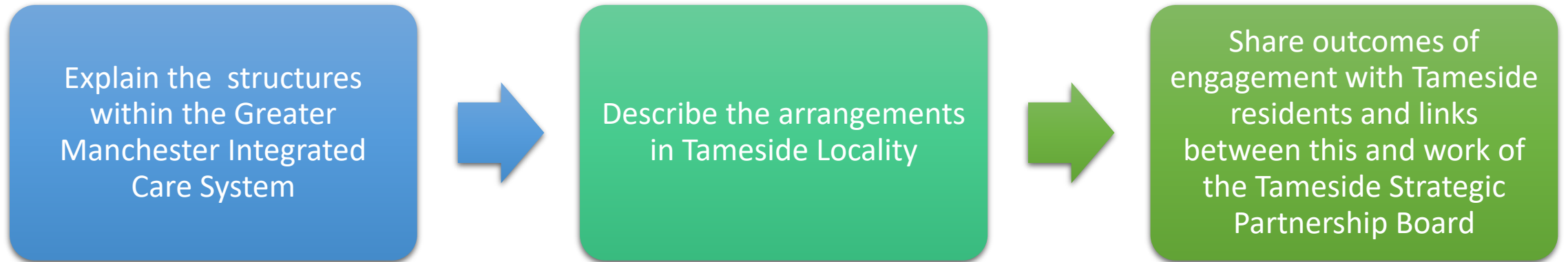


# Greater Manchester Integrated Care System

**Health & Adult Social Care Scrutiny Committee**  
**Trish Cavanagh – Deputy Place Based Lead**  
March 2023

# Aims of the Session

The aim of this session are to:



# White Paper and Health and Social Care Bill



Greater Manchester  
Integrated Care

The White Paper: *Integration and Innovation - working together to improve Health & Social Care for all* and subsequent Health and Care Bill set out legislative proposals for changes to the health & care system.

Triple aim:

- Better health & wellbeing for everyone
  - Better quality of health services for all
  - Sustainable use of NHS resources.
- Clinical Commissioning Groups (CCGs), including T&GCCG **were abolished 30 June 2022** with local functions transferring to Greater Manchester Integrated Care (GMIC) & Derbyshire Integrated Care System (for Glossop).
  - Some CCG functions will be undertaken at GM / Derbyshire level and some delegated back to Tameside.
  - **Shift away from competition** between healthcare organisations towards a new model of collaboration, partnership and integration.



