

AGENDA FOR HEALTH AND WELLBEING BOARD

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To: All Members of Health and Wellbeing Board

Voting Members: Dr K. Patel, P. Jones-Greenhalgh (Vice-Chair), D. Bevitt, M. Carriline, S. North, Councillor R Shori (Chair), L. Jones and Councillor A. Simpson; J. Marshall; B. Barlow

Non-voting Members: R. Bellingham

Dear Member/Colleague

Health and Wellbeing Board

You are invited to attend a meeting of the Health and Wellbeing Board which will be held as follows:-

Date:	Thursday, 9 April 2015
Place:	Meeting Rooms A&B, Bury Town Hall
Time:	6.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members of the Health and Wellbeing Board are asked to consider whether they have an interest in any of the matters on the Agenda, and if so, to formally declare that interest.

3 MINUTES OF PREVIOUS MEETING *(Pages 1 - 6)*

Minutes attached.

4 MATTERS ARISING *(Pages 7 - 12)*

Forward plan attached.

5 PUBLIC QUESTION TIME

Questions are invited from members of the public present at the meeting on any matters for which the Board is responsible.

Approximately 30 minutes will be set aside for Public Question Time, if required.

6 SUPPORTING WORKING CARERS *(Pages 13 - 20)*

Zena Shuttleworth, Strategic Planning and Development Officer, Bury Council will report at the meeting. Report attached.

7 DEVOLUTION FOR GREATER MANCHESTER *(Pages 21 - 66)*

Stuart North, Chief Operating Officer, Bury CCG will report at the meeting. Presentation and reports attached.

8 BURY DIRECTORY UPDATE

Heather Crozier; Social Development Manager, Bury Council will report at the meeting. A report will be sent to follow.

9 URGENT BUSINESS

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

Minutes of: HEALTH AND WELLBEING BOARD

Date of Meeting: 29 January 2015

Present: Cabinet Member, Councillor Rishi Shori (Chair); Director of Public Health, Lesley Jones; Chief Operating Officer, CCG, Stuart North; Councillor Andrea Simpson; Dr. K Patel; Executive Director, Children and Families, Mark Carriline; Representing B3SDA; Dave Bevitt; Healthwatch Chair, Barbara Barlow.

Also in attendance:

Jimmy Cheung – Senior Medicines Optimisation Pharmacist, North West Commissioning Support Unit.
Heather Hutton - Health and Wellbeing Board Policy Lead.
Anna Barclay, Public Health Analyst.
Julie Gallagher - Democratic Services.

Apologies:

NHS England; Mr. Rob Bellingham.
Executive Director, Communities and Wellbeing; Pat Jones-Greenhalgh.
Chief Inspector, Integrated Neighbourhood Policing & Partnerships, Bury Division; Jo Marshall.

Public attendance: There were no members of the public in attendance

HWB.661 DECLARATIONS OF INTEREST

There were no declarations of interest.

HWB.662 MINUTES

Delegated decision:

That the Minutes of the meeting of the Health and Wellbeing Board held on Thursday 18th December 2014, be approved as a correct record and signed by the Chair.

HWB.663 MATTERS ARISING

Members of the Board reviewed the Health and Wellbeing Board forward plan.

Delegated decision

The Health and Wellbeing Board forward plan be noted.

HWB.664 PUBLIC QUESTION TIME

There were no questions from members of the public.

HWB.665 PHARMACEUTICAL NEEDS ASSESSMENT CONSULTATION UPDATE

The HWB considered a verbal presentation from Jimmy Cheung, Senior Medicines Optimisation Pharmacist in relation to the Pharmaceutical Needs Assessment. An accompanying report entitled the Pharmaceutical Needs Assessment, post consultation draft 2015-2018 was circulated to members.

The Draft PNA and consultation response was issued to all pharmacy contractors, dispensing appliance contractors, Bury CCG, Bury LPC, Bury LMC, local Healthwatch and the general public.

With regards to pharmacy provision in the Besses ward, the Senior Optimisation Pharmacist reported that if a pharmacy contractor applied to trade in the M45 area, post April 2015, the revised PNA will form part of the decision making process.

The Senior Optimisation Pharmacist reported that it would be the responsibility of the Commissioning Support Unit to provide supplementary statements over the lifetime of the PNA (three years).

In relation to concerns raised about Judicial Review; the Senior Medicines Optimisation Pharmacist reported that the Commissioning Support Unit has consulted with a wide range of stakeholders as part of the consultation process and the need identified in terms of the Besses ward was based on evidence.

Delegated decision:

1. That the Health and Wellbeing Board unanimously agrees to ratify the final version of the Pharmaceutical Needs Assessment.
2. The Pharmaceutical Needs Assessment will be published no later than the 31st March 2015.

HWB.666 BETTER CARE FUND UPDATE

The Chief Operating Officer, CCG provided members of the Board with an update in relation to the Better Care Fund.

Bury's Better Care Fund plan was signed off by the Health and Wellbeing Board on 18th September & submitted to NHS England on the 19th September 2014. The plan was then subject to a national assurance process and was approved with conditions.

A revised version of the plan was re-submitted to the national Better Care Fund Task Force on 14th January 2015. The Plan will now be subjected to a further national assurance process and assuming the conditions have now been met, it will either be approved or approved with support from either the national Better Care Fund Taskforce or the Local Area Team.

The Chief Operating Officer, CCG, reported that initial feedback from the Task Force in relation to the revised plan has been positive.

Delegated decision:

The Health and Wellbeing Board ratify the Better Care Fund submission.

