

## Greater Manchester Joint Health Scrutiny

Date: 9 November 2022

Subject: Integrated Care Partnership Strategy

Report of: Paul Dennett – Mayor of Salford and Chair of the Integrated Care  
Partnership Board

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### Purpose of Report:

To update the Joint Health Scrutiny Committee on the development of the Greater Manchester Integrated Care Partnership (ICP) Strategy

### Recommendation:

The Committee is asked to note the update on the ICP Strategy development.

### Contact Officers:

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## **Equalities Impact, Carbon and Sustainability Assessment:**

An assessment will be undertaken once the draft strategy is complete.

## **Risk Management**

An assessment will be undertaken once the draft strategy is complete.

## **Legal Considerations**

None

## **Financial Consequences – Revenue**

None

## **Financial Consequences – Capital**

None

## **Number of attachments to the report: ?**

None

## **Comments/recommendations from Overview & Scrutiny Committee**

Not Applicable

## **Background Papers**

None

## **Tracking/ Process**

Does this report relate to a major strategic decision, as set out in the GMCA Constitution?

No

## **Exemption from call in**

Not applicable

## **GM Transport Committee**

Not applicable

## **Overview and Scrutiny Committee**

To be considered on 9<sup>th</sup> November 2022

# 1. Introduction/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 commissioners in 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”*. 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”*
- 1.2. Within the Greater Manchester 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 - and is anticipated to be of a similar length and level of detail at about 40-50 pages.
- 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 ICP 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”. The document will adopt 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.”
- 1.5. 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.

## 2. Strategy Framework

- 2.1. A framework for the ICP strategy has been agreed as framing for the discussion and analysis needed across the system. The strategy will 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 a framework for bringing together activities and identifying key system priorities rather than creating 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. System partners in GM have supported the outcomes and commitments of the ICP strategy.
- 2.4. The shared outcomes – “the Greater Manchester we want to see” – are:

A GM where everyone ...

  - Has a fair opportunity to live a good life
  - Experiences high quality care and support where and when they need it
  - Has improved health and wellbeing
  - Works together to make a difference now and for the future
- 2.5. Enabling everyone in GM to have a fair opportunity to live a good life will require system partnership across all the things that determine health and good lives, with a focus on equity and equality. The commitments made by the GM system within the GMS are important here – for example in relation to transport and employment.
- 2.6. Enabling everyone to experience high quality care and support when and where they need it can only be achieved through consideration of service provision, and the elimination of unwarranted variation, from hospital to general practice, and the wider care system. Much of this will be the responsibility of the GM Integrated

Care Board (ICB), the statutory NHS organisation for GM, working with its system partners including local authorities and VCSE organisations.

2.7. For each of these outcomes, a series of shared commitments have been developed - “Together we will ...” – things that can only be achieved by the system working in partnership.

2.8. A GM where everyone ... has fair opportunity to live a good life

Together we will ...

- Ensure our children and young people have a good start in life
- Support good work and employment
- Enable local environments which support good health for everyone
- Play a full part in tackling poverty and long-standing inequalities

2.9. A GM where everyone ... experiences high quality care and support where and when they need it

Together we will ...

- Ensure that health and care services are accessible
- Reduce unwarranted variation in access and experience of care
- Use technology to improve care for everyone
- Drive continuous improvements in the availability and quality of care
- Ensure we have a sustainable workforce that is supported to provide the best possible care

2.10. A GM where everyone ...has improved health and wellbeing

Together we will....

- Enable everyone to have a healthy lifestyle
- Use the strengths of communities to enable wellbeing

2.11. A GM where everyone ... makes a difference now and for the future by working together

Together we will.....

- Build trust and collaboration between partners to ensure co-ordinated services
- Ensure that all our services recover from the effects of the pandemic as effectively and fairly as possible
- Secure a greener Greater Manchester
- Ensure that health and care organisations play their part in social and economic development
- Manage public money well to achieve our objectives and ensure value for money
- Be at the forefront of innovation and discovery in health and care

2.12. We will be explicit about 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, will be articulated in the strategy.

### **3. Process of Development**

3.1. We have established a strategy working group comprising a range of stakeholders from across the system, including localities, which has met monthly since March this year, to support this strategy development work.

3.2. The development process includes analysis of data which identifies the needs of the population, as required in national guidance, engagement with stakeholders across the system, including the public, and links to the latest plans for the constituent parts of the system.

- 3.3. Initial analysis of locality plans and data on population need within localities reinforces the shared commitments as a description of the system activities needed to address the overall outcomes.

## 4. Current Engagement on the Strategy

- 4.1. 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.”.
- 4.2. 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.
- 4.3. A second phase of engagement with communities and localities is currently taking place (due to be complete in mid-November) supported by the VCSE and Healthwatch. A set of questions being used in this engagement have been co-produced:
1. *FOR COMMUNITY GROUPS: What would make the biggest difference for communities you serve in relation to being healthier, happier, and better?  
FOR INDIVIDUALS: What would make the biggest difference to your life in relation to being healthier, happier, and better?*
  2. *What’s stopping this?*
  3. *What would help this?*
  4. *What’s the most important thing health and care services need to improve?*
- 4.4. Engagement will include conversations with at least sixteen community/voluntary/charity/social enterprise organisations in each locality, a series of conversations within each locality targeting people currently engaged with the health and care system, conversations with pan-GM communities of identity organisations and networks, not all of whom are engaged with services, and focus groups convened in each locality by the local Healthwatch organisations.
- 4.5. The results of this engagement will be available in late November and will be considered alongside feedback from the Engagement Draft (see section 5.0) to inform the final strategy document.

## 5. The Next Steps

- 5.1. We are working to produce an 'Engagement Draft' of the strategy in November for formal consideration by partners across the GM system.
- 5.2. The partners in the ICP, including the VCSE, Local Authorities, Trusts, Health Innovation Manchester, the GMCA, Primary Care, Social Care etc. will have the opportunity to influence the strategy through consideration of the engagement draft in their own organisations and sectors. Plans for staff engagement over the same period are being developed with the GM Workforce Engagement Forum
- 5.3. The plan is to issue the draft to all ICP partners in late November, inviting consideration and comments during December and early January, with a mid-January deadline for feedback. A final version will then be presented for formal approval by the ICP Board in February.