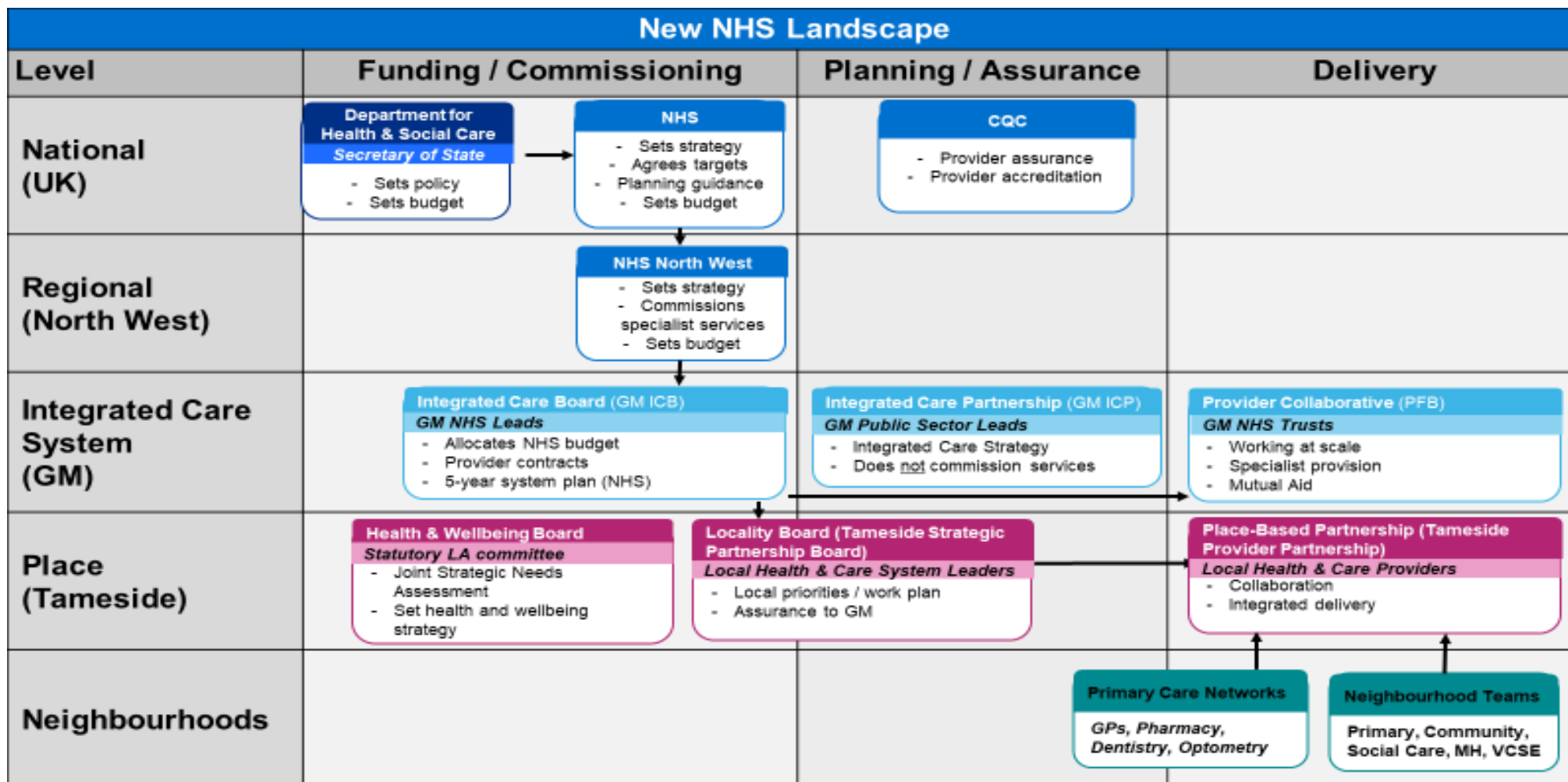
**Integration and Innovation:  
working together to  
improve health and social  
care for all**

Presented to Parliament  
by the Secretary of State for Health and Social Care  
by Command of Her Majesty  
February 2021

