

Greater Manchester Health and Care Board

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Date: 26th March 2021

Subject: Delivering the GM Model – Vision, Objectives & Functions

Report of: Warren Heppollette – Executive Lead, Strategy

SUMMARY OF REPORT:

This paper contributes to the work to deliver the GM Model as part of the transition to a statutory Integrated Care System (ICS) comprising an NHS ICS body and Health and Care Partnership. It proposes a vision and objectives for the new Partnership.

KEY MESSAGES:

The vision and objectives here build on the ambitions we have been progressing in Greater Manchester since the devolution agreement was signed with Government and NHS England in February 2015.

The proposals outlined in the Government's White Paper relates strongly to GM's development over the period since that agreement and the development of Integrated Care Systems across England.

The vision and objectives reflect a shared expectation that an Integrated Care System in Greater Manchester which reflects our assets, opportunities and history would expect to be particularly ambitious about:

- place based integration because of the development of place based budgets, approach to neighbourhood working and integrated local care organisations;
- prevention and the ability to influence the social determinants of health because of our integration across public services, and our relationships with the VCSE and our status as the only Marmot City Region;
- health innovation and contribution to GM's economic potential following our creation of Health Innovation Manchester to connect the health and care system with industry and our academic assets; and

- collaboration at the system level building on nearly 20 years of NHS collaboration and nearly 40 years of local government collaboration across GM.

PURPOSE OF REPORT:

This paper proposes a vision and objectives to guide the next stage of development of the Health and Care Partnership as we progress to a statutory Integrated Care System in line with the national expectations outlined by NHS England and the Government.¹

RECOMMENDATIONS:

The Greater Manchester Health & Care Board is asked to support the proposal.

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¹ [Report template - NHSI website \(england.nhs.uk\)](https://www.england.nhs.uk/reports-and-publications/report-template/); [Integration and innovation: working together to improve health and social care for all \(HTML version\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all/html-version)

Delivering the GM Model – Vision, Objectives & Functions

Working Document – March 2021

1. INTRODUCTION

This note contributes to the work to deliver the GM Model as part of the transition to a statutory Integrated Care System (ICS) comprising an NHS ICS body and Health and Care Partnership. It proposes a vision and objectives for the new Partnership.

The proposal here relates to objectives for the NHS ICS body and the Health & Care Partnership together. It is recognised that the precise operation and interaction of those bodies is still to be defined elsewhere through this work. The national objectives for ICSs similarly tie the objectives to both elements together to:

- Secure better health and wellbeing for everyone
- Tackle unequal outcomes, experience and access to health and care services
- Enhance productivity and value for money; and
- Support broader social and economic development

We should recognise that the first phase of operation of course will be shaped by the system's coordination of the response to the COVID-19 pandemic. That recovery will be relevant to all the objectives the system pursues.

It is worth recognising that the ambitions above align very strongly to the founding principles of the GM Partnership in 2015 which established and progressed our unique health devolution agreements. The proposals, therefore, do not stray notably from either those original objectives or the national expectations.

In refreshing those objectives we would also emphasize specific opportunities and features within GM which we have developed over the subsequent period. For example the alignment to the Greater Manchester Strategy; the population health potential as the only Marmot City Region with a Mayoral Combined Authority and dedicated Population Health Board to coordinate capacity at the GM level; and the existence of Health Innovation Manchester connected to the Local Industrial Strategy to help the NHS, academic and the GM industry base support broader social and economic development.

2. VISION & OBJECTIVES

Vision

- To improve the health and wellbeing of all of the residents of Greater Manchester (GM).

Objectives

- To close the health inequalities gap within GM and between GM and the rest of the UK faster;
- To deliver effective & efficient integrated health and social care across GM;

- To continue to redress the balance of care to move it closer to home where possible;
- To strengthen the focus on wellbeing, including greater focus on prevention and population health;
- To use social value to tackle the inequalities around us and create lasting benefits for the people of GM, improve the local economy, whilst positively contributing (or at least minimising damage) to the environment;
- To ensure equality, diversity and inclusion are reflected in our leadership and guide our priorities and all areas of our work
- To harness the breakthrough opportunities of digital technology for enhancing existing services and crafting novel services to give better outcomes to citizens and improved value for money;
- To secure clinical & financial sustainability across the whole of the health and social care landscape;
- To contribute to growth and connect people to growth and maximise impact from health innovation and digital;
- To further develop our partnership between the NHS, local government, universities and science and knowledge industries for the benefit of the population.

3. FUNCTIONS

The national work and the discussions in GM to date inform the following suggestions for specific functions of the model.

