Wednesday 29th March 2023
2.00pm – 4.00pm
Broughton Hub

Number of people booked on: 22

Speakers
Hannah Dobrowolska (NHS GM)

Salford CVS staff present
Michelle Warburton (chair)
Helen Johnson (minutes)
Hannah Flint (facilitator)

The theme for this forum meeting: **ICS Update Session**

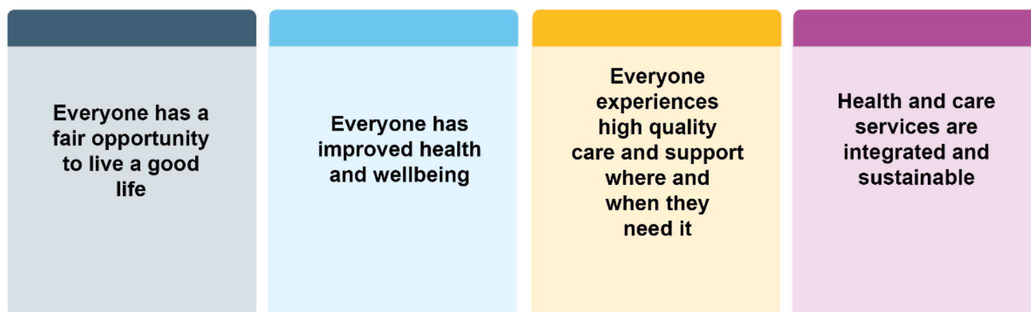
Michelle Warburton from Salford CVS chaired the meeting and attendees were invited to introduce themselves.

Integrated Care System
Hannah Dobrowolska, Delivery Director from NHS Greater Manchester, gave a presentation on the Integrated Care System (ICS).

Background
The Greater Manchester operating model represents integrated working and is not provider versus commissioner and not GM versus local. Collaboration wasn't normal in some parts of the country but this has now changed due to the new structures.

There is now recognition of working together to achieve the same outcomes, looking at what is best done at the GM footprint and also the local footprint. The GM model is more complicated but is better due to work taking place in communities to create change. Activity coordinated between localities and NHS GM occurs though the appointment of a single Placed Based Lead. Tom Stannard is Salford's Place Based Lead and Hannah, as Delivery Director, is deputy to Tom. Eight of the ten Place Based Leads are head of their Councils.

The shared vision of the Integrated Care Partnership (ICP) is based on four work areas.



A social model for health - People & community approaches - Innovation & spread

Local acute hospitals
Ambulance services
Clinical support services
Specialist care
Specialist mental health
Residential & nursing care

INTEGRATED CARE

GREATER MANCHESTER
MODEL FOR HEALTH

Living well at home & adult social care
Integrated urgent care
Dental & community pharmacy
Health screening & immunisation
Reducing harm from tobacco, alcohol & drugs

Primary care networks & neighbourhood teams
Social prescribing 'Live Well'
Children's services & family hubs
Community mental health 'Living Well'

NEIGHBOURHOOD WORKING / PREVENTION & REDUCING HARM

Arts & culture | Mentally healthy schools | Strong communities & families | Active travel GM 'Bee Network' | Inclusive economy | Age friendly GM | Support for carers | Education, skills & good work | Physical activity 'GM Moving' | GM 'Make Smoking History' | Good homes & supported housing | Clean air & sustainable development | Diet & food security | Health & justice

CONDITIONS FOR GOOD LIVES

Six missions are included within the strategy:

- Strengthening our communities
- Helping people get into, and stay in, good work
- Helping people stay well and detecting illness earlier
- Recovering core NHS and care services
- Supporting our workforce and carers
- Achieving financial sustainability

Greater Manchester ICP operates at three levels – across Greater Manchester system, local place and neighbourhoods. These levels ensure that everyone has the opportunity to live a good life, everyone has improved health and wellbeing, everyone experiences high quality care and support where they need it, and health and care services are integrated and sustainable.