CP 381

**Integrated care systems (ICSs)** are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population.

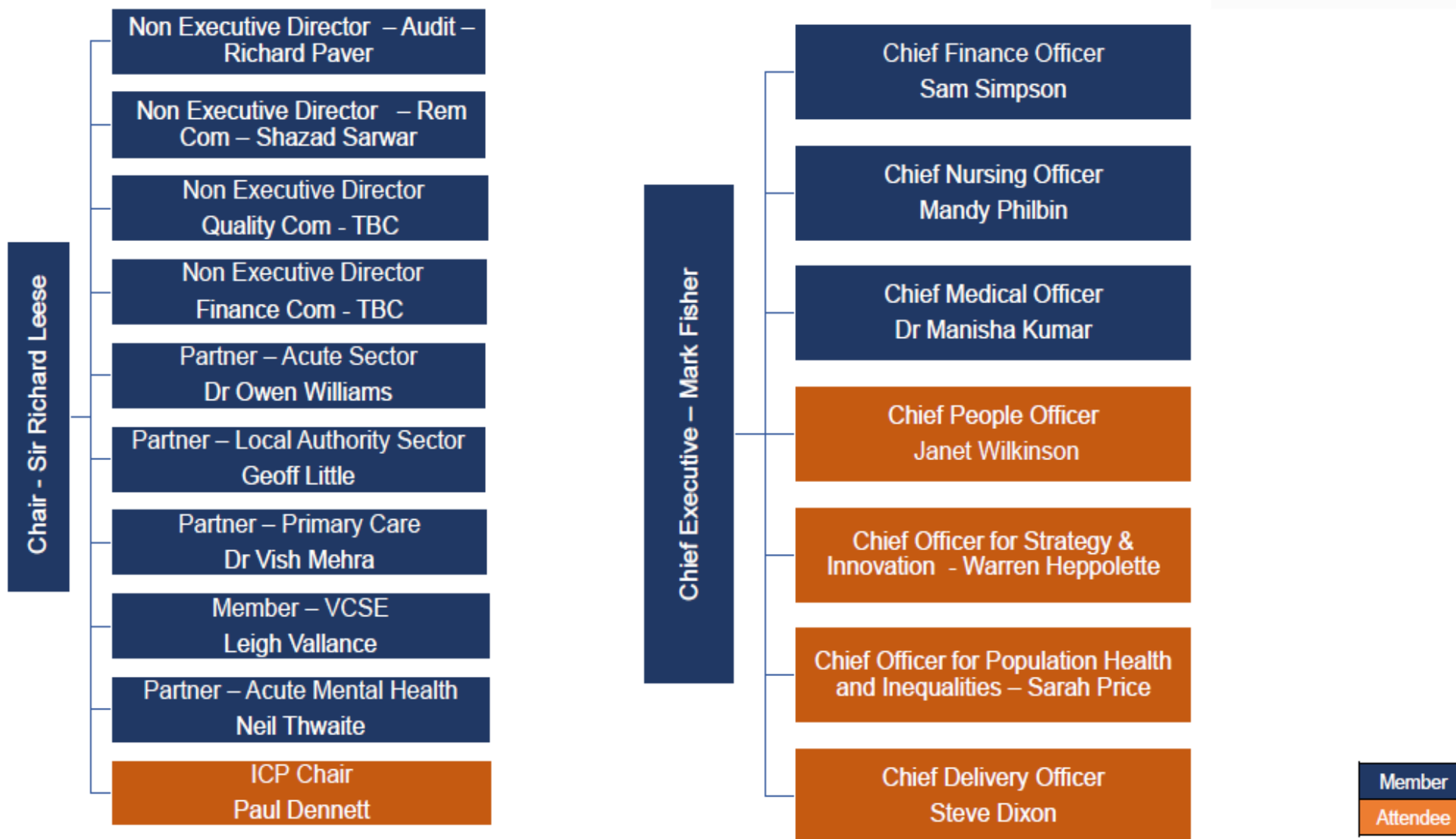
# New NHS Landscape



# Greater Manchester Integrated Care Partnership (ICP)

- In July 2022, Greater Manchester's Integrated Care Partnership was established. The partnership brings together all the different organisations which support people's health and care.
- Members of the Partnership come from all ten parts of Greater Manchester (GM), including all NHS organisations, councils, GM Combined Authority, organisations from across the voluntary, community, faith and social enterprise sectors (VCSE) and others all working together to help achieve a shared vision.
- The partnership will work with people and communities to create and oversee the region's overall integrated care strategy (five-year plan).

