Public Document

GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

GREATER MANCHESTER HEALTH AND CARE JOINT COMMISSIONING BOARD

DATE: Tuesday, 15 March 2022

TIME: 2.00 pm – 3.00 pm

VENUE: Virtually via Microsoft Teams and Livestreamed via Public i

AGENDA

1. APOLOGIES

2. CHAIRS ANNOUNCEMENTS AND URGENT BUSINESS

3. DECLARATIONS OF INTEREST 1 - 4

To receive declarations of interest in any item for discussion at the meeting. A blank form for declaring interests has been circulated with the agenda; please ensure that this is returned to the Governance & Scrutiny Officer 48 hours in advance of the meeting.

4. MINUTES OF THE MEETING HELD ON 19 OCTOBER 2021 5 - 12

To approve the minutes of the meeting held on 19 October 2021.

5. CHIEF OFFICER UPDATE 13 - 20

Report of Sarah Price, Interim Chief Officer, Greater Manchester Health & Social Care Partnership

6. BRIEFING NOTE: GOVERNMENT WHITE PAPER ON HEALTH AND CARE INTEGRATION 21 - 30

To be presented by Warren Heppolette, Executive Lead, Strategy and System Development

7. ANY OTHER BUSINESS

To consider any matters of additional business, at the discretion of the Chair.

8. DATE AND TIMES OF FUTURE MEETINGS

- 21 June 2022; 2.00 pm

Secretary Notes:

- If any Members require advice on any agenda item involving a possible declaration of interest, which could affect their ability to speak, or vote are advised to contact the Governance & Scrutiny Officer 48 hours in advance of the meeting.

- For copies of papers and further information on this meeting please refer to the website www.greatermanchester-ca.gov.uk

- Please note that this meeting will be held in public and will be livestreamed (except where confidential or exempt information is being considered).

GM JOINT COMMISSIONING BOARD

Declaration of Councillors' Interests in Items Appearing on the Agenda

NAME: ________________________________

DATE: _________________________________

Minute Item No. / Agenda Item No.	Nature of Interest	Type of Interest
		Personal / Prejudicial / Disclosable Pecuniary
		Personal / Prejudicial / Disclosable Pecuniary
		Personal / Prejudicial / Disclosable Pecuniary
		Personal / Prejudicial / Disclosable Pecuniary
		Personal / Prejudicial / Disclosable Pecuniary
		Personal / Prejudicial / Disclosable Pecuniary

Please see overleaf for a quick guide to declaring interests at meetings.

QUICK GUIDE TO DECLARING INTERESTS AT MEETINGS

This is a summary of the rules around declaring interests at meetings. It does not replace the Member's Code of Conduct, the full description can be found in the GMCA's constitution Part 7A.

Your personal interests must be registered on the GMCA's Annual Register within 28 days of your appointment onto a GMCA committee and any changes to these interests must notified within 28 days. Personal interests that should be on the register include:

- Bodies to which you have been appointed by the GMCA
- Your membership of bodies exercising functions of a public nature, including charities, societies, political parties or trade unions.

You are also legally bound to disclose the following information called DISCLOSABLE PERSONAL INTERESTS which includes:

- You, and your partner's business interests (eg employment, trade, profession, contracts, or any company with which you are associated)
- You and your partner's wider financial interests (eg trust funds, investments, and assets including land and property).
- Any sponsorship you receive.

FAILURE TO DISCLOSE THIS INFORMATION IS A CRIMINAL OFFENCE

STEP ONE: ESTABLISH WHETHER YOU HAVE AN INTEREST IN THE BUSINESS OF THE AGENDA

If the answer to that question is 'No' – then that is the end of the matter. If the answer is 'Yes' or Very Likely' then you must go on to consider if that personal interest can be construed as being a prejudicial interest.

STEP TWO: DETERMINING IF YOUR INTEREST PREJUDICIAL?

A personal interest becomes a prejudicial interest:

- where the well being, or financial position of you, your partner, members of your family, or people with whom you have a close association (people who are more than just an acquaintance) are likely to be affected by the business of the meeting more than it would affect most people in the area.
- the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice your judgement of the public interest.