HWB.667 QUARTERLY REPORT ON HEALTH AND WELLBEING BOARD PRIORITY INDICATORS

The Health and Wellbeing Board considered a verbal presentation from Anna Barclay, Public Health Analyst. The presentation contained the following information;

In July 2014, the Health & Wellbeing Board entered into a commitment to refresh the Health & Wellbeing Strategy. To ensure that the Health & Wellbeing Board were kept informed of performance against each measure whilst the refresh of the strategy was taking place, a data Dashboard was produced and agreed alongside the refresh of the strategy. Where possible, the data included on the dashboard is sourced from the three national outcomes frameworks as these provide robust data and enable comparisons with other areas.

- Public Health Outcomes Framework
- NHS Outcomes Framework
- Adult Social Care Outcomes Framework

The public health analyst reported that the targets for Bury will be dependent upon the comparison with the Borough's statistical neighbours. This will be either; to be better than our statistical neighbour average; to be the best statistical neighbour group or to be the best in England.

In response to a Member's question; the Executive Director, Children and Families expressed concerns with regards to the Boroughs results in relation to the national phonics screening test; Bury has been ranked worst in the north-west. The Council has submitted a plan to address these concerns to the Department for Education and Employment.

Delegated decision:

The report be noted.

HWB.668 CHILDREN AND YOUNG PEOPLE'S PLAN

The Health and Wellbeing Board considered a verbal presentation from the Executive Director, Children and Families. An accompanying report had been circulated to members of the Board. The report contained the following information:

Children & Young People's Plan 2015-18 sets out Bury Children's Trust working arrangements, its Ambitions for children and young people, and the Priorities which partners will work together to address over the next 3 years.

Document Pack Page 4

Health and Wellbeing Board 29 January 2015

The CYPP sets out overarching Ambitions which encapsulate the vision of the Children's Trust for all children and young people. Over the next 3 years, the Children's Trust Priorities will be:

- Children and Young People will have access to early help: right help, right time, right person
- Developing Resilience and Improving Emotional Health & Wellbeing in children and young people
- Preventing Alcohol and Substance Misuse

Members discussed the importance of different agencies working together with stakeholders to develop resilience and improve the emotional health and wellbeing of children and young people.

Delegated decision:

- Health & Wellbeing Board approves the Children & Young People's Plan.
- The Children's Trust Board will provide update reports to Health & Wellbeing Board at six-monthly intervals.
- The Children's Trust Board, Participation Strategy will be considered at a future meeting of the Health & Wellbeing Board.

HWB.669 QUARTERLY NHS ENGLAND AREA REPORT

Members considered the NHS England quarterly report. The report is focussed on the commissioning and provision of Dental Service, together with an update for the Bury Prime Minister's challenge fund bid site. There is further additional information for GP Medical Practice, Community Pharmacy and Optometry Practices.

Delegated decision:

In the absence of the report's author, Rob Bellingham, NHS England; Members of the Board agreed that any comments/questions in relation to the report would be forward to Julie Gallagher, Democratic Services Officer.

HWB.670 PRIMARY CARE CO-COMMISSIONING

Dr. K. Patel, Bury Clinical Commissioning Group reported that NHS England has recently invited CCGs to take on an increased role in the commissioning of Primary Care Services.

NHS England would like to encourage HWBs to have a conversation with their local commissioners of Primary Care. Dr. Patel reported the guidance indicates that in order for a joint committee between NHS England and the local CCG to appropriately address conflicts of interest issues, a member of the H&W Board and a member of the local Healthwatch should be on the committee.

Delegated decision:

The Health and Wellbeing Board approves the appointment of Pat Jones-Greenhalgh, Executive Director of Communities and Wellbeing as the Boards representative on the CCG/NHS England Joint Committee for Primary Care Co-Commissioning.

HWB.671 URGENT BUSINESS

There was no urgent business reported.

Councillor Rishi Shori
Chair

(Note: The meeting started at 6pm and ended at 6.45pm)

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Board Date	Member Development Session	Interactive discussion/ focus	Agenda Items	
17 th July 6pm	<p><u>Draft Agenda</u></p> <ul style="list-style-type: none"> • TOR • Role of Chair • Role of Policy Lead • Role Of Democratic Services • Member development requirements focus group 	<p><u>Draft Agenda</u></p> <p>Future Role & Function of the Board</p> <ul style="list-style-type: none"> • Health & Wellbeing Strategy Update Report (Heather Hutton) • Bury Partnership framework Presentation (Harry Downie) • Outcome Based Accountability Presentation (Lesley Jones) • Overview of Integrated Health & Social Care (Lorraine Tatlock) 	Information	<ul style="list-style-type: none"> • Update report on the JSNA (Lesley Jones) • North West DPH Manifesto (Lesley Jones)
			Discussion	<ul style="list-style-type: none"> • Open Objects- 'The Bury Directory' presentation (Heather Hutton/Paul Cook) • Pharmaceutical Needs Assessment Presentation (Lesley Jones/ CSU)
			Decision	
			TBC	