# NHS Greater Manchester Integrated Care Board



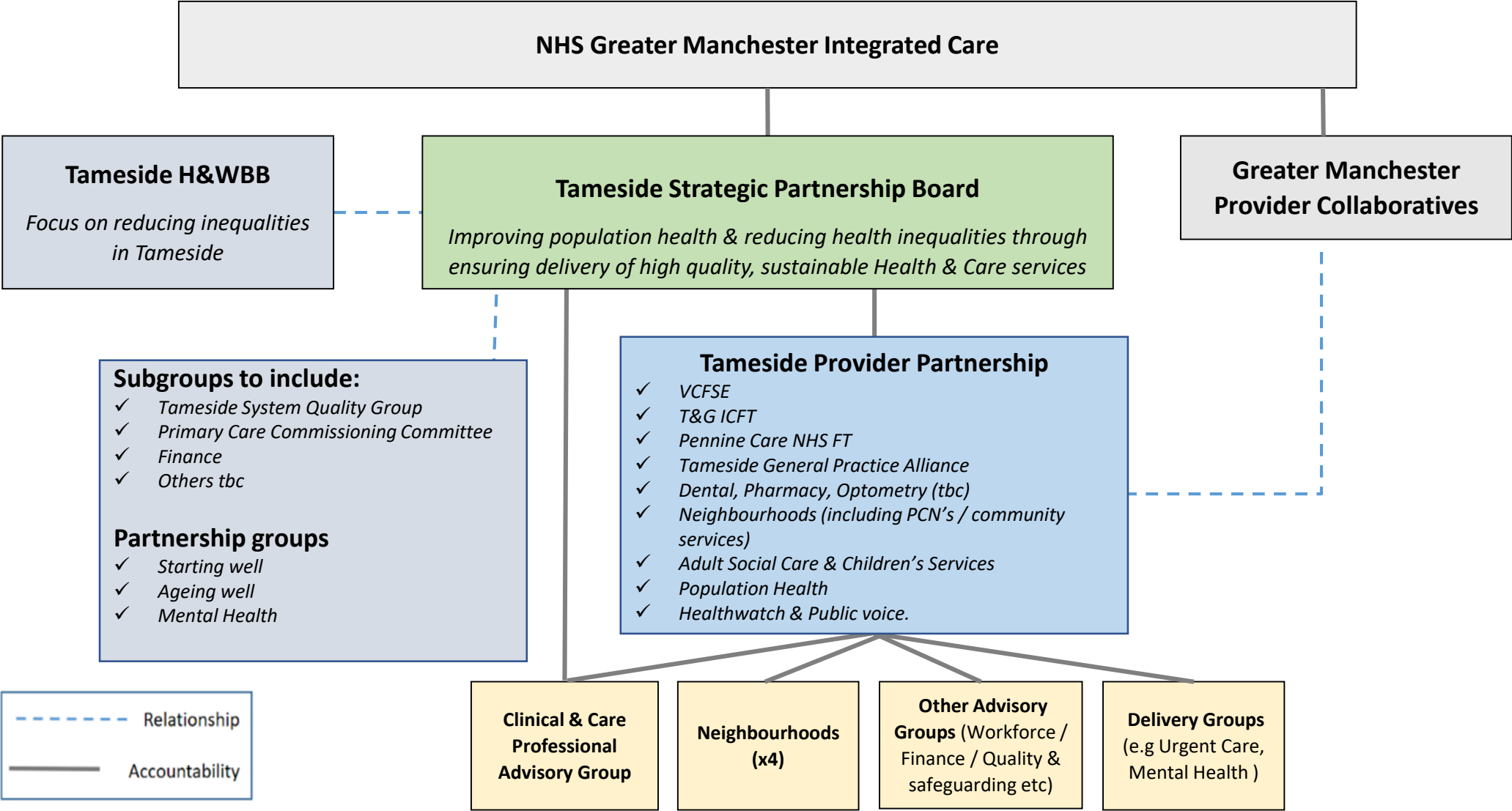
# Aims and objectives

The operating model for Greater Manchester emphasises three main elements:

1. **The Locality Approach** – establishing place based integrated care at the neighbourhood and district level supported through strong partnership governance
2. **GM Provider Collaboratives** – providers working at scale across multiple places.
3. The establishment of **GM Integrated Care and the GM Integrated Care Partnership**

In order to deliver this changes were made to the “architecture” of how partners would work together.

# Emerging Governance





Strategic plan and health and care priorities set by  
**TAMESIDE STRATEGIC PARTNERSHIP BOARD**



Providers come together through **TAMESIDE PROVIDER PARTNERSHIP** to deliver the objectives



Transformation in Services is delivered in  
**NEIGHBOURHOODS**

## Tameside Strategic Partnership Board

- Locality strategic entity which provides a forum for decisions and investment in Tameside within delegated limits (from GM ICB).
- Provides strategic plan and direction for Tameside Health and care providers.
- Members include:
  - Chair: Executive Member – Population Health & Well-Being
    - Place-based lead: Chief Executive TMBC
    - TMBC officers and elected members
    - GMICB Tameside: nursing, strategy & finance
    - Provider Partnership Chair
    - NHS organisations
    - GP Alliance Chair
    - VCFSE Alliance & wider partners, including Healthwatch.
- Scheme of accountability and delegation in place with GMICB and 2-way accountability agreement.

## Tameside Provider Partnership

- Initially voluntary alliance of Tameside Health & Care Providers which will seek to represent a single view of Providers.
- Delivery forum for the strategic plan prescribed by the Strategic Partnership Board.
- Members include:
  - Chair: Chief Executive T&G ICFT.
  - Deputy Chair: VCFSE representative.
  - To include as a minimum representatives of T&GICFT, PCFT, TMBC, Tameside GP Alliance, VCFSE alliance, Healthwatch.
- Constituent organisations to discharge agreed obligations.
- Provides leadership across providers on collaboration to deliver improved outcomes and reduce health inequalities.
- Interface with GM PFB and PCB to discharge place based obligations of these bodies.

