

Greater Manchester Joint Health Scrutiny Committee

Date: 18 January 2023

Subject: Developing the Greater Manchester Integrated Care Partnership Strategy: Update

Report of: Warren Heppolette, Chief Officer for Strategy & Innovation,
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Purpose of Report:

This paper provides an overview of the background to the Integrated Care Partnership (ICP) Strategy; the process undertaken to develop it; and the engagement planned until the end of February 2023, including questions to be considered for this phase of engagement. The report should be considered alongside the attached presentation (Appendix 1) that summarises the draft ICP Strategy.

Recommendations:

Members are asked to:

- To note the update provided.
- To consider the set of key questions on the draft strategy (paragraph 4.3 of the report).

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DEVELOPING THE GM INTEGRATED CARE PARTNERSHIP STRATEGY

1.0 BACKGROUND

- 1.1. The Integrated Care Strategy (referred to here as the GM Integrated Care Partnership (ICP) strategy) is described in NHS England (NHSE) guidance as setting “the direction of the system ... setting out how the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life”.
- 1.2. From the national perspective, it also “presents an opportunity to do things differently to before, such as reaching beyond ‘traditional’ health and social care services to consider the wider determinants of health or joining-up health, social care and wider services”. For GM, this is not a change but an affirmation of approaches we have been taking formally together since 2015.
- 1.3. The ICP strategy will be owned by the GM Integrated Care Partnership Board (GMICPB). ICPs have a statutory duty to create an integrated care strategy to address the assessed needs, such as health and care needs of the population, including determinants of health and wellbeing such as employment, environment, and housing.
- 1.4. The strategy will be a health and care strategy for GM, within the wider context of the strategy for GM, described in the Greater Manchester Strategy (GMS), seeking to develop GM as “a greener, fairer and more prosperous city-region”.
- 1.5. The ICP strategy therefore shares the same vision as the GMS: *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.*
- 1.6. Within the GM context, the ICP strategy is the successor document to *Taking Charge of our Health and Social Care in Greater Manchester* – the plan published in 2015 as part of the devolution of health and care funding to GM.
- 1.7. It will be an integrated care strategy for the whole population of GM, covering health and social care, and addressing the wider determinants of health and wellbeing through partnership working. It aligns with:

- The four objectives for Integrated Care Systems specified by NHS England; and
- The shared commitment in the GMS related to health: “We will reduce health inequalities experienced by Greater Manchester residents, and drive improvements in physical and mental health”, whilst recognising that achieving this is not solely the role of the health and care system.

- 1.8. The health and care system (the ICS) both contributes to a range of commitments within the GMS, as well as benefitting from others e.g., the commitment to “delivery of resilient, safe, and vibrant communities” which benefit the population and those working in the health and care sector, including provider organisations.
- 1.9. The shared outcomes, commitments, and ways of working in the ICP Strategy will be a common framework for reference for all plans and strategies. The strategy will not describe in detail the full range of the ICP’s activities over the next five years but will reaffirm key activities already recognised and underway which remain central to achieving our objectives. It will also confirm, through its development and prioritisation, a small set of key missions, central to our vision, relevant to our workforce and the times we find ourselves in, and to making a difference so that people in GM can live a good life.
- 1.10. Guidance says that the ICP strategy should build on previous system-level plans: “It is not about taking action on everything at once, nor should the key strategic priorities for system-level action be overly prescriptive on what is occurring locally”.

2.0 FRAMEWORK FOR THE STRATEGY

- 2.1. Through engagement with the system over the last few months, we agreed that the strategy should comprise a set of shared outcomes: “the Greater Manchester we want to see” and a set of shared commitments “Together we will ...”, supported by a description of how we will work together (“Ways of Working”) and a set of high-level progress measures. This is the same framework as used in the GMS.
- 2.2. The ICP strategy is therefore a framework for bringing together activities and identifying key system priorities, not about imposing a new set of programmes or activities on the partners within the ICS. GM’s history of working together across the city-region is a strong basis for this strategy.

- 2.3. The strategy (the draft of which is summarised in the slides attached) brings together the key sources of evidence, evaluation, and assessments framing the challenges facing our communities and those we face as a health and care system. It describes the challenges of working across organisations and sectors to achieve shared commitments, and in the changes necessary to reduce inequalities. The behaviours and system rules required to enable us to work together in that way, and learning from our history since devolution, is articulated in the strategy.
- 2.4. We propose five system-wide missions to prioritise our response to these challenges. They are each deeply relevant to the shared outcomes which sit as the basis for this strategy but recognise the specific challenges which exist now across Greater Manchester.