<p>18th September 2pm</p>	<p><u>Draft Agenda</u></p> <ul style="list-style-type: none"> • To be informed by the Member Development Action Plan 	<p><u>(2) Draft Agenda</u></p> <ul style="list-style-type: none"> • Priority 1 of Health & Wellbeing Strategy- <i>Ensuring a positive start to life for children, young people and families</i> - Includes SEN Reforms - Includes Changes to Health Visitors • (1A) Proposal to establish a 'Starting Well' work stream (Lesley Jones) 	<p>Information</p> <hr/> <p>Discussion</p> <hr/> <p>Decision</p> <hr/> <p>TBC</p>	<ul style="list-style-type: none"> • (6) ADASS paper (Sharon Martin) • (7) Co – Commissioning Proposal (Sharon Martin) • (3) Healthier Together Presentation (Sharon Martin) • (4) 5 year Health CCG Strategy (Sharon Martin) • (5) Sign off Better Care Fund • (1B) Bury Safeguarding Board/Children’s Trust (Mark Carriline)
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30th October 6pm	To be informed by the member development action plan	<p align="center"><u>Draft Agenda</u></p> <p>1. Priority 4 of Health & Wellbeing Strategy- <i>Promoting independence of people living with long term conditions and their carers</i></p> <p>1.A) Presentation on The Bury Directory (Heather Hutton)</p>	<p>Information</p> <p>Discussion</p>	<p>2. Letter from Secretary of state re: Effective engagement between Health & Wellbeing boards and providers (Julie Gallagher)</p> <p>3. Proposals for a revised Greater Manchester Health & Wellbeing Board (Cllr Shori/Pat Jones-Greenhalgh)</p> <p>6. Update on Team Bury Forum (Heather Hutton)</p>
			<p>Decision</p>	<p>4. Member Development Day update and Etiquette & Expectations document (Heather Hutton)</p> <p>5. Report on the updated Health & Wellbeing Strategy, delivery plan and outcomes framework for Priority 1 (Heather Hutton)</p>
			<p>TBC</p>	

18th December 2pm	To be informed by the member development action plan	<p align="center"><u>Draft Agenda</u></p> <p>Priority 3 of Health & Wellbeing Strategy- <i>Helping to develop strong communities, wellbeing and mental health</i></p>	<p>Information</p>	<ul style="list-style-type: none"> • PNA Consultation Update report (Jimmy Cheung) • Supporting working Carers (Zena Shuttleworth)
			<p>Discussion</p>	<ul style="list-style-type: none"> • Briefing on the Inquiry into Health Equity for the North (Lesley Jones) • Presentation Update on Better Care Fund (Lorraine Tatlock) • Pennine Care & Pennine Acute update • New Disability Strategy for Bury Consultation.
			<p>Decision</p>	
			<p>TBC</p>	



29th January 6pm	To be informed by the member development action plan	<p><u>Draft Agenda</u></p> <p>Priority 2 of Health & Wellbeing Strategy- <i>Encouraging healthy lifestyles and behaviours in a all actions and activities</i></p>	<p>Information</p> <ul style="list-style-type: none"> • Quarterly report on Health & Wellbeing Strategy refreshed indicators/baseline priority 1 (Anna Barclay) • PNA Consultation final report (Jimmy Cheung) • Quarterly NHS England area report (Rob Bellingham)
			<p>Discussion</p> <ul style="list-style-type: none"> • Children and Young People’s Plan 2015 to 2018 (Mark Carriline/ Lindsey Dennis) • Primary Care co-commissioning (Stuart North) • Greater Manchester Strategy for Public Health (Lesley Jones)
			<p>Decision</p> <ul style="list-style-type: none"> • Better Care Fund Ratification report (Stuart North/Pat Jones Greenhalgh)
			<p>TBC</p>

5th March 2pm	To be informed by the member development action plan	<u>Draft Agenda</u> Meeting cancelled	Information	Meeting cancelled
			Discussion	Meeting cancelled
			Decision	Meeting cancelled
			TBC	Meeting cancelled
9th April 6pm	Chair development Session	<u>Draft Agenda</u> Focus on: Devolution for Greater Manchester (Stuart North)	Information	
			Discussion	<ul style="list-style-type: none"> • Supporting Working Carers (Zena Shuttleworth) • The Bury Directory update (Heather Crozier) • Devolution for Greater Manchester (Stuart North)
			Decision	
			TBC	
<p>Beyond...</p> <ul style="list-style-type: none"> • Working Well Protocol (June 2015) • Annual Safeguarding Children’s Report (Sept 2015) • Child Death Overview Report (Sept 2015) • Healthier Together Reconfiguration update <ul style="list-style-type: none"> • Report on the updated Health & Wellbeing Strategy, delivery plan and outcomes framework for Priority 2, 3 & 5 (Heather Crozier) • Report on Priority 3,4 & 5 governance arrangements (heather Crozier) • Report on Health & Wellbeing Strategy refreshed indicators/baseline priority 2, 3, 4 & 5 (Anna Barclay) <ul style="list-style-type: none"> • Independent Director of Public Health’s Report (Lesley Jones) • Quarterly NHS England area report (Rob Bellingham) 				

Bury Health and Wellbeing Board

Title of the Report	Grant: Supporting working carers to remain in employment
Date	13.11.2014
Contact Officer	Zena Shuttleworth
HWB Lead in this area	

