

## Manchester City Council Report for Information

**Report to:** Health Scrutiny Committee – 6 September 2023

**Subject:** Integrated Care Systems

**Report of:** Deputy Place Based Lead, Manchester Integrated Care Partnership

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### Summary

Integrated Care Systems were established nationally on 1 July 2022, as part of the next phase of health and social care integration. This included the establishment of Greater Manchester Integrated Care System (NHS GM) and locality arrangements for Manchester. Manchester Partnership Board was subsequently established as a formal sub-committee of Greater Manchester Integrated Care Board (February 2023), with responsibility for leading on the development of Manchester's operating model for health and social care integration. Following a recent independent review of leadership and governance in NHS GM (the Carnall Farrar review) a refreshed GM operating model has been developed.

### Recommendations

The Committee is recommended to consider and comment on this report.

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### 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 Integrated Care Board will oversee the refresh of the GM NHS Green Plan in 2023/24 and NHS organisations in Manchester will continue to contribute to the City's net zero-carbon target.

**Equality, Diversity and Inclusion** - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments

The Greater Manchester Integrated Care System Strategy and Manchester Partnership Board Priority Plan both aim to actively reduce inequalities in health and care outcomes. The NHS GM Manchester Locality and City Council jointly fund the Director of Equality and Engagement post that works across the local system.

<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	Health and social care are 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 support 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 Making Manchester 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.

Our Manchester Strategy

Manchester Locality Plan – Our Healthier Manchester (2021)

NHS Long Term Plan (2019)

Health and Care Act (2022)

GM Integrated Care Strategy (2023)

Joint Forward Plan ICP Board (June 2023)

GM Operating Model (2022)

## **1.0 Introduction**

- 1.1 The purpose of this report is to update Health Scrutiny Committee, following the UK Government's reforms to health and social care, which established Integrated Care Systems on 1 July 2022, including Greater Manchester Integrated Care System (NHS GM).
- 1.2 The report also provides an update on the governance arrangements that have developed over the last year for NHS GM and the Manchester locality.

## **2.0 Integrated Care Systems**

- 2.1 In accordance with the NHS Long Term Plan in 2019 and the Health and Care Act 2022, on 1 July 2022 Integrated Care Systems were established across England and Clinical Commissioning Groups (CCGs) were disestablished.
- 2.2 The national aims for Integrated Care Systems were set out as follows: -
- 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.
- 2.3 The above aims constituted an evolution of the strategic agenda in Manchester and Greater Manchester rather than a change in direction. They provided 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.
- 2.4 Manchester has worked effectively in partnership on health and social care for many years. This means the city was well prepared for the establishment of an Integrated Care System. The Our Healthier Manchester Locality Plan sets out our strategic ambitions and priorities, aligned to the Our Manchester Strategy for the city, through delivery of the following aims: -
- Improve the health and wellbeing of the people of Manchester;
  - Strengthen the social determinants of health and promote healthy lifestyles;
  - Ensure services are safe, equitable and of a high standard with less variation;
  - Enable people and communities to be active partners in their health and wellbeing;
  - Achieve a sustainable system.
- 2.5 Since 1 July 2022, the Manchester Partnership Board has led the development of Manchester's Locality strategy and operating model for health and social care integration, with Joanne Roney OBE established as the Place-Based Lead for Manchester in addition to being Chief Executive of Manchester City Council.

### **3.0 NHS Greater Manchester (NHS GM) Integrated Care System (ICS)**

#### **3.1 NHS GM ICS has several constituent parts, as follows:**

The **GM Integrated Care Partnership** (covering the Integrated Care System - the ICS) connects NHS GM Integrated Care, the GM NHS Trusts and NHS providers across the whole of primary care with the Greater Manchester Combined Authority (GMCA), Councils and partners across the VCSE, Healthwatch and the Trades Unions. Together these partners take the actions which will make a difference to the health of the population of Greater Manchester.

**Greater Manchester Integrated Care Partnership Board (ICB)** is the statutory joint committee of the ICB (see below) and Local Authorities within GM. It brings together a broad set of system partners to support partnership working and it is the responsibility of this Board to develop this 'integrated care strategy' - a plan to address the wider health care, public health, and social care needs of the population.

**NHS Greater Manchester Integrated Care** (the Integrated Care Board – ICB) is the statutory NHS organisation leading integration across the NHS, managing the NHS budget and arranging for the provision of health services in a geographical area. It supports the ten place-based partnerships in Greater Manchester (Bolton, Bury, Heywood Middleton and Rochdale, Manchester, Oldham, Tameside, Trafford, Salford, Stockport and Wigan) as part of well-established ways of working to meet the diverse needs of our citizens and communities.

#### **3.2 The main purpose of the Integrated Care Partnership is to develop the integrated care strategy to provide direction for GM. This has been achieved through engagement and co-production with system partners to plan to meet the wider health and care needs of people in GM. The GM ICS Strategy 2023-2028 was published in April 2023 with the following vision statement:**

*“We want Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer, more prosperous city region.”*


To be delivered through the following 6 missions



Our strategy missions

**Strengthen our communities**

We will help people, families and communities feel more confident in managing their own health



Our strategy missions

**Help people to stay well and detect illness earlier**

We will work together to prevent illness and reduce risk and inequalities



Our strategy missions

**Help people get into, and stay in, good work**

We will expand and support access to good work, employment and employee wellbeing



Our strategy missions

**Recover core health and care services**

We will continue to improve access to high quality services and reduce long waits



Our strategy missions

**Support our workforce and carers at home**

We will ensure we have a sustainable, supported workforce including those caring at home