FOR A NON PREJUDICIAL INTEREST	FOR PREJUDICIAL INTERESTS
YOU MUST	**YOU MUST**
• Notify the governance officer for the meeting as soon as you realise you	• Notify the governance officer for the meeting as soon as you realise you

have an interest • Inform the meeting that you have a personal interest and the nature of the interest • Fill in the declarations of interest form **TO NOTE:** • You may remain in the room and speak and vote on the matter • If your interest relates to a body to which the GMCA has appointed you to you only have to inform the meeting of that interest if you speak on the matter.	have a prejudicial interest (before or during the meeting) • Inform the meeting that you have a prejudicial interest and the nature of the interest • Fill in the declarations of interest form • Leave the meeting while that item of business is discussed • Make sure the interest is recorded on your annual register of interests form if it relates to you or your partner's business or financial affairs. If it is not on the Register update it within 28 days of the interest becoming apparent. **YOU MUST NOT**: • participate in any discussion of the business at the meeting, or if you become aware of your disclosable pecuniary interest during the meeting participate further in any discussion of the business, • participate in any vote or further vote taken on the matter at the meeting

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THE MINUTES OF THE GM JOINT COMMISSIONING BOARD HELD ON 19 OCTOBER 2021 VIA MS TEAMS (LIVESTREAMED VIA PUBLIC I)

Bolton	Councillor Susan Baines Su Long
Bury	Councillor Andrea Simpson Will Blandamer
Manchester	Ian Williamson
Oldham	Councillor Zahid Chauhan Dr John Patterson Mike Barker
Heywood, Middleton, and Rochdale	Steve Rumbelow
Salford	Councillor John Merry Dr Tom Tasker (Chair) Steve Dixon
Stockport	Councillor Jude Wells Dr Cath Briggs Andrea Green
Tameside	Councillor Brenda Warrington Steven Pleasant
Trafford	Councillor Jane Slater Sara Radcliffe
Wigan	Councillor Keith Cunliffe

	Craig Harris
GM Commissioning Team	Rob Bellingham
GMCA	Andrew Lightfoot Lindsay Dunn Ninoshka Martins
GM Health and Social Care Partnership	Sarah Price

GMJCB 21/15 WELCOME AND APOLOGIES

Dr Tom Tasker, Clinical Chair, Salford CCG welcomed all locality members to the virtual Microsoft Teams meeting of the GM Health and Care Joint Commissioning Board, and thanked members for their attendance.

Apologies for absence were received from Eamonn Boylan (GMCA), Dr Tim Dalton (Wigan CCG), Dr Cathy Fines and Geoff Little (Bury CCG), Dr Ruth Bromley (Manchester H&CC), Councillor Joanna Midgley (Manchester) and Dr Ashwin Ramachandra (Tameside & Glossop CCG)

GMJCB 21/16 CHAIRS ANNOUNCEMENTS AND URGENT BUSINESS

The Chair extended his congratulations to Sir Richard Leese as he had been confirmed as Chair Designate for GM Integrated Care Board. The Board was informed that he would be stepping down from his role as Leader of Manchester City Council and Councillor Bev Craig had been appointed as the new Leader.

The Board was informed that Mike Barker had been confirmed as the Interim Accountable Officer for Oldham on a fixed term basis until 31st March 2022 replacing Dr Carolyn Wilkins OBE who stepped down from the Accountable Officer role in July 2021 as well as the Chief Executive position at Oldham Council.

The Chair extended his thanks to Dr Carolyn Wilkins OBE for her valued contribution to the JCB and wished her all the best in her future endeavours.

GMJCB 21/17 MINUTES OF THE MEETING HELD ON 20 JULY 2021

The minutes of the meeting held on 20 July 2021 were submitted for consideration and approval.

RESOLVED/-

That the minutes of the meeting held on 20 July 2021 be approved as a correct record.

GMJCB 21/18 APPOINTMENT OF VICE-CHAIRS

The following members were proposed as Vice Chairs for the period to the end of March 2022:

- Clinical Vice Chair – Dr Cath Munro (Stockport CCG).
- Political Vice Chair – Councillor Zahid Chauhan (Oldham Council).

RESOLVED/-

That Dr Cath Munro (Stockport CCG) and Councillor Zahid Chauhan (Oldham Council) be appointed as Vice Chairs for the period to the end of March 2022.

GMJCB 21/19 CHIEF OFFICER UPDATE

Sarah Price, Interim Chief Officer, Greater Manchester Health and Social Care Partnership, provided an update on how the health and social care system in Greater Manchester had responded to the COVID-19 pandemic and system recovery over the past month, as well as the progress towards an Integrated Care System following the announcement of the NHS Bill.

It was reported that the system had continued to remain under significant pressure and that through the CSR submission, a request for support had been submitted to Government to assist the system in recovering from the effects of the pandemic.

With regards to the vaccination programme for 12–15-year-olds and the booster programme for over 50's, it was reported that the programmes were well underway, and that further work had been planned to deliver both the programmes through the mass vaccination centres.