The ambition of the ICS is to ensure that all organisations are committed to improving population health, delivering better standards, achieving financial sustainability and reducing inequalities. In order to fulfil this approach it will require joint planning and joint working at each level, informed allocation of resource (people and money) to enable each component part to deliver its contribution, and bold, radical and collective leadership to improve population health and tackle health inequalities.

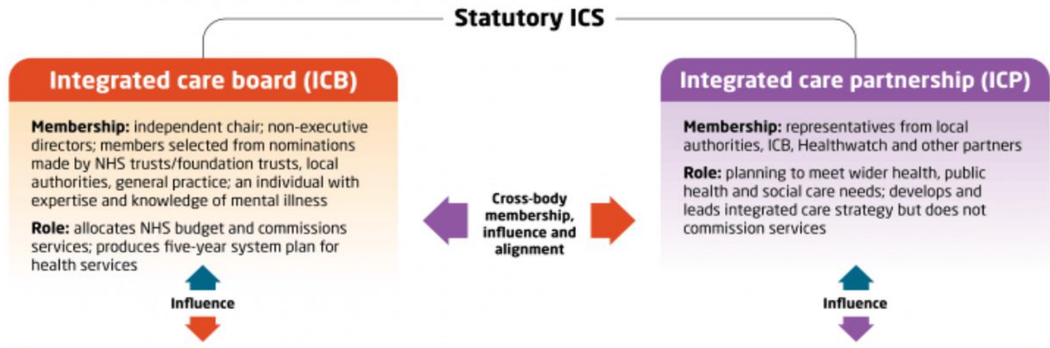
The Kings Fund has created a generic national graphic to outline the ICS illustration. The previous CCG model meant that commissioners brought in providers, but now the commissioners have been removed and the focus is now on providers working together to problem solve and work more efficiently.

Integrated care systems (ICSs)

Key planning and partnership bodies from July 2022

NHS England
Performance manages and supports the NHS bodies working with and through the ICS