# Tameside Strategic Partnership Board

## Composition

- Single strategic entity which provides a forum for decisions and investment in Tameside within delegated limits.
- Builds on longstanding arrangements of an Integrated Commissioning Fund and Section 75 arrangements.
- Members include:
  - **Chair: Cllr Wills**
  - Place-based lead: Chief Executive TMBC
  - TMBC officers and elected members
  - GMIC Tameside Delivery Lead
  - GMIC clinical lead for place
  - Provider Partnership Chair
  - GP Alliance Chair
  - VCFSE Alliance & wider partners, including Healthwatch.
- Scheme of accountability and delegation in development with GMICB.

## SUMMARY OF FUNCTIONS

Foster shared common purpose across H&C system in Tameside to improve the health and wellbeing of the population.

Safeguard local funding by establishing integrated investment model to connect the place-based budget which seeks to maximise the population health benefit of all local investment.

This will include a visible commitment to investment into earlier intervention, prevention and proactive care.

Identify and agree shared outcomes for the system and oversee implementation and delivery of shared priorities.

Maintain the commitment to an equal partnership with the VCFSE.

Clear commitment to the need for co-design and co-production.

Strategic forum for strategic clinical, professional, managerial, voluntary and resident oversight.

Establish strategic priorities for the system

Establish and support the conditions to consistently implement proactive delivery models.

System champion for People-powered health and place-based models of care.

System oversight of quality, safety and safeguarding across Tameside.

# Aims and objectives

## In Tameside our vision & ambition remain the same:

**Vision:** We want to improve the health and wellbeing of all of the residents of Tameside with a relentless focus on inequalities.

**Ambition:** Tameside is a happy, healthy and ambitious place to live, where people choose to live and work.

# Greater Manchester Integrated Care Partnership (ICP)



Greater Manchester  
Integrated Care

- Greater Manchester ICP wanted to engage people and communities on its five-year plan. The plan aims to address the health and care needs of the population across Greater Manchester. It includes actions to improve health and healthcare and reduce inequalities in health outcomes, experience and access to services.
- GM ICP wanted to understand what matters most to people and communities to make sure the five-year plan reflects the needs of Greater Manchester's people and communities.
- Engagement took place in October 2022 and was led by the voluntary and community sector including Healthwatch, GM Equality Alliance and local infrastructure organisations working in partnership with NHS GM engagement leads.

## Summary of the findings for Tameside.

- The three organisations involved in the engagement took different approaches here, with Healthwatch administering a survey, NHS engagement teams using a hybrid event (where participants were giving the choice of attending in person or online), and the local VCSE an online focus group.
- Engagement in the Tameside area<sup>1</sup> reached 135 people – largest response from this locality compared with GM. It was not possible to ‘count’ the characteristics of the groups engaged with from the information provided, however, those facilitating the events and surveys from each of the three organisations reported that all of the different minority groups were represented, with additional representation around those with mental health problems. It was noted that the responses to the Healthwatch survey, which forms the bulk of this analysis, overrepresented females with 70% of responses coming from women.

## Results of the findings for Tameside.

- People were asked what would make the biggest difference to them in terms of being healthier, happier and better. The main themes to occur were almost identical to those raised in Greater Manchester as a whole, i.e.
- **Better access to the NHS** -(to GPs, to NHS dental care, to support and diagnosis around autism and ADHD, face to face appointments, shorter hospital waiting times; less reliance on online services which not everyone is able to use)
- **Healthier lifestyles** (better diet, weight loss, more exercise, increased mobility)
- **Mental health support** (reduced stress, better access to support; support specifically for those who are not so poorly they need to go to A&E)
- **Wider determinants** of health (enough money to be able to retire early, time for hobbies, better environment, more green spaces, off road cycling, public transport, including links to hospital, job opportunities)
- **More funding and resources for health and care** (including care in the community)