Executive Summary

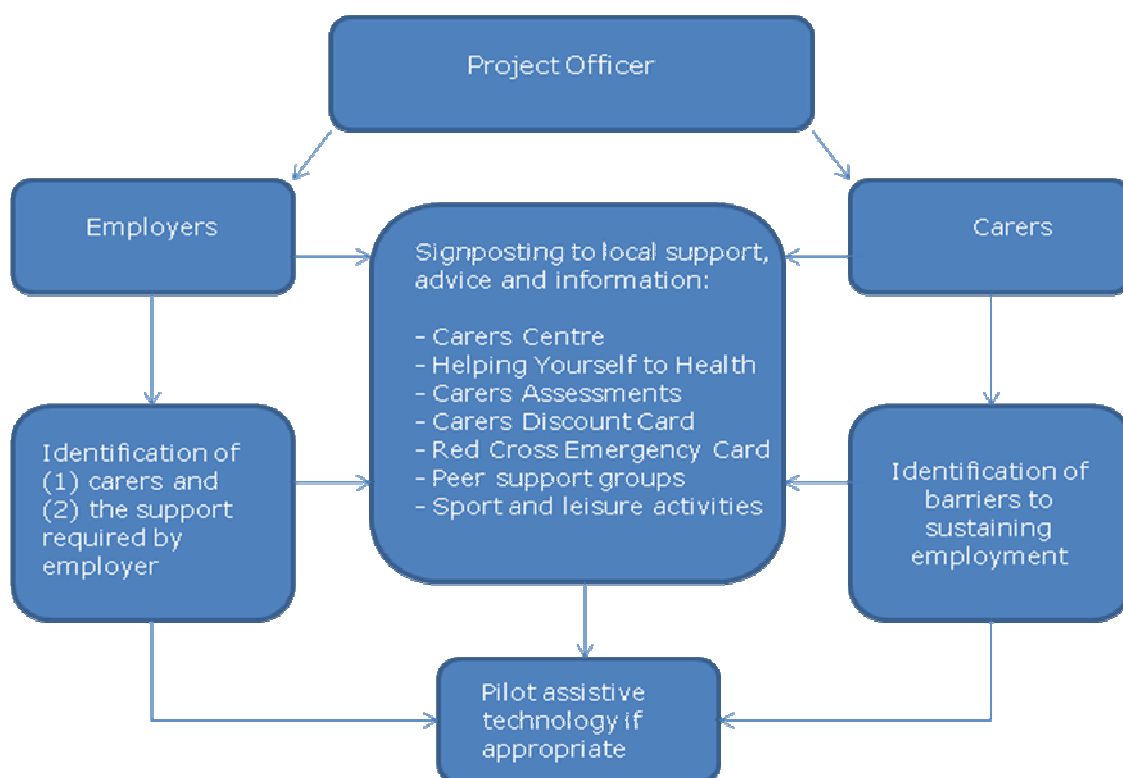
Is this report for?	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input checked="" type="checkbox"/>
Why is this report being brought to the Board?	Carers is one of the Board's priorities		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy)  Living_well_in_Bury_Making_it_happen_to	Priority 4 - Promoting independence of people living with long term conditions and their carers.		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)  Bury JSNA - Final for HWBB 3.pdf	§ Carers (Vulnerability section) § Unemployment and benefits (Work and welfare section)		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	Recommendations: § The Health and Wellbeing Board agree to support the aims and objectives of the pilot. § The Board agree that Bury Council is approached to be involved with the pilot. § The Board agree that managers and carers will be supported to be part of the pilot. § The Board agree that Bury Council will be supported to implement recommendations that come out of		

	<p>the pilot (e.g. refreshing carer-friendly policies and procedures). This will sanction the culture change of our organisation and ensure the council leads the way in supporting carers.</p>
<p>What requirement is there for internal or external communication around this area?</p>	<p>There will be a requirement for internal and external advertising of the Project Officer. Once this post has been recruited to, a publicity campaign will follow to promote the pilot and the benefits to supporting carers in the workplace.</p>
<p>Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.</p>	<p>The Senior Management Team (C&WB) and the CCG Board has seen the initial expression of interest and agreed to support the pilot. Other stakeholders who have agreed to support this are:</p> <ul style="list-style-type: none"> § Working Carers Group § Strategic Planning and Development Unit § Strategic Planning and Economic Development Unit § Carers Centre § Carelink

Introduction / background

In August 2014, Bury Council submitted an expression of interest for a pot of funding which aimed to support working carers remain in employment through the use of assistive technology. Out of the 60 local authorities to submit their interest, 14 have been invited to submit further information. Bury Council is one of these.

The concept of this pilot is to build upon existing services and support in Bury whilst building an evidence base to promote the use of assistive technology.



A dedicated Project Officer will be recruited to manage the pilot to ensure that key stakeholders, including employers, are involved throughout. The Project Officer will identify and support both employers and carers and will become a referral mechanism on to the pilot. They will assess the carers’ needs to understand what support they require, both to sustain their employment and to support them in their wider caring role, and refer to universal and targeted support as appropriate. Employers will be given practical information on how to support carers within their workplace (based on national best practice), including advice on how to develop carer-friendly policies and procedures.

Once a group of suitable carers and employers has been identified to pilot the assistive technology, they will be supported to do so whilst the Project Officer captures the difference this is making to the caring and employment roles. As we are aware that the use of assistive technology may be a daunting prospect for some carers, a bank of hours has been budgeted for to allow a domiciliary care agency to visit the person with care needs as required. It is anticipated that, as the pilot progresses and people become comfortable with the technology, visits by a domiciliary care agency will decrease.

With regards to the assistive technology, it is envisaged that, as a minimum, each person screened through to the assistive technology element of the pilot will have a home safety and personal security system installed in their home. This consists of a panic button which has a direct link to the Bury Council's Carelink call centre; additional services can be attached to this as required. Additional technologies carers will have access to could be as simple as a flood detector or an exit sensor, or as advanced as a GPS tracker. All assistive technology will be tailored to the specific needs of that carer.

As sustainability is integral to the design of this project, the Project Officer will also look at future funding models, for example, does the carer pay for the ongoing use of the technology (either as a self funder or through a Carers Personal Budget), does the employer pay or will the evidence strongly support the introduction of a salary sacrifice scheme where carers have the opportunity to purchase technological support as parents can purchase childcare vouchers? It is envisaged that the Project Officer will focus on a model for sustainability which can be presented to central Government to influence national policy.

The intended post holder will sit within the Strategic Planning and Development Unit of Bury Council's department of Communities & Wellbeing (this is co-located with the strategic lead for carers) and will have management and peer support to initiate and develop the pilot.

Although this pilot will be lead by Bury Council, we will need to work with a number of other key stakeholders, partners and service providers to ensure the pilot is a success. Key stakeholders will include carers and the people they care for, employers, Carelink, our internal Economist, Bury Council's Working Carers Group, Bury Carers Centre, Strategic Planning and Economic Development team, Bury Third Sector Development Agency, Public Health and Bury's Clinical Commissioning Group. The stakeholders spoken to so far have been extremely enthusiastic about the pilot and can see the health, economic and community benefits to supporting it.