From 11 November 2021, all care home workers and anyone entering a care home would be required to be fully vaccinated, unless medically exempt. Members were advised that preparations for workforce changes and support were already underway across localities.

Members were informed that Florence House had recently welcomed a visit from Sajid Javid, Secretary of State (SoS) for Health and Social Care. In addition to speaking about the Florence House incident, there was some discussion with the SoS about support in regard to the press, highlighting that the national media are instrumental in supporting the relationship between citizens and the NHS.

Following the incident, similar issues of assault and damage; and delayed response from GMP had been raised by other practices. It was recognised that a system wide approach needed to be developed that would seek to protect and support staff.

As a result of the pandemic, many GP services had been digitalised, however, for some patients, the lack of accessibility had caused frustration. It was therefore recognised that further work needed to be done in consultation with the public to develop a system across Primary Care that worked better for all residents.

It was noted that the system needed to reflect on the benefits of digitalisation. It was reported that over 55% of GP consultations had been caried out face to face and that as a result of online consultations GPs were now able to free up time to attend to more patients. It was suggested that it could be useful to develop a publicity campaign explaining how GP practices have changed and the types of appointments available.

With regards to mental health services, it was reported that that there had been a significant backlog of cases. Members were advised that since the start of 2021, there had been an increase in individuals coming forward for support. It was reported that these individuals were not previously registered with the service, highlighting an additional gap in the system.

RESOLVED/-

That the report be noted.

GMJCB 21/20 SUMMARY UPDATE REPORT FROM THE GREATER MANCHESTER JOINT COMMISSIONING BOARD EXECUTIVE

Rob Bellingham, Managing Director, GM Commissioning Team provided an update on the discussions and the decisions taken at the Joint Commissioning Board Executive.

The Board was informed of the decision to move forward with the proposed shadow governance arrangements and therefore, in line with that decision, it was agreed for the Joint Commissioning Board Executive meetings to be stood down in November and December 2021 and February 2022.

With regards to the Assisted Conception and Fertility Treatment review, it was reported that the findings of the listening exercise would be published on the GM Health and Social Care Partnership Website (early November 21).

The Board was informed of the recommendations and discussions in relation to the GM Integrated Pharmacy and Medicines Optimisation Programme (IPMO), that would shape the policy and process within GM systems.

RESOLVED/-

That the Record of Decisions made by the JCB Executive be approved.

GMJCB 21/21 TACKLING INEQUALITIES IN GREATER MANCHESTER – NEXT STEPS

Sarah Price, Interim Chief Officer, Greater Manchester Health and Social Care Partnership provided an overview of the GM Independent Inequalities Commission and the Build Back Fairer in Greater Manchester report. The report also outlined the proposed next steps for the Health and Care Board in terms of translating the ambitions within the reports into action and improved outcomes.

The Board welcomed the report and thanked colleagues for their work in developing this piece. It was noted that health inequalities in Greater Manchester had been amplified and accelerated by the Covid-19 pandemic. However, through this piece of work GM had the opportunity to achieve a permanent reduction in health inequalities and tackle social injustice within the system.

It was reported that work had begun to co-produce the Greater Manchester system response as an example of a truly collective first step on the next stage of the Greater Manchester journey and had been presented at recent meetings of both the GM Health and Care Board and GM Combined Authority.

RESOLVED/-

1. That the Board commit to contributing to the co-production of the GM system response.

2. That the findings and recommendations of the GM Independent Inequalities Commission report and the Build Back Fairer report be noted.

3. That it be noted that the proposed system response to Build Back Fairer and the areas of synergy with the Independent Inequalities Commission had been presented at recent meetings of the GM Health and Care Board and GM Combined Authority.

4. That the importance of both reports being considered within the development of the GM Integrated Care System be noted.

GMJCB 21/22 DATES OF FUTURE MEETINGS

- 18 January 2022; 2:00 pm
- 15 March 2022: 2:00 pm (Provisional)

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GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester

Joint Commissioning Board

Date: 15th March 2022

Subject: Chief Officer Update

Report of: Sarah Price, Interim Chief Officer, Greater Manchester Health & Social Care Partnership

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PURPOSE OF REPORT:

The enclosed report is an update from the Chief Officer of the Partnership on how the Health and Social Care system in Greater Manchester is responding to the COVID-19 pandemic. It also includes an update on ICS development.

RECOMMENDATIONS

The Greater Manchester Joint Commissioning Board is asked to:

- Note the content of the report

CONTACT OFFICERS:

Paul Lynch, Deputy Director, Strategy and System Development, GM Health and Social Care Partnership
paul.lynch@nhs.net

INTRODUCTION

The enclosed report is an update from the Chief Officer of the Greater Manchester Health and Social Care Partnership on how the Health and Social Care system has responded to the challenges presented by the COVID-19 pandemic over the last month. It also includes an update on ICS developments in Greater Manchester.