# SYSTEM OVERSIGHT & WIDER DETERMINANTS

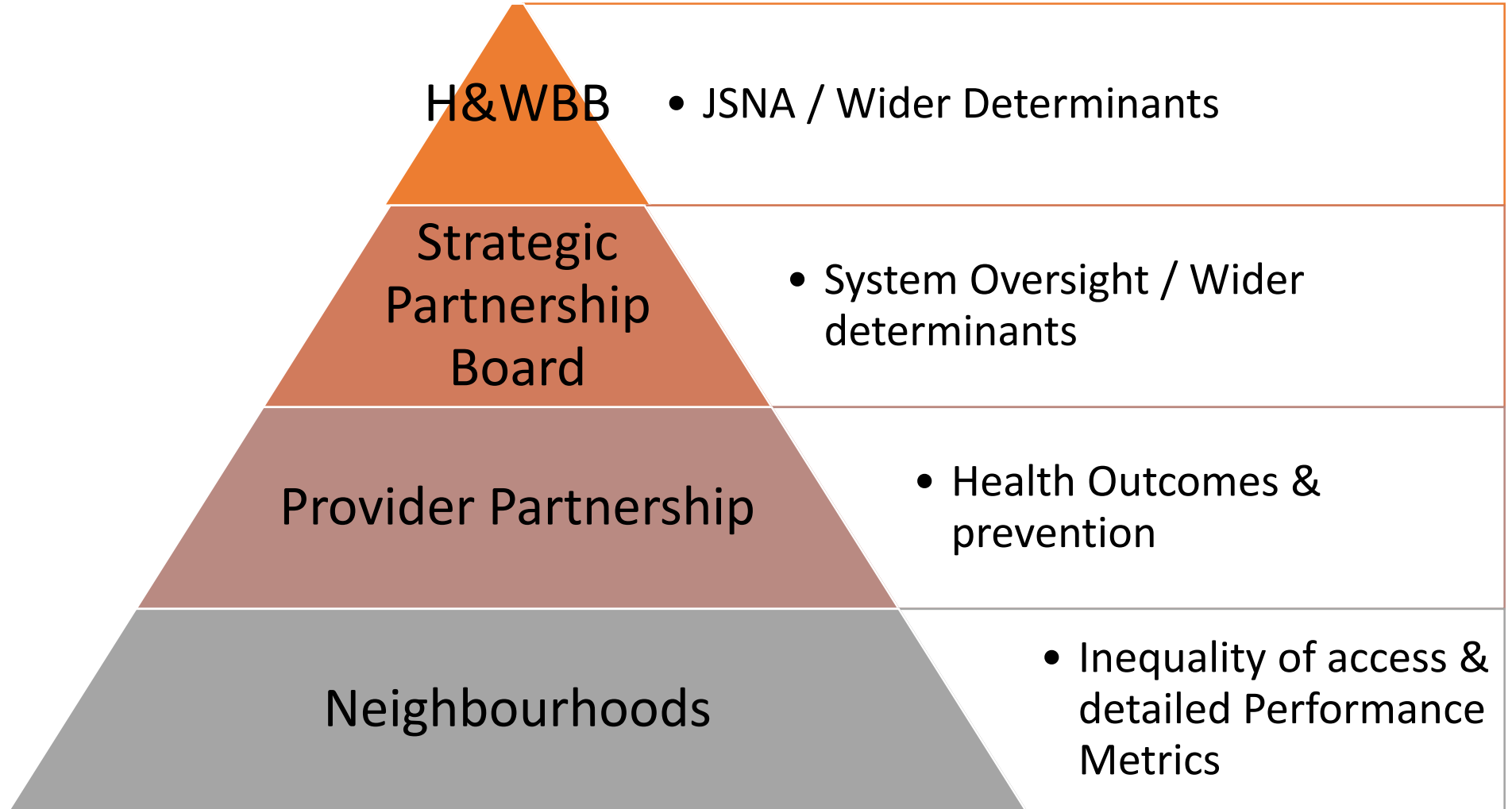
Strategic  
Partnership Board



## TAMESIDE STRATEGIC PARTNERSHIP BOARD - PRIORITIES AND METRICS

Category	Sub-Category	Timescale	Priority	Link to Statutory / Regulatory Metrics	Link to NHS SOF
Finance & Use of Resources	Finance	6 months	Agree investment priorities		S027a, S118a, S119a, S120a, S120b
Finance & Use of Resources	Finance	6 months	Financial recovery group established		S027a, S118a, S119a, S120a, S120b
Finance & Use of Resources	Finance	12 months	System efficiency plan in place		S027a, S118a, S119a, S120a, S120b
Finance & Use of Resources	Finance	12 months	Long term financial plans in place		S027a, S118a, S119a, S120a, S120b
People	Growing for the future	12 months	Integrated workforce strategy		S072a, S074a, S075a, S067a, S068a, S121a, S121bS063a, S063b, S063c,
People	Looking After our People	18 months	Development plan for us as system leaders		S060a, S069a
Preventing Ill health and reducing inequalities	Promoting, protecting and improving health and social well being	6 months	Deep dive on the 20% and agree targetted actions		NA - enabling milestone
Preventing Ill health and reducing inequalities	Screening, vaccinations & immunisations	6 months	Screening & prevention trajectories improving	CQC - adult social care services framework - S5, E5	S046a, S047a, S048a, S049a, S50a
Preventing Ill health and reducing inequalities	Prevention and long term conditions	6 months	Review the national core 20 plus five and agree any additional plus metrics for Tameside	Population Health Framework, CQC - adult social care services framework - S5, E5	
Preventing Ill health and reducing inequalities	Prevention and long term conditions	6 months	Provider partnership to focus on pop health metrics (hypertension missed cases/late cancer diagnosis)	Population Health Framework, CQC - adult social care services framework - S5, E5	S046a, S085a, S116a, S116b, S117a, S047a, S010a, S011a, S012a, S110a, S053a, S053b, S053c
Preventing Ill health and reducing inequalities	Maternity and children's health	6 months	Increased early help delivered locally		TBC
Preventing Ill health and reducing inequalities	Maternity and children's health	12 months	Pathways for family hubs operational in each neighbourhood		TBC