System Transformation and operational delivery

- Making arrangements for integrated service planning, delivery and transformation, including
 - Strategic plans focussed on improving outcomes and reducing inequalities through a population health management approach
 - Arrangements for securing services to meet needs of the population
 - Developing mature delivery partnerships, including Place-based Partnerships in localities and Provider Collaboratives
 - Arrangements to manage emergency planning, preparedness and response, to join up action at times of greatest need

People

- Understanding and creating the conditions for our people to thrive in their roles (training, development, organizational & system support, digital and technical capabilities etc)
- Securing and supporting people with the skills and values required to deliver service transformation plans and improved outcomes

Providing Oversight and assurance

- Overseeing and assuring the delivery of quality, outcomes and the efficient and effective use of resources within the system and responding as required where improvement is required

Developing Digital and Data

- Developing strategic plans and arrangements for delivering the digital and data architecture required to enable system working
- Ensuring our governance and operating model is configured to pursue the technology opportunity by supporting the people, process and culture change

Developing System capabilities:

- Including Population Health Management; system and service design; public service reform, digital transformation & health innovation, estates transformation, communications & engagement, organisational development and a learning system approach

Effective leadership, governance and accountability arrangements including:

- Clear decision-making arrangements
- strong professional and clinical leadership
- community involvement and public and patient engagement

Financial Framework

- An agreed framework for collectively managing and distributing financial resources so they can be used to address the greatest need and tackle inequalities in line with the strategic service plan
- To support the development of outcomes based payment and contracting approaches.
- The development of a financial strategy to reduce costs in line with the allocations we receive and to ensure that we manage our revenue, capital, workforce, digital and estate to align to the delivery of our objectives in the most efficient and effective way.

4. PRINCIPLES OF GOOD COLLABORATION

We have previously described principles to guide the operation of joint working across GM and it may be useful to apply and update those to inform how we work together:

- Decisions will be focussed on the interests and outcomes of patients and people in Greater Manchester, and organisations will collaborate to prioritise those interests;
- Partnership structures and capacity will exist in support of the partners;
- In creating new models of inclusive governance and decision-making, the intention is to enable GM commissioners, providers, patients, carers and partners to shape the future of GM together. There will be regular communication and engagement with patients, carers and the public during the different stages of devolution;
- Commissioning for health and social care will be undertaken at a GM level where the GM place-based approach is optimum for its residents, rather than at a regional or national level;
- A principle of subsidiarity will apply within GM with decisions taken at the most appropriate level;
- Decision making will be underpinned by transparency and the open sharing of information;

- There will continue to be clear accountability arrangements for services and public expenditure;
- The delivery of shared outcomes will drive changes to organisational form where necessary.

There are perhaps further principles which colleagues may wish to consider as relevant to the organisation and activity of the Partnership. These are informed by reflections of good collaboration over recent years:

- *Supporting place-based working* – the core ambitions of Taking Charge included the establishment of place based integrated care delivery (through Local Care Organisations spanning social, primary, community, mental health and acute provision and wider public services and the VCSE) and place based commissioning (through the pooling of resources and approaches across all local commissioners).
- *Acting as a single system* – the mental health transformation programme has seen us work through lead providers for specialist service, apply clear rationale for GM level action, work with the VCSE to both shape and deliver key elements of the programme, innovate to apply provision in educational settings, work together to turn around shared performance challenges. We have also noted the value of operating in a way which empowers the key leaders in the system to step up and lead within a GM framework.
- *Co-operation and mutual aid* – perhaps most significantly operated in the response to Covid with cooperation on staff deployment, securing of PPE, cross- organisational assistance on capacity constraints etc. We might also recall the system wide support to the Pennine Acute Improvement plan.
- *Supporting improvement* – for example the Adult Social Care Transformation programme and the journey to improve care home quality. It is also fair to say that the elimination of unwanted variation in the experience of care and support is a frequently cited objective of collaborative work.
- *Evidence based* – for example in the selection of projects within the Population Health Plan such are the CURE smoking cessation programme or reducing preventable malnutrition and dehydration.
- *Agile* – Speed of decision making is perhaps the most significant anxiety of partners. Colleagues will have a clear wish to transfer some of the efficiency of decision making from the covid response into mainstream governance. Discussions to date have emphasised the contribution fewer, clearer priorities might bring to that efficiency.
- *Innovative* – GM declared very early on a wish to ensure the Partnership was characterised by an ability to significantly reduce the time from discovery to widespread deployment. Health Innovation Manchester now manages a clear pipeline of innovation in service of that objective.

5.0 RECOMMENDATIONS

The Greater Manchester Health & Care Board is asked to support the proposal.