Key issues for the Board to Consider

If successful, we will be approaching employers to become involved with the pilot, either through the development of carer-friendly policies and procedures and/or supporting them to encourage the carers use the assistive technology. As Bury Council is one of the biggest employers in this borough, I would like them to be one of the organisations involved with the assistive technology element of this pilot. As this pilot meets numerous priorities within the Health and Wellbeing Strategy 2013-2018, JSNA and Carers Strategy 2013-2018 and meets objectives within the 'Working Well' and 'I Will if you Will' workstreams, I am asking the Board for their support with this. I envisage that the support of the Board will demonstrate council-wide strategic buy-in and leadership whilst sanctioning a culture change in which all staff are better supported to undertake their roles.

Key issues to be considered if Bury Council is involved include:

- § Extra managerial work this may involve – how can managers be supported to include work for this pilot within their everyday responsibilities?
- § How will carers be supported through the pilot? Considering the use of assistive technology may be a new concept to some carers they must work within a supportive environment where they can take phone calls and leave the office at a moment's notice if necessary.

It is recommended that a full contingency plan is agreed before each carer and manager signs up to the pilot.

Recommendations for action

- § The Health and Wellbeing Board agree to support the aims and objectives of the pilot.
- § The Board agree that Bury Council is approached to be involved with the pilot.
- § The Board agree that managers and carers will be supported to be part of the pilot.

- § The Board agree that Bury Council will be supported to implement recommendations that come out of the pilot (e.g. refreshing carer-friendly policies and procedures). This will sanction the culture change of our organisation and ensure the council leads the way in supporting carers.

Financial and legal implications (if any)

If necessary please see advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

Costings within the project plan have been set at £125,032 (funding will come via the Equalities Office, Department of Health and the Department for Work and Pensions). Terms and conditions of the grant are currently unknown but we will ensure these are available if informed we are successful.

Other financial implications include staff time of those involved with the pilot (these are unknown at this stage).

A legal framework may need to be agreed to cover the project in case of crisis (i.e. something happening to the cared for person whilst they are part of the pilot).

Equality/Diversity Implications

This pilot has no known negative effect on the equality and diversity framework. Carers are one of Bury Council's protected characteristics on the equality analysis framework and are one of the main beneficiaries of this pilot.

CONTACT DETAILS:

Contact Officer: Zena Shuttleworth

Telephone number: 0161 253 5272

E-mail address: z.shuttleworth@bury.gov.uk

Date: 13.11.2014

Note – 11.03.2015

We received notification in January 2015 that we were successful with this grant submission. A Memorandum of Understanding has been signed and returned. The full grant allocation (£125,032) will be paid in March 2015.

Work is already underway to agree a project plan and timeline. Recruitment to the post will commence soon.

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JOINT GREATER MANCHESTER COMBINED AUTHORITY & AGMA EXECUTIVE BOARD MEETING

Date: 27th February 2015

Subject: GM Health and Social Care

Report of: Sir Howard Bernstein, Head of the Paid Service and Steven Pleasant
Lead Chief Executive for Health

PURPOSE OF REPORT

This report provides an analysis of a Memorandum of Understanding that has been developed between GM local authorities, GM CCGs and NHS England in consultation with other stakeholders including GM NHS Providers. The MoU creates a framework for the delegation and ultimate devolution of health and social care responsibilities to Greater Manchester as part of a new partnership between local authorities, CCGs, NHS England and other stakeholders.

A Road Map starting in April 2015 and leading to full devolution in April 2016 is part of the MoU.

RECOMMENDATIONS:

1. To welcome the MoU as representing an important and significant step in the development of a new collaborative partnership model for GM health and social care leading to the full devolution of responsibilities in April 2016.
2. To reinforce the commitment of the GMCA/AGMA to work constructively and in partnership with all NHS stakeholders so that together all organisations create the best possible platform for improving the outcomes for local people and the long term sustainability of the health and social care system.
3. To endorse the MoU and commend it to all ten AGMA local authorities and request that it is considered and endorsed by each authority by 30th March 2015
4. To authorise officers to bring back a report following consultation with NHS colleagues on an Implementation Plan.

CONTACT OFFICERS:

Sir Howard Bernstein,
h.bernstein@manchester.gov.uk

Liz Treacy
l.treacy@manchester.gov.uk

Steven Pleasant
Steven.pleasant@tameside.gov.uk

BACKGROUND PAPERS:

None

INTRODUCTION

1. The integration of health and social care within and across Greater Manchester has been a major priority for some time as it is a key component of GM's growth and reform strategies. This was reflected in the GM Devolution Agreement agreed with the Government in November 2014, which secured access to a range of functions to drive growth and reform, and in which GMCA, working with GM CCGs and other stakeholders, was invited to bring forward a business plan for the integration of health and social care across Greater Manchester.
2. Since that Agreement officers have been working with CCGs, Providers and other stakeholders to bring forward such a plan. Discussions have also taken place with NHS England whose support for such an approach would be crucial. In the light of these further discussions GM local authorities and the full range of NHS stakeholders have been invited to develop ambitious plans for a new partnership between Greater Manchester health and social care bodies and NHS England which would significantly widen the platform for collaboration from that identified in the Devolution Agreement; and crucially, bring into sharp focus and deliver the devolution of all current funding and decision making for health and social care within Greater Manchester.
3. NHS England's 5 Year Forward View, which was published last year, articulates why change is urgently required, what change might look like and how it can be achieved. Collaboration between different stakeholders within the NHS and with social care providers and funders is at the heart of this strategy. NHS England sees GM as a test bed for new approaches to delivering new models of integrated care which reflect the needs of the local population. Through a new partnership approach involving local and national stakeholders greater freedoms and flexibilities and new place-based organisational models can be explored and developed to make the best use of total resources and deliver better outcomes for people. Such an approach will address the fundamental challenges of how the GM health and social care system can become financially sustainable over time, and how health and well being can support and enhance GM's priority of reducing worklessness, supporting people back into employment and providing growth through innovation.