Preventing Ill health and reducing inequalities	Prevention and long term conditions	12 months	Reduction in variation in performance of plus 5 metrics	QOF	S046a, S085a, S116a, S116b, S117a, S047a, S010a, S011a, S012a, S110a, S053a, S053b, S053c
Preventing Ill health and reducing inequalities	Prevention and long term conditions	12 months	Increased number of people on disease registers (reduction in unknown hypertension etc)	QOF	S046a, S085a, S116a, S116b, S117a, S047a, S010a, S011a, S012a, S110a, S053a, S053b, S053c
Quality of Care, access and outcomes	Mental Health services	6 months	Mental health offer clearly articulated		S029a, S029b, S030a, S081a, S084a, S085a, S086a, S110a
Quality of Care, access and outcomes	Primary care and community services	6 months	Ageing well agenda well embedded		S105a, S106a, S107a, S031a, S110a, S027a
Quality of Care, access and outcomes	Primary care and community services	6 months	Improved oral health		S109a
Quality of Care, access and outcomes	Safe, high quality care	6 months	WSOA actions reviewed and on track	CQC / OFSTED / SEND	S035a
Quality of Care, access and outcomes	Safe, high quality care	6 months	Adopt adolescent H&WBB	CQC / OFSTED / SEND	S035a
Quality of Care, access and outcomes	Safe, high quality care	12 months	Clear plan for listening to voice of the resident/user	CQC - adult social care services framework - C1, C2, R2, W3	
Quality of Care, access and outcomes	Primary care and community services	12 months	Well established neighbourhood plans		S037a, S105a, S001a, S108a, S106a, S107a, S108a, S108b, S051a, S053a, S053b, S053c, S054a, S055a, S115a,
Quality of Care, access and outcomes	Primary care and community services	12 months	GP plan for reducing variation		S037a, S105a, S001a, S108a, S106a, S107a, S108a, S108b, S051a, S053a, S053b, S053c, S054a, S055a, S115a,
Quality of Care, access and outcomes	Maternity and children's health	12 months	More children offered send support in school	CQC / OFSTED / SEND	
Quality of Care, access and outcomes	Maternity and children's health	12 months	Improve patient/family experience	CQC / OFSTED / SEND	
Quality of Care, access and outcomes	Maternity and children's health	12 months	SEND survey reports improved	CQC / OFSTED / SEND	

# CLEAR METRICS AT EVERY LEVEL





# FEEDBACK

# QUESTIONS