Care Quality Commission
Independently reviews and rates the ICS

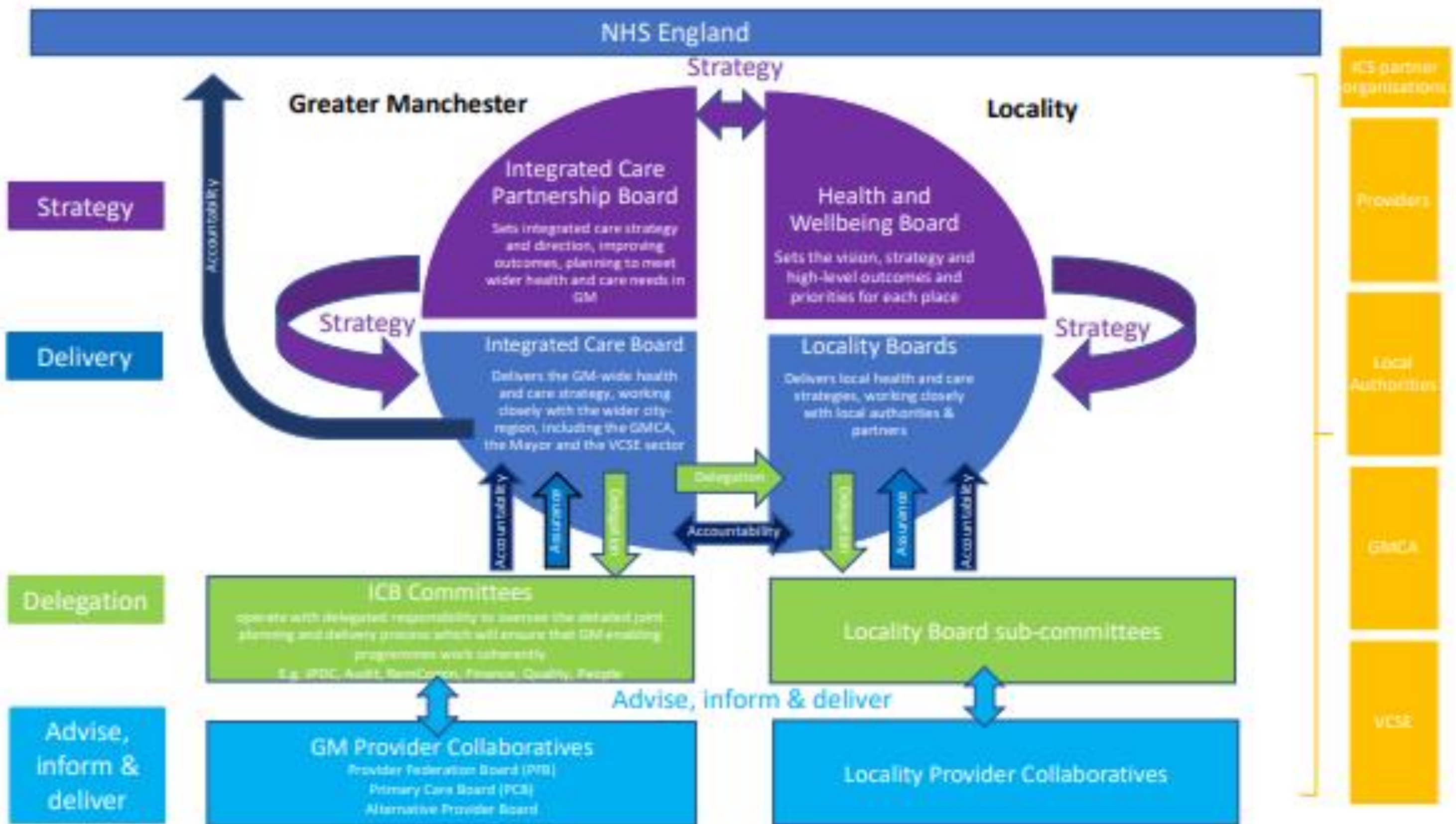


Partnership and delivery structures

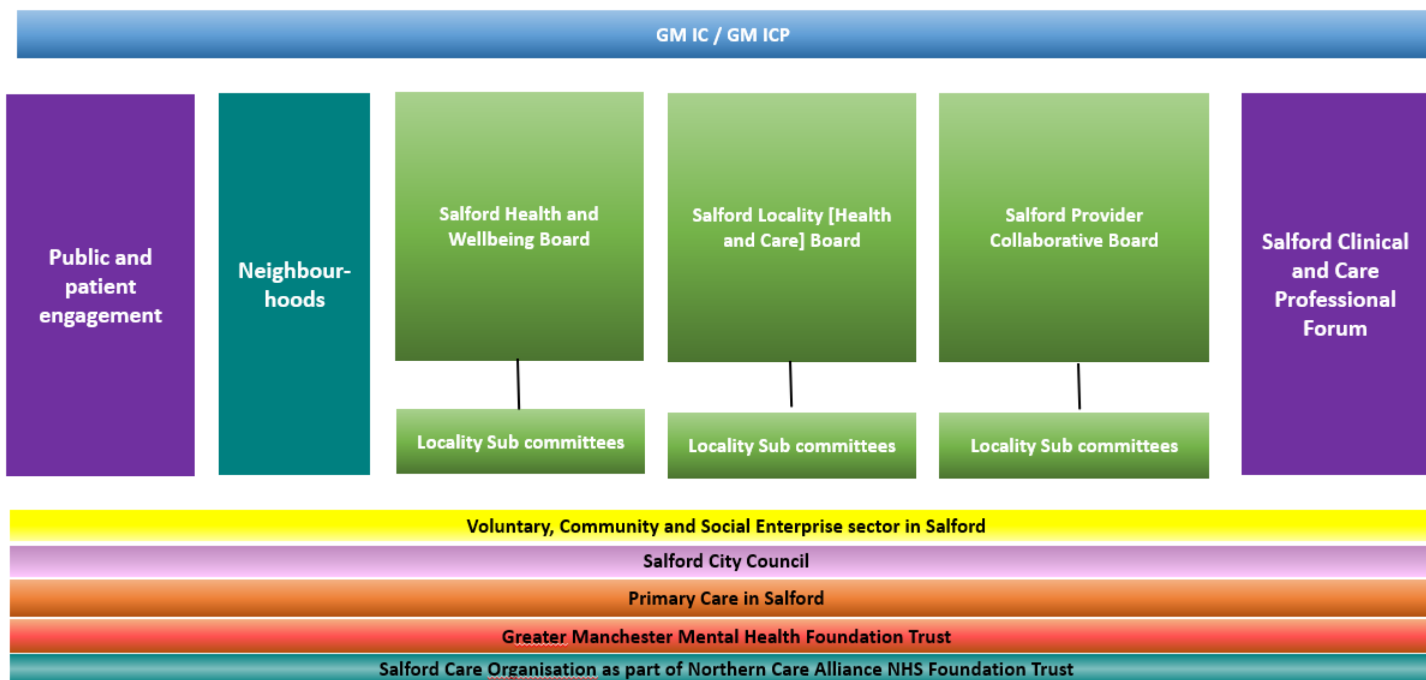
Geographical footprint	Name	Participating organisations
System Usually covers a population of 1-2 million	**Provider collaboratives**	NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector; can also operate at place level
Place Usually covers a population of 250-500,000	**Health and wellbeing boards**	ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level
	Place-based partnerships	Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care
Neighbourhood Usually covers a population of 30-50,000	**Primary care networks**	General practice, community pharmacy, dentistry, opticians

