

## Greater Manchester Joint Health Scrutiny

Date: 8 March 2023

Subject: Greater Manchester Integrated Care Partnership – 5 Year Strategy

Report of: Mayor Paul Dennett, (GMCA Deputy Mayor) Homelessness, Healthy Lives and Quality Care

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### Purpose of Report:

This report updates on the development of the five-year Greater Manchester Integrated Care Partnership strategy. It includes the current draft of that strategy, developed across the Partnership and reflecting the priorities expressed through public engagement. It is offered to support the Committee's consideration and input to the development and finalisation of the strategy.

### Recommendations:

The GM Joint Health Scrutiny Committee is requested to:

1. Discuss the content of the draft strategy
2. Support the process to finalise the strategy and establish its delivery plan, the Joint Forward Plan

### Contact Officer:

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## 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 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.

1.9. 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 and a set of shared commitments 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 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. The strategy proposes 2 main areas for action. First a continued focus on developing and embedding the model for health which partners across GM have been working on for the past 6 years. That is a model which is ambitious about affecting the broadest range of determinants of health, is preventative, is consistently integrated and rooted locally, is quick to innovate and which benefits from collaboration between care providers. Second, it proposes 6 system-wide missions to prioritise our response to the challenges we face now. 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 last 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:
- 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
  - Funding and staffing: widespread concern with funding and staffing levels for the NHS, as well as social care and the local VCFSE
  - 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 last year, to support the strategy development work.
- 3.7. The Integrated Care Partnership Board has considered the strategy at its October meeting, at an extraordinary meeting on strategy in December and in more detail at its February meeting.
- 3.8. The developing strategy has also been discussed at Board sessions in individual organisations in GM and other key forums in the system throughout January and February.

## **4.0 Next Steps**

- 4.1 The Strategy is scheduled for finalisation at the GM Integrated Care Partnership Board at its meeting on 24<sup>th</sup> March 2023. The immediate work will focus on the development of its delivery plan.
- 4.1. NHS England guidance states that before the start of each financial year, each ICB and its partner must publish a five-year Joint Forward Plan (JFP). For this first year (2023-24), however, NHS England has said that the date for publishing and sharing the final plan is 30<sup>th</sup> June 2023. We propose to develop the JFP as a delivery plan for the ambitions in our Integrated Care Partnership Strategy and set out the actions to achieve those ambitions in detail, and confirm the bodies with lead responsibility for each element as appropriate.

## **5.0 Recommendations**

- 5.1 The GM Joint Health Scrutiny Committee is requested to:
1. Discuss the content of the draft strategy
  2. Support the process to finalise the strategy and establish its delivery plan, the Joint Forward Plan