4. A Memorandum of Understanding has therefore been worked up by the GM local authorities and CCGs, with support from GM NHS providers, which responds to this invitation. It is intended to provide the essential broader framework within which NHS England working with a wide GM partnership of local authorities, CCGs and other stakeholders can prepare for the full devolution of relevant NHS funding to GM and for GM to become the trailblazer for the objectives set out in the NHS 5 Year Forward View.
5. The MoU has been in development for several weeks between all of the relevant GM bodies. It has the support of the NHS Providers (NHS Trusts) which is key to the successful delivery of devolution and integration. This report requests the endorsement of GMCA and AGMA to the MOU and requests GMCA and AGMA to recommend the endorsement of the MOU to all ten local authorities in order to progress the Road Map to full devolution which is described within the MoU and which is due to commence from the 1st April 2015. GM CCGs which have agreed the overall direction of the strategy will also be requested to take the MoU through their own decision making processes.
6. It should be noted that, as a MoU, the document sets out the broad principles that the parties have agreed, the objectives, a proposed governance structure and a timeline for implementation all of which are explained in more detail below. It does not make any changes to the statutory accountabilities or duties of local authorities or CCGs nor will the accountabilities or existing financial flows to CCGs or local authorities be affected.

THE CASE FOR CHANGE IN GREATER MANCHESTER

7. Health and social care services represent a significant proportion of the total public services costs incurred in GM and are central to GM's growth and reform agenda. It is estimated that under the "business as usual" model the GM health and social care economy faces a fiscal challenge of £1.1bn pa by 2017/18.
8. The ongoing challenge of securing financial sustainability is made all the more difficult by a number of factors;
 - Artificial barriers between primary care, secondary care, social care, self-care and social support;
 - Hospital services which are fragmented and expensive; and which tend to focus more on organisational priorities than those of the places they are intended to serve.
 - Mental Health services which fail to address community requirements, particularly in supporting people into work;
 - Primary Care Providers who are not empowered or incentivised to make intensive intervention at the earliest stages to prevent ill – health which is resulting in rising levels of health inequalities;
 - Inadequate focus on public health prevention;
 - A social care system that does not link with health providers to support people to independence;

- National Delivery Models which fail to prioritise local partnerships with academic institutions to drive innovation, improvement and large scale change.

The impact of these constraints is intensified by fragmented leadership structures which creates an inability to focus on place, and regulation that focuses on institutional outcomes not systems and communities.

9. GM is seen to have the leadership capacity to develop the partnership structures to create stronger collaboration across public services; the opportunity to place integration of health and social care services at the heart of a wider reform agenda for public services; to create the framework where new incentives and flexibilities can help address many of these challenges; and to harness the activities of academic and research institutions to support the transformation which is required.
10. Through the CA/AGMA and the CCGs working with other stakeholders it has been possible to develop shared priorities for some time; the need to improve the health and well being of the residents of GM from early age to elderly and to move from having some of the worst health outcomes to having some of the best; to close the health inequalities gap within GM and between GM and the UK faster; to contribute to growth and connect people to growth; to address the issue of financial sustainability; to enable effective integrated health and social care across GM; to ensure people are helped to take more control over their own health and care; to redress the balance of care to move it closer to home where possible; forge new partnerships on health based activities within Universities and Science; and strengthen the focus on prevention and public health.
11. It is GM's collective leadership capacity on public services and its active pursuit of clear and shared objectives which the MoU seeks to build upon to address the challenges facing the health and social care system within Greater Manchester.
12. This agreement will address those challenges by bringing both decision making and resources closer to GM residents with more direct local control over services which were previously commissioned nationally or regionally. It will ensure false boundaries between hospital care and neighbourhood care and support are removed to ensure residents receive better joined up care. It will also prioritise early help and support to ensure people are able to take more control over their health and prevent existing illnesses from getting worse. Residents should therefore see better health and social care outcomes and have an improved experience of services across GM.

SCOPE OF MEMORANDUM OF UNDERSTANDING (MoU)

13. A copy of the MoU is enclosed as Appendix 1. Its scope is comprehensive and involves the entire health and social care system in GM as follows;
 - Acute Care
 - Primary Care

- Community Services
- Mental Health Services
- Social Care
- Public Health and
- Health Education

It also encompasses the key enablers of change, including changes to;

- Governance and Regulation
- Resources and Finance
- Capital and Estates
- Workforce, and
- Information Sharing and Systems

14. The scope and nature of the Agreement embodied in the MoU is ground breaking and unprecedented, and provides the health and social sector in GM with the essential platform to optimise our potential and re-shape the way in which health and social care services are delivered to reflect the needs of, and outcomes for, our local populations.
15. The MoU does not change the position of NHS services in GM in relation to the NHS Constitution and Mandate, all of the services will remain firmly part of the National Health Service. The MoU does however set the groundwork for GM to exercise freedoms and flexibilities to provide innovative approaches focused on the needs of the residents of GM.