ICS DEVELOPMENTS

Following the announcement of the revised date for the formal commencement of the ICS (now 1st July 2022), colleagues from across the Partnership have continued to work on the key decisions to establish the ICS.

A crucial part of establishing the ICS is the appointment to leadership roles. On 8th March, we announced Mark Fisher as the Chief Executive Designate of the Greater Manchester Integrated Care Board. Mark is currently Director General and Secretary to the Grenfell Tower Public Inquiry. Before this, he was Director of the Office for Civil Society and held director roles within the Department of Work and Pensions. We welcome Mark to Greater Manchester and look forward to working with him as we continue our journey to improve the health of our population through the ICS.

The appointment process for the other statutory ICB executive roles continues. The week beginning 14th March will see the interviews for the Finance Director and Medical Director with the Chief Nurse interviews to follow shortly after.

In February, we were able to announce the appointment of two non-executive directors to the Integrated Care Board: Richard Paver has been appointed Chair of the Audit Committee and Shazad Sarwar, Chair of the Remuneration Committee.

Richard brings with him over 40 years' experience as a qualified accountant. Recently retired, he spent 8 years as Treasurer for Greater Manchester Combined Authority, responsible for preparing for transition to newly devolved powers in Greater Manchester. With extensive chair and non-executive director experience, Richard has complementary insight to local government and education sectors and strong connections across Greater Manchester. In his retirement, Richard continues to hold a number of chair and trustee roles.

Shazad has a breadth of community and public sector experience and has been a member on both audit and remuneration committees. He holds a portfolio of board roles including Non-Executive Director for Lancashire and South Cumbria NHS Foundation Trust, Non-Executive and Deputy Chair of Airedale NHS Foundation Trust, where he led on patient safety and

quality and post Care Quality Commission inspection, and Non-Executive Director of East Lancashire Hospital. Shazad is currently a Managing Director at a specialist consultancy that provides strategic support and advice to the public, private and third sector.

PRIMARY CARE

Sustained pressures were reported across Primary Care across the month as reflected in Sit Rep reports. This is across general practice, dental, optometry and community pharmacy. The Primary Care team are in contact with localities to understand challenges within the system.

We received confirmation this month that national funding has been received to support general practice security and safety. GMHSCP have also contributed funding to ensure support can be provided for all parts of primary care. The GM team is working closely with CCG leads to confirm how the money will be spent and discussions are underway with GM commissioners and local representative committees to facilitate security and safety measures for dental, optometry and community pharmacy providers.

A task and finish group has been established to review the Special Allocation Scheme (SAS). The scheme was introduced in 2004 to provide general medical services in a secure environment for patients that meet the criteria. There are 10 SAS providers across GM with arrangements across the 10 localities and on average 170 patients are allocated to the service each year. Short term actions include continuation of joint working with the national team to review the directed enhanced service directions on SAS and the Policy and Guidance Manual to ensure a consistent approach.

The task and finish group will continue to review the service focusing on risk assessments, patient reviews and implementation of local escalation pathways. There will be training support to SAS teams including de-escalation training and risk assessments. The group will also facilitate the development of patient communications to raise awareness across general practice.

The Urgent and Emergency Care (UEC) Community Pharmacy Consultation Service (CPCS) pilot will be launched in the next few weeks in Bury and Tameside & Glossop. Where patients attend urgent care sites (A&E, Urgent Treatment Centres), with a suitable non-urgent need, they will be referred to the UEC CPCS service. There may be occasions where a GP appointment is needed and, in these circumstances, the patient will be referred to their practice. Work is underway to mobilise the pilot, including development of communications and signing of business cases. The pilot will conclude in September with a view to being rolled out across GM.

ADULT SOCIAL CARE

Overall, the social care picture remains high risk and pressured with workforce a key stressor in home care, however the situation appears to be slowly improving.

A focused piece of work on booster vaccination uptake is taking place noting hotspots in GM so localities can work individually with care homes where needed. Work with the Public Health team is underway around improving vaccination uptake amongst people with learning disabilities.

MENTAL HEALTH

Although ongoing pressures in the system remain, an improving position was noted across Mental Health services towards the end of February with most indicators trending positively.

A closer look at use of crisis lines will be taking place to understand increases in this area looking at how data is captured and measured. It was noted that outcomes when patients go directly to mental health crisis lines are better in terms of duration of call, patient experience and impact on staff.