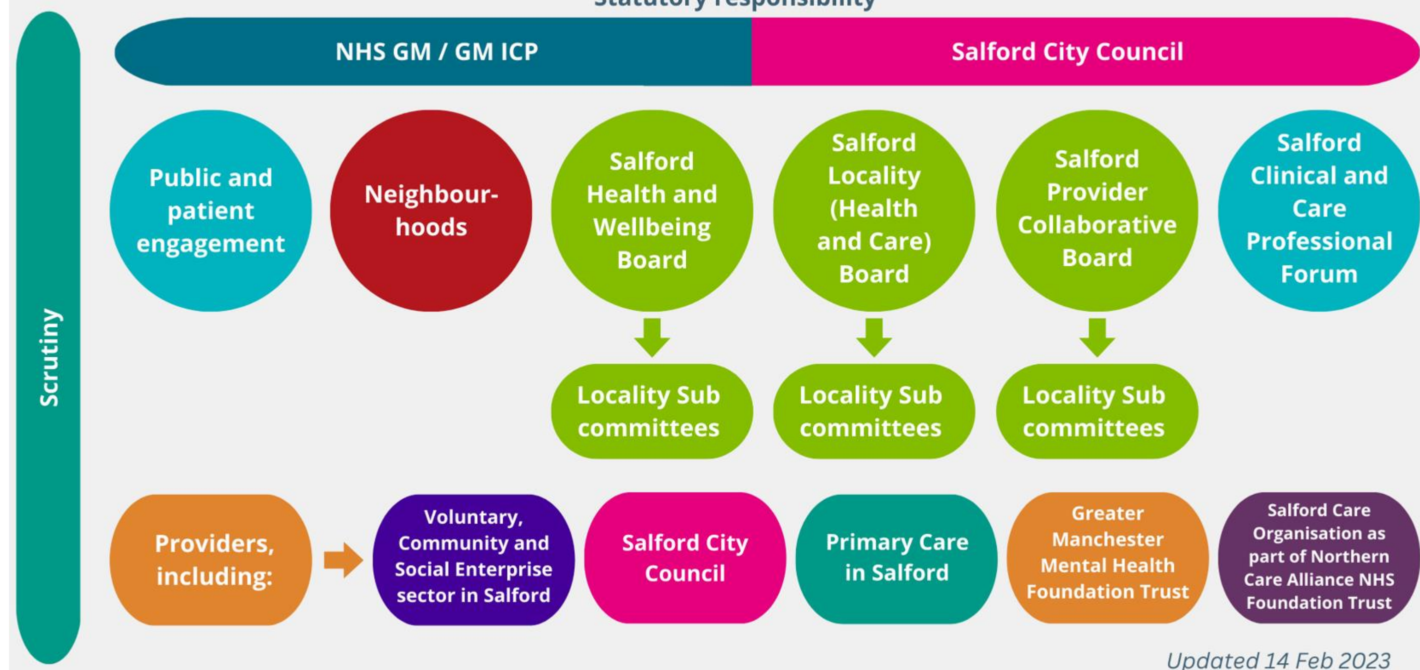
The King's Fund

The Greater Manchester arrangement:



The new structures are being worked through as part of the new changes. The locality structure has been created to deliver the Locality Plan and will follow the same ambitions. Each part of the GM ICS structure is equally important and is reflected in the graphic by being positioned side by side.





How do the Boards interact with each other, and which are decision making Boards?

The Provider Collaborative Board is to ensure providers are more efficient and work together. It is made up of independent organisations who take on responsibilities themselves. This Board can make decisions amongst themselves but it can only be unanimous decision making. If a decision can't be made, it is then passed on to the Locality Board to make a decision on behalf of the Provider Collaborative. It is specified in the terms of reference how decisions can be made in this board.

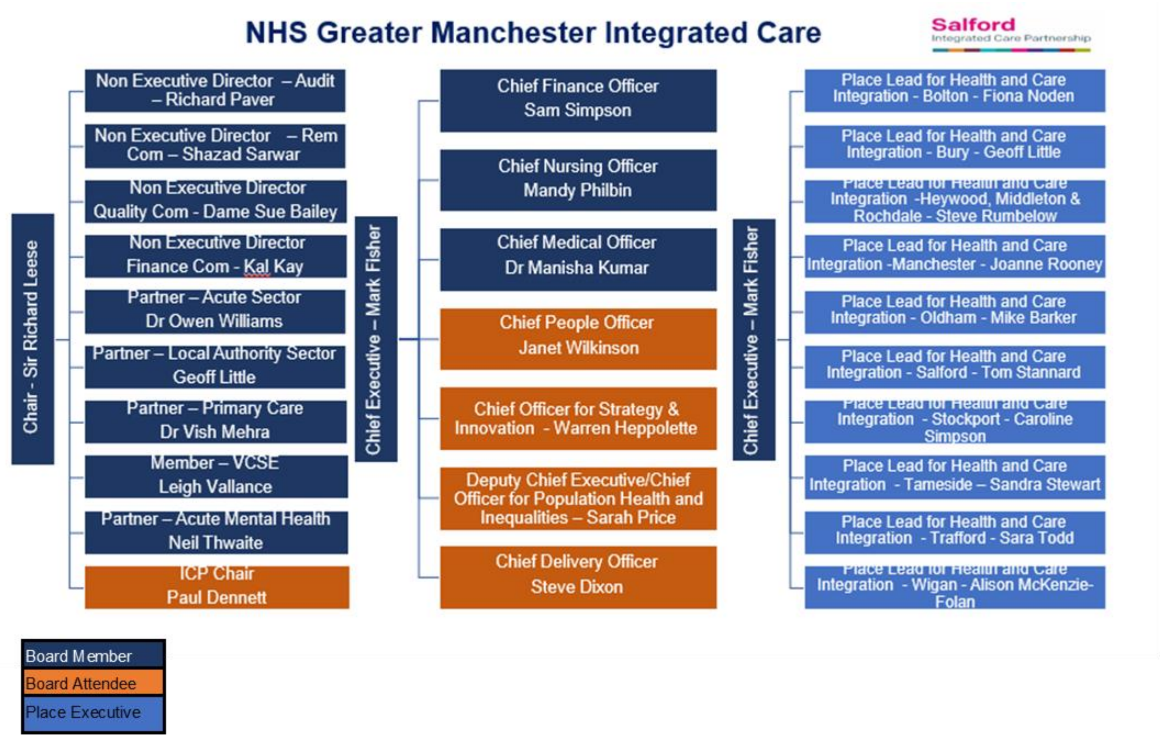
The Locality Board is for the health and care service or system. It has influence over Salford Royal but is not a decision making authority on money. Its responsibility is to make sure that the £330million resource isn't overspent and decide which areas to spend money.