ROAD MAP TO FULL DEVOLUTION

16. A Road Map will be developed which sets out the key changes which need to be delivered by GM and its national partners to enable the devolution of responsibilities and resources from NHS England to GM in a phased manner. This process will be supported by robust governance arrangements and a clear delivery plan.
17. The Road Map is considered essential to the management of risk and to enable GM to take more control of its own future and responsibilities in a way that is safe for patients and citizens and to ensure that the duties of the NHS constitution and all national accountability arrangements can continue to be delivered.
18. The financial year 2015/16 is depicted as a transition year with actions being planned and agreed with all parties with the objective of achieving full devolution from April, 2016. The Road Map to full devolution includes stepped increases in responsibilities and powers, underpinned by a clear set of financial and performance milestones and trigger points, robust risk and benefit share arrangements and the alignment of formal GM governance arrangements. These governance arrangements will effect a partnership between local authorities, CCGs, other NHS stakeholders – which for the purpose of this report is labelled “GM”

The key milestones include the following;

- April, 2015 ; all decisions about GM will be taken with GM
- April, 2015 ; the process for the establishment of shadow governance arrangements agreed including the Strategic Partnership Board
- By October, 2015 ; initial elements of the Business Case to support the CSR agreed, including a specific investment fund proposal to further support primary and community care
- During 2015; production of the final agreed GM Health and Social Care Strategic Sustainability Plan and related transformation case.
- December 2015; in preparation for devolution, GM and NHS England will have approved details on the funds to be devolved and supported governance, and local authorities and CCGs will have formally agreed the integrated health and social care arrangements.
- April 2016; Full devolution of agreed budgets, with the preferred governance arrangements and underpinning GM and locality S75 arrangements in place.

Workstreams have already been identified to progress all of this work - the principles, initial areas of work and potential achievements will be agreed by the Project Board and published separately.

APPROACH TO GOVERNANCE

19. One of the most significant areas of work will relate to the development of clear, transparent and accountable governance arrangements that reflect the genuine partnership between local authorities and NHS bodies. These will be shaped by CCGs and the local authorities in accordance with existing accountability arrangements whilst recognising that over time different ways of working will be required to deliver the transformation ambitions of GM.
20. To guide this work a number of principles have been agreed. These include the acknowledgement that local authorities and CCGs will retain their statutory functions and that accountability for resources will remain as now for 2015/16 with the partnership between the organisations reflecting the contributions and competencies of all the parties. Importantly, these principles also underline the critical role of inclusivity – commissioners, providers, patients and the public having a role in shaping the future of GM health and social care together.
21. There are currently seen to be several components of new governance arrangements which will be developed over the coming months.
 - Greater Manchester Strategic Health and Social Care Partnership Board (the Strategic Partnership Board)

From April 2015 this Board will be formed to include local authorities and CCGs, Providers, NHS England and the regulatory bodies. It is proposed that this is the body that will include elected member representation from the local authorities. It will oversee the strategic development of the GM health economy, and will have specific responsibilities for the GM Health and Social Care Strategic Sustainability Plan and related investment funding proposals. The intention is that during 2015/16 work will be undertaken to explore with CCGs and Government whether the Board should become a statutory body

as part of the enactment of legislation to give effect to the Devolution Agreement.

- GM Joint Commissioning Board

From April, 2015 a Shadow Board will be created including local authorities, CCGs and NHS England to agree decisions on all GM spend which is currently directly held by NHS England (there cannot however be any change in legal responsibility for decision making or financial responsibility at the present time). NHS England have agreed that the Board will be engaged in all decisions affecting GM health and social care and that financial plans, budget proposals and current performance will be shared across the GM health and social care economy.

During 2015/6 the shadow board will move to a formal structure operating under agreed S75 arrangements; there will need to be agreement reached on details of financial accounting arrangements within the current NHS accountability framework for GM wide funds devolved from NHS England. The intention is to have all of these arrangements in place from April 2016 so that the formal GM Joint Commissioning Board is in place – one of the key triggers to full devolution.

- Locality Arrangements

During 2015/6 each locality (for each of the local authorities in GM) will build on their current integration work and agree a MoU between the local authority and local CCG (s) which fairly reflects the responsibilities of CCG's and local authorities and supports how the parties wish to see working arrangements operate in each locality. This is where appropriate local authority health and social care funding should be pooled; the opportunities for further alignment of CCG resource management arrangements will be explored, and where the details for integrating health and social care, public health / prevention etc will be developed.

There will be 10 plans and it will be important to ensure that all deliver a consistent approach to service delivery and spend across GM. One of the responsibilities of the Strategic Partnership Board will be to work with localities to ensure this is the case so that investment funds held at that level are deployed effectively.

The existing role of local authorities and their local CCGs to determine the priorities and relevant spend for their areas will remain unchanged.

- NHS Providers

During 2015/6 providers will establish an agreed form of arrangements to enable them to provide a collective and positive response to the requirements of the GM Commissioning Board building on previous joint working arrangements. They will contribute to the principle of co-design and act accordingly. They will also develop a formal agreement with the regulatory authorities so that this becomes operational as soon as possible within 2015/16.

The NHS providers have produced a letter confirming their support for the overall strategy and this is enclosed at Appendix 2.

- National Bodies

NHS England will facilitate links with the various national bodies and arrangements for the formal involvement of national bodies other than NHS England will proceed during 2015/6 to ensure these are operational by April, 2016.

SUPPORT ARRANGEMENTS

22. There will be a requirement to establish technical support requirements to enable these new arrangements to function effectively with value for money at the heart of the process.
23. A Programme Board will be established to oversee all the various workstreams. Progressing the workstreams at the pace required will also require considerable investment in capacity by all of the partners to the MoU and it is agreed that a more detailed programme and resourcing plan will be finalised by mid March. This will include the recruitment of a full time Chief Officer and a finance director.

CONCLUSIONS

24. Since the Devolution Agreement was endorsed considerable progress has been made in charting a new strategic direction for health and social care within GM. The MoU appended to this report builds on this and provides an unprecedented opportunity for a new partnership structure not only to take active control over the shape and direction of health and social care within Greater Manchester, but to make significant progress in underpinning the long term financial sustainability of the entire system. In so doing there is potential to oversee the transformation of services, close the inequalities gap within GM and between GM and the rest of the country.