Our strategy missions

**Achieve financial sustainability**

We will manage public money well to achieve our objectives

- 3.3 In addition to the GM Integrated Care Strategy, national guidance required each ICB to publish a five-year Joint Forward Plan (JFP) setting out how they propose to exercise their functions, by 30th June 2023. Whilst legal responsibility for the JFP lies with the ICB for the elements under its remit, systems have also been encouraged to use the JFP to develop a shared delivery plan for the integrated care partnership strategy and that is the approach that has been taken in Greater Manchester. The JFP is structured around the key actions to deliver the six ICP Strategy missions (above) with proposed delivery and system leadership responsibility set out for each mission.
- 3.4 At the outset, NHS GM established a Greater Manchester Operating Model, which 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. After 12 months, NHS GM then commissioned an independent review (the Carnall Farrar review) of Leadership and Governance within the GM system to ensure that it was working efficiently and effectively. The Carnall Farrar review made eight recommendations, which NHS GM is in the process of implementing, including changes to the Operating Model. The Operating Model is a fundamental building block that governs how NHS GM works as an integrated care system – between localities, Greater Manchester, and health and care providers.

The revised Operating Model is designed to bring much more clarity about how NHS GM intends to work together as a system, notably: -

- Being much more explicit about how our vision and missions translate into how we are organised as a system to ensure we deliver a high level of ambition for our residents;
- Being much clearer about where decisions sit, and under what authority key meetings take place;
- A clearer description of the roles of each partner in the system. This is explicit about the role of NHS Greater Manchester, the role and remit of Locality Boards and Place Based Leads, the focus and contribution of provider collaboratives, and the role of the Integrated Care Partnership;
- A clear description of how every function of the Integrated Care System is discharged and who is responsible for what.

The refreshed Operating Model is currently going through the final stages of NHS GM approval before being fully implemented. It will be considered by the ICB Board later in September. Initial actions have been progressed in the interim, however, notably the formal addition of the ten Place-based Leads to the NHS GM Executive Committee. This will ensure that Place-based Leads can both represent NHS GM at place, whilst also representing the interests of their respective places as members of the NHS GM Executive Committee.

- 3.5 Furthermore, the revised NHS GM operating model more clearly defines the functions that are to be carried out at a GM-wide level and those that will be led at place level. Current thinking is that commissioning would be led at GM level for all diagnostic services, all secondary acute physical health care, all acute inpatient mental health care and some public health services (including vaccination and immunisation, health check programmes, hospital smoking cessation services and at scale prevention such as air pollution reduction). Whereas it is proposed that commissioning will be led at place level for GP services, community services, community mental health, learning disability and autism services (including adult, CAMHS and IAPT services, and some public health services (including social prescribing, diabetes prevention and local smoking cessation). Work remains ongoing to finalise this split of responsibilities and this is yet to be signed-off by the NHS GM Board. Work is underway in Manchester, to ensure clear processes are in place to undertake place-led commissioning of health and care services in a joined-up and person-centred way, which responds to the needs of the population.

- 3.6 In addition to working on a revised operating model, NHS GM continues to address its financial challenges. The GM system is under additional scrutiny by NHS England (NHSE) due to the month 2 financial position, with the run rate of particular concern, as the scale of recovery required to bring delivery back in line with plan is significant. There is a risk of intervention should the GM ICS not demonstrate fundamental improvements in the run rate.

Given the ongoing challenges and increased national scrutiny, the GM system is focused on addressing the variances to the financial plan, ensuring that sufficient resources are targeted at the delivery of the required efficiencies (£606.2m) in a safe and sustainable way. Mitigating actions include: -

- Key controls over vacancies, non-clinical spend and procurement regulations;
- Limiting expenditure on non-essential spend such as catering and room hire;
- Establishment of a Project Management Office to oversee the system efficiency programme;
- Introduction of the GM Performance Management Framework to strengthen oversight of providers, ICB and the delivery of the overall ICS plan;
- Robust run rate trajectories to inform detailed assessment of the delivery of the 2023/24 financial plan.

#### **4.0 Manchester Locality**

- 4.1 In February 2023 Manchester Partnership Board (MPB) was formally established as a sub-committee of the NHS GM Board, with revised Terms of Reference and membership. MPB is chaired by Councillor Bev Craig, Leader of Manchester City Council, and draws its membership from health and care partners across the City, including Joanne Roney as Place-based Lead and senior leaders from Greater Manchester Mental Health Trust, Manchester City Council, Manchester Foundation Trust, Manchester Local Care Organisation, NHS Greater Manchester, Primary Care (GP Board) and the Voluntary, Community and Social Enterprise sector. In addition to its line of accountability to the NHS GM Integrated Care Board (ICB), MPB also has a formal line of accountability to the Manchester Health and Wellbeing Board, in recognition of its role in reducing health inequalities through greater health and care integration and partnership working.
- 4.2 Taking account of both the GM Integrated Care Strategy and Joint Forward Plan, alongside the strategic intent set out in the Our Manchester Strategy and the Manchester Locality Plan: Our Healthier Manchester, MPB has considered what the key health and care priorities for Manchester are over the next 3 years. These priorities are captured on the Plan on a Page (Appendix 1). Delivery of these Manchester priorities, which will involve the collective effort of locality system partners, will be monitored through identified key performance indicators and overseen by MPB.



4.3 MPB is supported in the delivery of the health and care priorities described above, by the Provider Collaborative Board (PCB). Co-chaired by the Executive Member for Healthy Manchester and Social Care and the Deputy Group Chief Executive of MFT, PCB brings together key delivery leads in pursuit of system-wide transformational change i.e., to implement transformation programmes that cannot be delivered by a single organisation alone. Key programmes of work include Healthy Lungs, Hospital at Home, Community Mental Health Teams recovery, Primary Care, Children and Young People, and Winter Planning and Resilience.

## **5.0 Recommendations**

5.1 The Committee is recommended to consider and comment on this report.