The Health and Wellbeing Board was set up before the latest changes and has a statutory responsibility to exist. This Board is more about influencing and pulling together rather than decision making. Decisions can be made locally but it is more of an engagement forum.

The Clinical Care Professional Leadership Board is a decision making Board where decisions are made by all of those groups who are influenced.

GM ICP Membership

If it's possible to have one representative from the housing sector and work and skills, with others invited as required – this results in an ICP of 30 members.



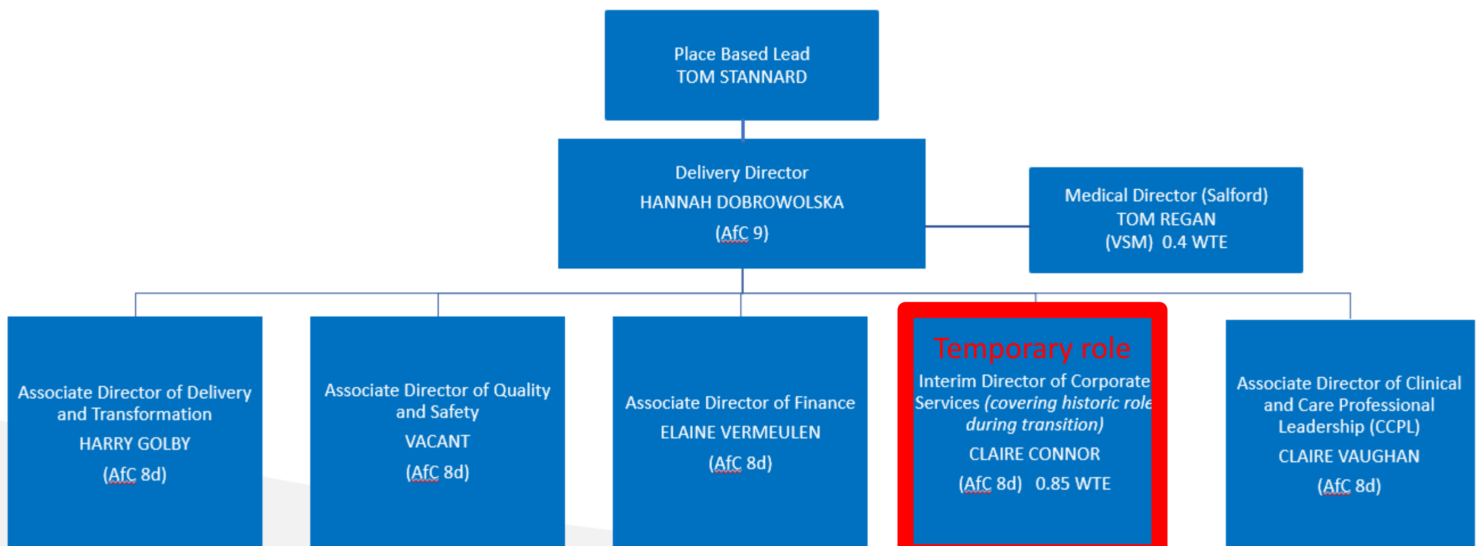
Functions
Locality:

- Service redesign
- Continuing Healthcare/Funded Nursing Care
- Safeguarding
- Medicines optimisation
- Local resource towards quality improvement, Clinical and Care Professional Leadership

Pan GM:

- Finance, contracting, estates
- Digital, IT, IG, data and insight
- Communications, engagement, equality
- HR, OD and workforce
- Quality and safety, quality assurance, Clinical and Care Professional Leadership
- Strategic clinical networks, service redesign
- Clinical governance, improvement and effectiveness (Improvement Hub)
- Strategy, planning
- Public and Population Health, EPRR
- Direct commissioning
- Adult Social Care transformation
- Performance and corporate governance

Locality Team Structure



Finance
Manchester has overspent £1/2 Billion and is not delivering on a lot of the targets set. Staff have been retained post-Covid but this hasn't become more effective. Support is being brought in to make GM more productive and save money. There will be a review of leadership and governance.

