APPENDIX 2

SUMMARY OF GM HEALTH & SOCIAL CARE PARTNERSHIP'S FINDINGS & PROPOSALS

The following summarises the findings:

1. Work has progressed since 2015 to change the premise from unifying a 'public health system' to creating a unified 'population health system'. This shift to a Population health approach signals a move to broaden the collaboration across a range of sectors and partnerships (such as health, social care, other public services, voluntary sector, businesses and wider communities) and move away from a Public health focus on the specialist expertise of a narrowly defined workforce. Instead; embedding knowledge, skills and expertise across systems in a place based approach.

2. Directors of Public Health (DPHs) appear to be at their most valued and effective when able to influence more broadly population health through commissioning, focusing on outcomes, managing partner relationships, lobbying and engaging with communities.

3. There is a long and strong history of partnership working of the DPHs across GM who have in the past provided leadership, in key work programmes for instance Stockport in spatial planning and Oldham in Asset based working.

4. There is a skilled public health workforce across GM but there are opportunities to deploy it more effectively to service both the GM and the locality level population health work. Although there has been investment in GM leadership for Population health, given the profile and ambition set for transformation this may require expansion.

5. We have a mixed provision of health protection functions across GM as well as varied governance and assurance arrangements. The system currently works because it is based on the good relationships between individuals and the partner organisations, but it is not a resilient system and GM level governance arrangements of it are not strong.

6. There is also a mixed picture of provision for public health intelligence, a small highly specialised workforce which is unevenly distributed, and often repeating work locality by locality. There is little resource at GM level and a need to understand better how to deploy this resource to best effect alongside other partners in Public Health England (PHE) and New Economy.

7. We have good examples of commissioners working collaboratively and moving to cluster based commissioning approaches, with lead commissioner arrangements in place and lead provider procurements underway. But this is not consistent across GM and for all commissioned services where this would make sense, and there is little current ability to tie localities to agreed GM approaches.

8. We are seeing little evidence yet of commissioning across a whole system, use of integrated budgets across programme areas, or commissioning for outcomes.

9. The position of the public health grant is complex; the impact of Business Rate Retention is not fully understood. It is clear that in many cases investment is not strongly related to outcomes and the use of the grant to support council savings programmes means that ring fencing has been notional at best across GM for some time.

Summary Proposals

Outline Proposal	Features	Benefits
Common population health goals	GM Common Standards Development of GM Strategies	Consistency of approach and common standards across GM for delivering outcomes. This supports, rather than replaces, local discretion in setting local priorities and reflecting how some of these functions are translated into the local public service landscape at locality level.
New System Design for Public Health Functions	A unified health protection function	Provides a consistent and safe offer to each LA. Brings health protection assets in line with LA AGMA CCRU. Maximises specialist expertise in health protection and supports succession planning. Drives out inefficiencies in the system.
	GM Unified Population health intelligence function	Maximising the capacity of specialist workforce. Enabling consistent access to specialist support to shape and inform commissioning and locality planning. Avoids duplication by commissioning products on a 'do-once' basis across GM
Commissioning for Population Health	GM Whole system integrated sexual health service GM Tier 4 Inpatient Detox & Rehabilitation GM Service Specifications GM Digital Platform	Transforming population health commissioning by doing things once across GM where it makes sense to e.g. high speciality, lower volume. Commissioning as a system, and for a pathway, enabling joined up commissioning for those areas which are multi-commissioner, multi budget. Ensures consistency in how we procure, commission and contract for population health – which are quality, improvement, outcome and cost driven.
System Enablers	GM Standard for NHS health checks GM Behavioural & Lifestyle social movements Sharing good practice Digital Tools	To support the delivery of the proposals and transformation work in the population health plan. Spread of learning at pace and scale.

Population health system leadership	Developing system wide leadership Networking our specialist public health workforce. Workforce development and support	Ensures all localities have ready and effective access to all necessary public health expertise and skills. Ensures that statutory responsibilities are still being met whilst working to a blended leadership and delivery model. Supports the culture of population health as being everybody's business. Maintaining and growing our expert resources and assets.