An evaluation of all the nationally funded schemes in GM on DTOC (Delayed Transfers of Care) is underway with the intent to identify those that need to continue as well as identifying any additional initiatives. As housing remains an issue in mental health to support DTOC, work is taking place with the VCSE and housing colleagues on a strategy to support people to move and access more alternative accommodation than currently is available.

DISCHARGE

The number of patients with no reason to reside remains high across GM but trends are showing a continuous reduction in numbers over a 7-day rolling average.

A system-wide effort to maintain momentum and focus on discharge and flow remains with all localities working towards the GM target ambition for numbers of no reason to reside. Several localities have made great strides in working towards this target and are very close to reaching their ambition; the situation remains closely monitored where localities remain challenged in reducing numbers.

CANCER

In February, cancer referrals returned to being above pre-COVID levels after falling over the Christmas period. There is variation between organisations and tumour sites and a significant backlog remains across cancer services.

Clinical workshops took place in February focused on Breast Services in Greater Manchester. Key actions arising from the workshops included:

- Support and encouragement to achieve high levels of primary care engagement with the new GM Cancer digital breast education programme and GP registrar breast placements, to improve the quality and appropriateness of referrals to secondary care, whilst protecting pathways that lead to earlier diagnosis of breast cancer
- Implementation of a consistent mastalgia pathway, enabling women with breast pain to be managed outside the resource-intensive triple assessment clinic and hence supporting recovery of the 2-week wait national cancer waiting time standard. Further work is required to understand the detailed financial model behind the proposal and link to the wider work on recovery in GM
- Improve engagement and collaboration with the National Breast Imaging Academy (NBIA) and the North West Imaging Academy (NWIA) to best support the training and expansion of the North West breast imaging workforce
- Accelerate the upskilling of the radiology workforce with regional funding of identified training programmes.

To deal with the recognised long standing service vulnerabilities and ensure stability the following actions were agreed:

- Develop an options appraisal for moving forward the agreed model of care
- Apply the options appraisal to North Manchester and Tameside
- Ensure the options appraisal approach can be used as a template to inform other decisions on the model of care

MASS VACCINATION PROGRAMME

As of 20th February, we have delivered a total of 5,550,184 COVID-19 vaccinations across GM. This includes 2,131,981 total first doses; 1,981,466 total second doses; and 1,436,737 booster doses (7-day change of 10,638).

First dose uptake is 78.7% in cohorts 1-16 across GM. The second dose conversion rate is 94.4%. First dose uptake for healthy 12-15-year-olds is 49.1%. Booster uptake is 77.1% across all eligible cohorts.

The system continues to focus on closing inequality gaps and maximising uptake, particularly for those considered most vulnerable and at-risk groups. In order to support locality delivery, the GM team is working to secure and allocate funding to deploy peripatetic teams for targeted interventions and household visits. This includes a bid which has been submitted to region for teams to target the remaining Learning Disabilities population.

The Government announced on 17th February that children aged 5-11 years in England will be offered a low-dose COVID-19 vaccine. JCVI advice concluded that the move would help protect the very small number of children who become seriously ill with Covid. Vaccinations to this cohort will be led by community pharmacies and the Mass Vaccination Centre; although national booking system slots will not be live for this cohort until the end of March. The GM team are currently engaging with localities to understand their pharmacy provision to identify key risks and clarify the 5-11 model prior to mobilising.

There will now be an offer of a second booster this spring, to be administered six months after a previous dose for adults aged 75 years and over, residents in a care home for older adults and individuals aged 12 years and over who are immunosuppressed or have weakened immune systems. Adults will be offered a Pfizer or Moderna vaccine, while children aged 12-18 will receive Pfizer. Further planning guidance from the National team is expected in due course.

GM has secured funding for a six-week pilot to record vaccinations given overseas, expanding a service that has previously been offered at just one vaccine centre. It will be rolled out further across the city region if successful, focusing on sites with a high proportion of diverse and student populations.

ELECTIVE RECOVERY PROGRAMME

The GM system is working through the implications of national elective recovery plan as part of the NHS planning round.

A strong focus on inequalities continues in the elective programme. For example, each GM Clinical Reference Group is reviewing their data for their specialty to understand the impact of COVID for their waiting list by protected groups and to consider impact of current processes in exacerbating inequalities.