Next steps
The GM Strategy is now place. The key messages include wanting and welcoming VCSE engagement, their views, thoughts and challenges. Finance will be a big challenge. There is commitment to community and strengths based approaches. Any feedback is welcomed on an individual level or organisational level.

Question, Comments and Answers

Q - There is a good system in place to cascade information down to VCSE Leadership. The VCSE Sector could come up with initiative ideas which can help the overspend, and by working together, can come up with more creative ways to save money. How do we get to the point where big issues, such as overspend, can get down to the creativity of the VCSE?

A - If it was simple, it would have been done already. Hannah is happy to share as much information as possible and has met with Chris Dabbs and the leaders of Economies of Healthy Lives looking at start ups in local communities. Hannah will give more thought as to how to share the challenges with the VCSE Sector – e.g. out of area placements (adults and children), discharges (no reason to reside), the speed of and using emergency care funding, what can be done to avoid people being admitted in the first place, and strengths based community elements.

Q – Are we still driven by NHS tartes rather than outputs? Can the ICP determine it's own outcomes? All the energy goes into demonstrating targets are hit.

A – There are measures in the strategy which are more outcomes-based. Regardless of the devolution, it is operated under licence and the licence relates to delivering targets. Outcomes are important to the population. We have to do both and find a way to deliver targets to people but do it in a more strengths-based approach.

C – It's difficult to achieve political targets from NHS and with the post-Covid deficit. Manifestos and agreements will get us out into communities. There are people in the VSCE sector who are already working on things such as discharge from hospital, we need to get in a room and see how we can support the ICS and the VCSE will be more value for money than other services. We don't have conversations as we aren't thinking and approaching things in this way but we are missing something by not getting together to discuss challenges and solutions.

C – It is important to link the NHS GM level priorities and ambitions into the Equality Strategy, which links to the local authority and the VCSE Sector. The Provider Collaborative could feed into the Equality Strategy.

A – The Tackling Health, Inclusive Economy and Equality Strategies all sit within the Health and Wellbeing Board.

The journey so far for the VCSE Sector in the ICS
Michelle Warburton shared a presentation giving an overview of the VCSE involvement with the ICS so far.

Greater Manchester
GM has engaged into the ICS via the GM VCSE Leadership Group which has developed the VCSE Accord. This Accord has an action plan and funding for implantation. The funding is locally and across GM.

The VCSE Leadership Group ensured that there was VCSE representation on the transition boards and as a result, our sector is involved across GM on the structures.

A commitment for investment has been made to ensure the sector has a voice in terms of shaping and putting information into the strategy. 10GM was awarded funding for Big Conversations and Salford CVS facilitated a number of these conversations with the VCSE sector, which fed into and informed the ICS Strategy.

Salford
Alison Page and Bruce Poole from Salford CVS represented the sector on the transition board and it's subgroups including finance and workforce.

The Memorandum of Understanding (MoU) with Salford NHS Clinical Commissioning Group set out a number of principles around how we work together. The MoU ceased to exit due to the ending of the Salford NHS Clinical Commissioning Group but has now been transitioned into the terms of reference of the Locality Board.

Salford is the most sophisticated system in Greater Manchester with wide spread VCSE engagement.

VOCAL Representation
The VCSE Reps from each board were invited to update and give feedback on their experiences from sitting on the various ICS Boards.

Salford Health & Wellbeing Board – Ben Andrews, Joan Fielder, Jenni Smith
Jenni is passionate about joining the Health and Wellbeing Board. There are over 2000 people using the Salford Loaves and Fishes Centre in need of support. Jenni wasn't clear if this was a decision making Board but there is a lot of note taking.