3.0 ENGAGEMENT TO DATE

- 3.1. Engagement on the strategy is required in national guidance, with a statutory responsibility to involve (as a minimum) “local Healthwatch organisations ... and people who live and work in the area.”.
- 3.2. Early engagement from March to May this year, through a survey for people and staff across Greater Manchester, sought to understand perceptions of the vision and shared outcomes as described at that time.
- 3.3. This was followed by a wider-ranging programme of engagement in the autumn of 2022 – *The Big Conversation: Phase 2*. Over 2,000 people were engaged using a range of methods across all 10 GM localities.
- 3.4. The engagement included older and younger people, carers, LGBTQ+, people with disabilities, multiple BAME communities, asylum seekers, refugees and other excluded groups including sex workers and the street homeless
- 3.5. The top five themes from the exercise were:
- Funding and staffing: widespread concern with funding and staffing levels for the NHS, as well as social care and the local VCFSE

- Access to services: widespread concern the difficulties experienced in accessing GP appointments, as well as other access problems such as waiting times for hospital care
- Personalised care: a demand for more personalised and person-centred care, which takes account of the different needs of different individuals and communities, and recognises that one size does not fit all
- VCSE partnership working: a demand for more and better partnership working with the VCFSE sector which is seen as ideally placed to help statutory services negotiate some of the above
- Wider determinants of health: an expressed need for more action on prevention and the wider determinants of health, including help with the cost of living

3.6. In respect of system engagement, we established a strategy working group comprising a range of stakeholders from across the system, including localities, which has met regularly since March this year, to support the strategy development work.

3.7. The Integrated Care Partnership Board has considered the strategy at both its October meeting and at an extraordinary meeting on strategy in December. At the October meeting, the vision, shared outcomes, and shared commitments were agreed. The December session focused on the development of the five missions.

3.8. The developing strategy has also been discussed at Board sessions in individual organisations in GM and other key forums in the system, including:

- GM Health and Care Scrutiny
- The GM Population Health Board
- The GM Clinical Effectiveness Group
- GM Directors of Adult Social Care

4.0 NEXT STEPS ON ENGAGEMENT

4.1. It is essential that the final version of the strategy is informed by a range of views from stakeholders in Greater Manchester.

4.2. We have designed a programme of engagement with the system to the end of February. This schedule is set out overleaf:

Date	ICP Strategy timeline: Deliverable	Detail
16 th Jan	ICP Strategy Group Meeting	Confirm and develop various elements of the process
11 th Jan	ICP Strategy Engagement	Presentation of ICP Engagement Strategy draft at PBLs
17 th Jan		Presentation of ICP Engagement Strategy draft at Deputy PBLs
		Presentation of IP Engagement Strategy draft GMCA Leaders meeting
18 th Jan		Presentation of ICP Engagement Strategy draft at GM Scrutiny
19 th – 31 st Jan	Revision of the ICP Strategy Engagement Draft	Update the Engagement Draft based on feedback received via PBLs/ Deputies & GMCA Leaders
1 st Feb	Further ICP Strategy Engagement	Presentation of ICP Engagement Strategy draft at Primary Care Blueprint Chapter Leads Group Website for comments on Engagement draft (structured questions) open to all (staff and public)
8 th Feb		Presentation of ICP Engagement Strategy draft at Women & Girls Equality Panel
10 th Feb		Presentation of ICP Engagement Strategy draft at PFB Presentation of ICP Engagement Strategy draft at Primary Care Provider Board
14 th Feb		Presentation of ICP Engagement Strategy draft at JPDC Presentation of ICP Engagement Strategy draft at GM VCSE Leadership
15 th Feb		Presentation of ICP Engagement Strategy draft at ICB
16 th – 28 th Feb		Other engagement activities still to be identified
1 st – 16 th March	Final revisions of the Engagement Draft	Finalise the Engagement Draft into a final document based on GM System feedback
17 th - 25 th Mar	Design of ICP Strategy	Professional design of ICP Strategy
31 st March	ICP Strategy Final Sign Off	ICP Board to sign off the ICP Strategy
Apr-23	ICP Strategy Launch	ICP Strategy document to be developed as a public document (including proof reading and design) and 'launched' formally

4.3. At each of the discussions on the strategy, we will ask stakeholders to consider a common set of questions. These are:

- What are your views on the key potential actions arising from the missions – what needs to be emphasised or added?
- What do you think are the key measures we need to use to determine whether we are making progress?

- Does the 'How we will work?' session capture the right behaviours we need to exhibit as a system – is there anything else that should be added here?

5.0 RECOMMENDATIONS:

- To note the update provided
- To consider the set of key questions on the draft strategy summary