The work to improve performance in elective care continues. A number of key actions were agreed by the GM system in February. These were:

- Ensure each locality has submitted a locality referral optimisation plan including a trajectory for improvement developed in collaboration with the main acute provider(s)
- Continue to develop locality plans for expanding the use of Patient Initiated Follow Up (PIFU)
- Provide examples of best practice on addressing health inequalities through elective recovery
- Identify a sector willing to be involved in the GM smart triage pilot
- Maintain GM locality/community representation at the GM Elective Recovery and Reform Board

WORKFORCE WELLBEING PROGRAMME

Workforce Wellbeing is a vital strategic priority for Greater Manchester. There has been significant investment in wellbeing support across GM – this has included the GM Well-Being Toolkit. The Toolkit is being updated and will be relaunched on 24th March.

A GM system Health and Wellbeing Oversight Group has been established to develop a system level insight into the Wellbeing activities, developments and opportunities and create informed and impactful HWB provision for our workforce through our programmes and investments.

Practical working groups have been set up around mental health first aid and training, GM Wellbeing Champions and the Menopause. Emerging themes have been identified through the working groups including:

- Sustained impact of fatigue, burnout, recovery and trauma closure
- Ongoing mental wellbeing and psychological safety through uncertainty and change
- MSK prevention / response to absence levels
- Suicide prevention, and response to critical incidents
- Wider pre-pandemic impacts on wellbeing
- Sickness, absence, presenteeism and the impacts of Socio-Economic inequalities
- Increased need to raise the profile of Wellbeing Champions & Leads in the workplace
- Opportunity to network Wellbeing Guardians and Strategic Leads from across Greater Manchester

RECOMMENDATIONS

The Greater Manchester Joint Commissioning Board is asked to:

- Note the content of the report.

GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

BRIEFING NOTE: GOVERNMENT WHITE PAPER ON HEALTH & CARE INTEGRATION

Background

This note summarises the key points from *Joining Up Care for People, Places and Populations: The Government's Proposals for Health & Care Integration.* The Government published this document on 9th February. This note follows the same chapter structure as the White Paper. It concludes with some next steps for Greater Manchester.

Delivering More Integrated Services for the 21st Century

- The document's focus is at **place level**. It states that this is where local government and the NHS face a shared set of challenges at a scale that often works well for joint action. The responsibility of central government is described as facilitating and supporting improvements at place level, ensuring the right structures, accountability and leadership are in place to enable effective integration locally.
- The paper references **that devolution, such as that seen in Greater Manchester**, allows local places to have more flexibility to integrate care around the needs of their local populations.
- This section of the paper describes the factors that prevent joined up holistic care. It says that the public often experiences:
  - A lack of coordination between the range of services looking after them
  - Organisations that are forced or incentivised - by regulation or the financial framework - to focus on their narrow set of organisational outcomes
  - Duplication in use of resources or patients' time. People being asked for the same information multiple times, by different organisations, which can lead to delays in diagnosis or treatment

- Delays in being discharged because of competing budgets and care processes

- The White Paper in large part covers services for adults. However, it does emphasise that whilst children's social care is not directly within the scope of the paper, places are encouraged to consider the integration between and within children and adult health and care services wherever possible.

- The importance of housing is highlighted. The paper describes that too many people with care and support needs live in homes that do not provide a safe or stable environment. It says that places should 'think housing and community' when they develop local partnerships and plan and deliver health and care services.

- The overall vision for integration is described as a system which:

  - Is levelled-up in terms of outcomes and reduced disparities
  - Ensures people have access to health and care services which meet their needs, and experience outstanding quality care
  - Transforms where care is delivered, according to people's preferences
  - Enables people to access personalised information about their health and care
  - Enables data and information sharing to support joined up and informed decisions around an individual's care, and better understanding of the needs and priorities of local populations
  - Is delivered by a capable, confident, multidisciplinary workforce
  - Allows and encourages innovation and digitisation
  - Incentivises organisations to prioritise the same shared outcomes and goals
  - Incentivises organisations to collectively prioritise upstream interventions for individuals and communities

Shared Outcomes

- As an introduction to this section, it is recognised that there are many and varied priorities and outcomes for the health and care system, used by different organisations for different purposes.

- The paper emphasises that it is right that we revisit how outcomes are articulated and prioritised - nationally and locally - to ensure that we are doing all we can to support the achievement of greater integration. In defining shared outcomes, success will be reflective of what individuals want for their own care and what will maximise their wellbeing, focused not only on an individual organisation's services but also the connections between organisations and services they provide.

- These shared outcomes will be developed by places, which are best placed to prioritise the outcomes for local people that matter the most. Outcomes will sit alongside - and complement - systems' and organisations' statutory responsibilities and wider regulatory frameworks.