Joan is still trying to get up to speed with the changes to everything. Joan doesn't feel that it is a decision making Board but it does showcase issues. There are lots of interesting presentations to comment on. It is an interesting group of people where Joan feels she is learning a lot, however she doesn't feel like she is influencing on behalf of the VCSE Sector yet.

Ben has attended four meetings and he attends to make sure that accessibility for disabled people is included. There are some good things being discussed but there is supposed to be a focus on the wider determinants of health so that a broader range of things are brought to the board. Ben feels that everyone is given a chance to speak

and give their opinion. Sometimes things like pharmacy are
brought to the Board and Ben questions if this is the best place for it to sit. It does feel like this Board is a signing off exercise without actually giving their okay to go ahead. Ben feels like they aren't informed as to where the outcomes from these decisions go and what is being fed back.

Salford Locality Board – Lynne Stafford, Lisa Dickinson
Lynne feels that this is a decision making Board are information is passed on. It feels like it is currently more of a governance/policy focus as things still need signing off after the changes. A draft of the GM Strategy came to the Locality Board and Lynne brought up the emphasis of inequalities and hard to reach communities. She felt as if she had influenced and that this feedback was fed upwards. At the last meeting a presentation was given on getting Salford more active from the Health and Wellbeing Board where voluntary groups were mentioned to help get people walking. Lynne reflected that it was great to embrace people into these groups but others need to be mindful of voluntary organisations and capacity as most of them are small groups. Peter Locke agreed to speak with Lynne after the Board meeting, so Lynne feels like she's making a small difference.

Lisa says she feels that she is lost amongst the jargon but despite that, she does feel as if she has contributed and has never felt patronised if she needed something explaining. The voluntary sector has a great deal to offer on the level of equalities impact assessments.

Salford Provider Collaborative – Kim Bond, Rabbi Simon Grant, Michelle Dennett, Irene Lockett, Hannah Taylor
The Reps from this Board were not in attendance at this Forum meeting. Michelle fed back that there was a large number of people present on this Board as they are providers. Michelle will ask Reps to share their contact details so that people from the VCSE sector can share their views.

Salford Clinical & Professional Leadership – Scott Darraugh, Kelly Hylton
The Reps from this Board were not in attendance at this Forum meeting.

Hannah responded to the feedback by saying it is all helpful. Dr Muna Abdel Aziz has made it clear that the Health and Wellbeing Board needs to be influencing groups and as it develops it would be good for it to feel like it's challenging. The Real Living Wage has been gripped and may be used as a model for other topics. The Health and Wellbeing Board is held in public spaces so the public are welcome to observe it. There are some things which are able to go to multiple Boards for different reasons. Hannah wills hare a summary of the groups which can be circulated.

A Reps feedback report is written monthly. Some questions that may arise in these reports will be fed back to Hannah from Michelle.

Roundtable discussions
The attendees split into groups to discuss questions and fed back.

What would the VCSE Sector like to see in the delivery plan for the Greater Manchester Integrated Care Partnership Strategy priorities:-

- Strengthening our communities
- Helping people get into and stay in good work
- Helping people stay well

Feedback:

- Longer term and consistent commissions
- NHS sharing issues with the VCSE sector in an honest, regular and meaningful way to devise solutions
- Investment into specific communities i.e. d/Deaf community, older people
- Engagement with local people/community leaders
- Listening to communities – what is important to diverse communities?
- Communications – simple and broad language, formats
- Collaboration between organisations to create pathways and networks – not just signposting. Data, governance, quality assurance, support from larger VCSEs to smaller organisations
- Community safety – perceptions of danger/risk. Barrier breaking, bringing people together

What can the VCSE sector contribute to the delivery of the priorities?

Feedback:

- Volunteer pathways into paid work – access, community service is trying to help
- Longer term/consistent funding – not time to test and prove if only short term
- Real Living Wage