GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE

Date: 3rd March 2021

Subject: Update: The White Paper ("Integration and innovation: working together to improve health and social care for all") & Next Steps for Greater Manchester

Report of: Warren Heppolette: Executive Lead, Strategy, Greater Manchester Health and Social Care Partnership (GMHSCP).

PURPOSE OF REPORT:

This report provides identifies the key changes proposed in the Government's White Paper and updates the committee on the proposed work to support Greater Manchester's preparation for those changes.

RECOMMENDATIONS:

The Joint Health Scrutiny Committee is asked to:

- Note and discuss the update

CONTACT OFFICERS:

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GREATER MANCHESTER PREPARATION FOR CHANGES CONTAINED IN THE GOVERNMENT'S WHITE PAPER FOR HEALTH AND CARE

INTRODUCTION

On 11 February 2021, the government published a white paper setting out a raft of proposed reforms to health and care. Many of the measures introduced under through the Health and Social Care Act 2012 are set to be abolished, with a broad move away from competition and internal markets and towards integration and collaboration between services.

This paper very briefly summarises the proposals and outlines relevant work underway across GM to prepare for those changes.

WHITE PAPER HEADLINES

The white paper breaks down its proposed legislative change into four themes, which are:

- working together and supporting integration
- reducing bureaucracy
- improving accountability and enhancing public confidence
- additional proposals (public health, social care, safety and quality)

Overview of proposed changes

- Establishing Integrated Care Systems (ICSs) in statute, and transferring the commissioning duties of Clinical Commissioning Groups (CCGs) to them
- Requiring ICSs to set up an ICS board and an ICS Health and Care Partnership Board
- Enabling ICSs to set up joint committees between NHS bodies and providers
- Repealing Section 75 of the Health and Social Care Act 2012, meaning NHS commissioners will no longer be compelled to put services out to competitive tender
- Placing a new 'duty to collaborate' on all NHS bodies
- The formal merger of NHS England and NHS Improvement
- Expanding the power of the Secretary of State for Health, including increased power to direct NHS England/Improvement, create new NHS Trusts, intervene in reconfiguration disputes and amend/abolish Arm's Length Bodies (ALBs)
- A new duty for the Secretary of State to publish a report each Parliament on workforce planning
- Establishing the Health Service Safety Investigations Body (HSSIB) in statute, which will be tasked with encouraging the spread of a culture of learning within the NHS through promoting better standards for investigations into safety incidents
- Possibly giving Ministers the power to extend professional regulation to NHS managers and senior leaders

THE REVIEW OF THE FUTURE DIRECTION OF THE GM HEALTH & SOCIAL CARE PARTNERSHIP

In advance of, but also in anticipation of, the White Paper, colleagues across the Partnership had been engaged in a review of the Future Direction of the Partnership.

That review confirmed a series of shared views, expressed as 8 statements, which were proposed to inform our next stage of development and, potentially, the response to the legislative proposals. The eight statements are listed below for information:

Scope & Ambition

Statement 1 - We are part way through a journey of integration, place based working, and GM level collaboration expressed in *Taking Charge* which we are still committed to. Indeed, that journey had been influential in shaping the development of ICSs nationally.

Statement 2 - The breadth of our ambition is broad but our delivery will be focussed on fewer objectives. These will address both the essentials of a high performing system and the unique opportunities which GM can excel at.

Statement 3 – Our GM model is consistent with the NHS ICS definition and provides us with the structures to ensure that we continue to work in a way that encompasses the widest possible definition of integrated public service delivery

Governance & the Model of Collaboration

Statement 4 - we believe there is merit in the establishment of a statutory entity at the GM level to provide a vehicle through which further delegation and devolution can take place

Statement 5 – We need to ensure that we have a consistent definition of our place based arrangements

Statement 6 – There are a limited, but critical, number of key enablers central the ambitions of collaboration and integration

Provider Collaboration & the Future of Commissioning

Statement 7 – We strongly support an expanded role for Provider Collaboratives

Statement 8 - We will commit to a single decision making board in each locality, bringing together provision and commissioning, that can deliver accountability for decisions and budgets at place level.

In applying the intentions behind these statements we have recognised the need to confirm the detail of the following key components of the GM model for health and social care:

- The Locality Construct (the model for place based working) – the nature of the local system boards, how resources flow from GM to localities, the nature of the accountabilities for those resources and to each other.
- The GM Construct (the development of the GM Partnership) – the nature, role and accountabilities of the GM level entity (including, but not limited to its functions as an ICS), its formal relationship with NHSEI, its relationship to the GMCA and its relationship with localities (the GM governance model)

- The development of Provider Collaboratives at both locality and GM levels – functions, responsibilities, infrastructure and objectives.
- The priorities and potential for Population health and health inequalities – the development and deliverables for GM as a Marmot City Region
- The priorities and potential for Health Innovation – the nature of the unique asset in GM, innovation pipeline and industrial strategy priorities
- The ability to live within our means and secure the long term financial sustainability of GM as a system.

Each element will contribute to the description of a refreshed model for health and care across GM which builds on our experience and progress in recent years, and is able to incorporate the legislative changes proposed in the White Paper.

Although our operation over the past 5 years means that we are relatively well prepared, we recognise that the changes are significant and will directly affect a significant number of colleagues across Greater Manchester. The legislative timeline anticipates that the new arrangements will be in place by April 2022 so the transition period to achieve the changes is short.

The transition programme to support the changes is in development but would be required to cover as a minimum:

- Supporting people through change
- Functions, Governance and Accountability
- Financial Management & Financial Flows
- Clinical leadership and quality
- Variation and delivery of constitutional standards
- Communications and engagement

CONCLUSION

The objectives of the national changes relate significantly to aims we have been pursuing across GM over recent years, for example:

- Stronger partnerships in local places between the NHS, local government and others with a more central role for primary care in providing joined-up care;
- Provider organisations being asked to step forward in formal collaborative arrangements that allow them to operate at scale; and
- Developing strategic commissioning through systems with a focus on population health outcomes;
- The use of digital and data to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care.

There is also strong support for the four fundamental purposes proposed for each ICS:

- improving population health and healthcare; because “decisions taken closer to the communities they affect are likely to lead to better outcomes”
- tackling unequal outcomes and access; because “collaboration between partners in a place across health, care services, public health, and voluntary sector can overcome competing objectives and separate funding flows to help address health inequalities, improve outcomes, and deliver joined-up, efficient services for people”
- enhancing productivity and value for money; because “collaboration between providers across larger geographic footprints is likely to be more effective than competition in sustaining high quality care, tackling unequal access to services, and enhancing productivity.”
- helping the NHS to support broader social and economic development.

The characteristics and purpose for ICSs proposed strongly match the ambitions for health and social care which each GM district has been pursuing locally over many years and which we have pursued together as the GM Health & Social Care Partnership since 2016.

Our own review of progress, challenges and opportunities, will help inform the way we respond to the legislative changes in ways which build on experiences of integrated working in each part of GM and how we collaborate when we need to across the whole of GM.

The changes proposed in the legislation are significant and will need considerable focus and attention over the coming months.

RECOMMENDATIONS

The Joint Health Scrutiny Committee is asked to:

- Note and discuss the update