- There are examples of shared outcomes from across the country. **A Greater Manchester example is included on the whole system approach to tackling smoking in pregnancy.**

- This section confirms that the Government will undertake further engagement with partners and stakeholders and use these discussions to set a focused set of national outcomes alongside a **broader framework for local outcome priorities for implementation from April 2023.** Initially, outcomes will focus on health services, the public's health and adult social care.

- The paper describes that Government will appoint **a set of front-runner areas in Spring 2023.** These will trial the outcomes, accountability, regulatory and financial reforms discussed in the document.

- The Government will invite views on the following questions:

  1. Are there examples where shared outcomes have successfully created or strengthened common purpose between partners within a place or system?

  2. How can we get the balance right between local and national in setting outcomes and priorities?

  3. How can we most effectively balance the need for information about progress (often addressed through process indicators) with a focus on achieving outcomes (which are usually measured and demonstrated over a longer timeframe)?

  4. How should outcomes be best articulated to encourage closer working between the NHS and local government?

5. How can partners most effectively balance shared goals / outcomes with those that are specific to one or the other partner – are there examples, and how can those who are setting national and local goals be most helpful?

Leadership, Accountability and Finance

- The paper describes that the Health and Social Care Leadership Review will report to the Secretary of State early in 2022. Subject to its recommendations, Government will look to develop a national leadership programme, addressing the skills required to deliver effective system transformation and local partnerships.
- In terms of accountability, the paper outlines the characteristics of a governance model for places within an ICS:
    - A clear, shared, resourced plan across the partner organisations for delivery of services within scope and for improving shared local outcomes
    - Over time, a track record of delivery against agreed / shared outcomes
    - A significant and, in many cases, growing proportion of health and care activity and spend within that place, overseen by and funded through, resources held by the place-based arrangement
- On decision-making, the paper states that places should have clear arrangements to cover:
    - Contentious issues such as reshaping services within the place (and contributions to wider decisions such as reconfigurations across a wider geography)
    - Clear, practical arrangements for managing risk, resolving disagreements between local partners, and for agreeing the outcomes to be pursued locally
    - **A single person, accountable for the delivery of the shared plan and outcomes for the place, working with local partners.** The single person will be agreed by the relevant local authority or authorities and ICB. This proposal will not change the current local democratic accountability or formal Accountable Officer duties within local authorities, those of the ICB Chief Executive or relevant national bodies, such as the ability of NHS England to exercise its functions and duties
    - **There is a section on 'place boards'**. These are described as bringing together partner organisations to pool resources, make decisions and plan jointly – with a single person accountable for the delivery of shared outcomes and plans, working with local

partners. In this system, the council and ICB would delegate their functions and budgets to the board.

- In paragraphs 3.21 and 3.22, the paper states that: 'Those able to go further should do so by putting in place extensive inclusion of services and spend at a local level. All local areas should work towards inclusion of services and spend by 2026'. There is no further detail provided on this point.

- It is noteworthy that the proposals on the place-based lead and place board have parallels with the direction in Greater Manchester.

- The paper recognises that arrangements to pool budgets can be complex and there are limitations which prevent the most ambitious models of integration. To address this, the Government confirms that **it will review the legislation covering pooled budgets (section 75a of the 2006 Act) and publish revised guidance.**

- On accountability, financial frameworks, the Government will engage with stakeholders and partners, inviting views on the following questions:

  1. How can the approach to accountability set out in this paper be most effectively implemented? Are there current models in use that meet the criteria set out that could be helpfully shared?

  2. What will be the key challenges in implementing the approach to accountability set out in the paper? How can they be most effectively met?

  3. How can we improve sharing of best practice regarding pooled or aligned budgets?

  4. What guidance would be helpful in enabling local partners to develop simplified and proportionate pooled or aligned budgets?

  5. What examples are there of effective pooling or alignment of resources to integrate care / work to improve outcomes? What were the critical success factors?

  6. What features of the current pooling regime (section 75) could be improved and how? Are there any barriers, regulatory or bureaucratic that would need to be addressed?

Digital and Data

- This section highlights "Data Saves Lives", the draft data strategy for health and care. The data strategy sets out when and how information can be accessed and used by individuals,

those caring for them and those planning services. A final version of the strategy will be published in early 2022.

- For adult social care, the paper says that Government will ensure that **within six months of providers having an operational digital social care record in place, they are able to connect to their local Shared Care Record**, enabling staff to appropriately access and contribute to the record. The use of the NHS number universally across social care will support this.

- In addition, the paper makes a commitment to develop a suite of standards for adult social care, co-designed with the sector, to enable providers across the NHS and adult social care sector to share information. This will begin by developing a process to consolidate existing social care terminology standards by December 2022.

