS employee and will remain so, on her existing terms and conditions and pay, so would not appear on the payroll of the City Council. The post would be retitled as a Joint Director to indicate the role works across the city in both health and social care and the city council. The City Council will pay for half of the cost of the role in recognition that it is a joint appointment.

2.5 Obviously the postholder of the new role will need to work with some existing council structures in relation to for example work and skills, neighbourhood teams and organisation development. The aim would be that their work could be leveraged (possibly more) successfully into health programmes.

2.6 A set of outputs is being developed in consultation with the post holder and includes:-

- Leading the development and implementation of a collaborative equality, diversity and engagement strategy and associated delivery of the equality objectives/plans, which identify the importance of intersectionality in delivering EDI and the value of hearing and acting on lived experience.
- Supporting the Manchester ICP, Senior Management Team and others locally in setting strategic direction for EDI work and, reviewing and prioritising EDI goals in consultation with service users.
- Lead the Equality, Diversity, and Inclusion agenda, across communities; co-production of EDI objectives integral to access, experience and health and social care outcomes of the population.
- Developing an effective and evidence-based race equality action plan aligned to the Race Equality Strategy; considering intersectionality within this work to understand how systems of oppression overlap to create distinct experiences for people with multiple identity categories e.g. race and gender.
- Working closely with MCC HROD to promote and further develop the Workforce Equality Strategy within MCC and to adopt best practice from that strategy in the health workforce in Manchester.
- To act as the subject matter expert and specialist advisor on the range of EDI areas, researching and keeping up to date with all legislative requirements, best practice NHS and other relevant sector specific initiatives. In doing so working closely with the regional EDI team, as well as develop strong links with the national EDI team and other ICS's.
- Drawing on the range of data and intelligence relating to patient, community populations, support the development of programmes of work, to improve the experience and accessibility of all.
- Develop strong relationships with diverse community and representative groups from across Manchester to build a strong culture of involvement, engagement, participation, listening and learning.
- Development of robust assurance frameworks to enable the focus on addressing Health Inequalities are embedded across the system including ensuring Equality Impact Assessments are in place and monitored.
- Lead system wide work to improve performance against key requirements and standards, including WDES, WRES, EDS and other performance indicators.
- Work closely with clinical and operational leaders to develop strategies and interventions for addressing health inequalities, bringing specialist expertise and capability in EDI.
- Work in partnership with EDI leads across GM and with the regional EDI team, to develop leading edge EDI initiatives and interventions to advance inclusivity and equality of access for all communities in the way that GM employs, engages and delivers services.

- Operate as the recognised system strategic lead for EDI.

### **3.0 Recommendations**

Personnel Committee are recommended to:-

1. Note that the Chief Executive has also taken on the role of Place Based Lead, under a secondment agreement.
2. Note that the role of Deputy Place Based Lead has gone to external recruitment and in the meantime the Director of Population Health is acting up into this role, retaining his statutory DPH responsibilities.
3. Note that cover for the Director of Public Health will be provided by one of the Assistant Directors of Public Health, following a selection process, who will be a member of SMT while covering.
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