- The paper emphasises the importance of Population Health Management to help deliver personalised and predictive care based on an individual's risk. The inclusion of wider determinants of health, will be key to identifying and recognising the impact that factors outside of health and social care can have on the outcomes that people achieve.

- In this section, the Government commits to taking an 'ICS first' approach. **This means encouraging organisations within an ICS to use the same digital systems**, making it easier for them to interact and share information and providing care teams working across the same individual's pathway with accurate and timely data. Every ICS will need to ensure that all constituent organisations have a base level of digital capabilities and are connected to a shared care record by 2024

The Health and Care Workforce and Carers

- The paper acknowledges that staff across health and social care already strive to provide person-centred care. Too often, however, structural and/or financial barriers get in the way of effective joint working. This is true within the health and social care sectors, as well as between them.

- In response, the paper states that Government will review regulatory and statutory requirements that prevent the flexible deployment of health and social care staff across sectors.

- In addition, the paper commits to improving integrated workforce planning at place level by:

- Working with local government and NHS England to strengthen guidance for systems and increase co-production with social care stakeholders, for example, by gathering intelligence about the experience and aspirations of people who use care and support services. Government will incorporate this into the development of guidance for ICPs

- Encouraging the expansion of local feedback fora, building on good practice in a number of regions that have led to closer collaboration between NHS regional teams, local government, and other stakeholders such as Skills for Care representatives

- Working closely with NHSE and system leaders across the comprehensive health and care system to support the development of ICSs' "people operating model" and to support places develop a 'one workforce' approach

- Considering what further national action needs to be taken following the publication of the long-term strategic framework later this year, including what more is needed to support workforce planning for the unregulated adult social care workforce

- At this point, the paper highlights the example of the **Strategic Commissioning Board in Bury.** It emphasises that the board brings together the whole of Bury's Cabinet with the CCG, including housing, public health, drug and alcohol services, and children's social care, allowing for joint workforce planning and commissioning of services to meet needs in a holistic way.

- There is a commitment to provide funding to support local authorities to prepare their local markets for reform, including by moving towards paying providers a fair rate for care that reflects local costs, including workforce, where appropriate. In addition to this, the paper states that Government will:

  - Work with stakeholders to develop and test joint roles in health and social care, for example roles which support integrated care planning, which coordinate across sectors, or which allow people to work flexibly across settings

  - Consider the introduction of an Integrated Skills Passport to enable staff to transfer skills and knowledge between the NHS, public health and social care

  - Increase the number of learning experiences in social care to understand perspectives across sectors, enhance future team working and create a sense of a joint health and social care career structure. This will include health undergraduate degree programmes and those undertaking apprenticeships

- Promote the importance of the roles of link workers, named key worker and care navigator roles as crucial enablers of integrated care provision

- Consider developing a national delegation framework of appropriate clinical interventions to increase the range of appropriate clinical interventions undertaken in care settings while ensuring safe, appropriate and confident practice and exploring what additional support care workers need

- Create opportunities for social housing support and homelessness workers, often supporting people with care and support needs, to progress into adult social care, public health and health roles

- Commission research into how occupational therapists working in community health services and social care can work more effectively to complement one another

- Make the best use of the skills of pharmacy professionals by consulting on regulatory barriers, improving placement opportunities, and delivering the Pharmacy Integration Programme

- This section includes a **Greater Manchester case study on the Working Well Early Help programme.** It also highlights the role of '**blended' enhanced home care roles as piloted in Tameside.**

- On workforce, the paper describes that the Government will engage with stakeholders on the following points:

  1. What are the key opportunities and challenges for ensuring that we maximise the role of the health and care workforce in providing integrated care?

  2. How can we ensure the health and social care workforces are able to work together in different settings and as effectively as possible?

  3. Are there particular roles in the health or adult social care workforce that you feel would most benefit from increased knowledge of multi-agency working and the roles of other professionals?

  4. What models of joint continuous professional development across health and social care have you seen work well? What are the barriers you have faced to increasing opportunities for joint training?

  5. What types of role do you feel would most benefit from being more interchangeable across health/social care? What models do you feel already work well?

Next Steps for Greater Manchester

- Government has asked for a response to the White Paper by 7th April. Colleagues across GM have already begun to develop responses. For example, Provider Federation Board has initiated a process for responses from its members. In parallel, we will **coordinate an engagement process** connecting the ten districts through WLT and CCG AOs.
- That engagement process is proposed to run to 25th March. A draft response will be brought together from these submissions and **circulated to JPDC for sign off electronically in time for the national deadline.**

Warren Heppolette
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