Detailed recommendations appear at the front of this report.

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Greater Manchester Health and Social Care Devolution Memorandum of Understanding

1 Introduction

The overriding purpose of the initiative represented in this Memorandum of Understanding is to ensure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of Greater Manchester (GM). This requires a more integrated approach to the use of the existing health and care resources - around £6bn in 2015/16 - as well as transformational changes in the way in which services are delivered across Greater Manchester.

To facilitate this, the Memorandum of Understanding creates a framework for achieving the delegation and ultimate devolution of health and social care responsibilities to accountable, statutory organisations in Greater Manchester (GM)ⁱ. It sets out the process for collaborative working in shadow form from 1st April 2015 and identifies the areas for further detailed work during the remainder of the year leading to full devolution in April 2016ⁱⁱ. It signposts the medium and longer term outputs and impacts anticipated from this process.

All parties agree to act in good faith to support the objectives and principles of this MoU for the benefit of all Greater Manchester patients and citizens.

2 Parties

The Parties to the agreement are:

- All local authority members of the Association of Greater Manchester Authorities (AGMA) and all Greater Manchester Clinical Commissioning Groups (CCGs) (together known as GM)
- NHS England (NHSE)ⁱⁱⁱ

Letters of support from Greater Manchester NHS Trusts, Foundation Trusts and NW Ambulance Service are annexed to this MoU at Appendix 2.

3 The Memorandum of Understanding

The MoU sets out the ambition for full devolution of funding and decision making^{iv} for health and social care within GM.

It should be read in conjunction with the commitments of the Greater Manchester Combined Authority (GMCA) Devolution Agreement; it builds upon the invitation to GMCA and Greater Manchester CCGs and Trusts to develop a business plan for the integration of health and social care across Greater Manchester. This will include the development of a GM Business Case (known as the GM Strategic Sustainability Plan), a comprehensive strategic plan to underpin a sustainable health and social care system which will inform submissions to the forthcoming Comprehensive Spending Review.

This MoU focuses on the elements of devolution relating to NHSE, the CCGs and AGMA, and their relationship with the GM provider community. It constitutes a roadmap, with initial undertakings which can be agreed by each constituent party now and further anticipated steps which will require ratification in the light of experience and developments in the future.

NHSE will engage with GM, the Department of Health and other national bodies on further phases of the work including on research & development, workforce and estates^v. The outcome of all related discussions with other national bodies on potential areas for devolution and/or changes to their interaction with the GM community will, where relevant, be reflected in separate agreements.

The MoU, in establishing the framework, sets out:

- Context: **why** we are doing this
- Detail: **what** we want to deliver
- The principles we will follow and the processes by which we will implement the changes, with timescales: **how** we will deliver

4 Context and Objectives

The parties share the following objectives:

- To improve the health and wellbeing of all of the residents of Greater Manchester (GM) from early age to the elderly, recognising that this will only be achieved with a focus on prevention of ill health and the promotion of wellbeing. We want to move from having some of the worst health outcomes to having some of the best;
- To close the health inequalities gap within GM and between GM and the rest of the UK faster;
- To deliver effective integrated health and social care across GM;
- To continue to redress the balance of care to move it closer to home where possible;
- To strengthen the focus on wellbeing, including greater focus on prevention and public health;
- To contribute to growth and to connect people to growth, e.g. supporting employment and early years services; and
- To forge a partnership between the NHS, social care, universities and science and knowledge industries for the benefit of the population.

We recognise that integrating health and social care is vitally important for improving the efficiency of our public services and delivering improved health and wellbeing for our population. A digitally integrated health economy with strong partnerships with research institutions and industry can support GM's economic growth strategy. GM has many assets, strengths and capabilities that allow the economy, its residents, industry and commerce to develop and grow. This includes world class academic institutions which deliver health research and innovation as a contributor to growth.

The NHS Constitution sets out clearly what patients, the public and staff can expect from the NHS. GM wants to build upon the rights and pledges of the constitution and provide further opportunities for patients and the public to be involved in the future of their NHS.

The NHS Five Year Forward View articulates why change is urgently needed, what that change might look like and how it can be achieved. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery. Furthermore, it sets out the development of new organisational models. GM is committed to being an early implementer and a test bed for new, innovative approaches of delivering new models of integrated health and social care which reflect the needs of local populations.

GM now needs the freedoms and responsibilities to optimise its potential. This MoU builds on the Devolution Agreement which created the platform for greater freedoms and flexibilities through the invitation to GMCA and Greater Manchester Clinical Commissioning Groups and trusts to develop a strategic plan for the integration of health and social care across Greater Manchester, making best use of existing budgets to transform outcomes for local communities and including specific targets for reducing pressure on A&E and avoidable hospital admissions. This work will now form part of a much broader framework where NHSE are working with GM to prepare for the full devolution of relevant NHS funding to GM and for GM to be a trailblazer for the objectives set out in the Five Year Forward View.

5 Overarching Principles

The agreement is underpinned by the following principles which will support the objective of implementing a strategic sustainability plan for GM to assume full responsibility for NHS funding streams for Greater Manchester:

- GM will still remain part of the National Health Service and social care system, uphold the standards set out in national guidance and will continue to meet statutory requirements and duties, including those of the NHS Constitution and Mandate and those that underpin the delivery of social care and public health services^{vi};
- Decisions will be focussed on the interests and outcomes of patients and people in Greater Manchester, and organisations will collaborate to prioritise those interests;
- In creating new models of inclusive governance and decision-making, the intention is to enable GM commissioners, providers, patients, carers and partners to shape the future of GM together. There will be regular communication and engagement with patients, carers and the public during the different stages of devolution;
- Commissioning for health and social care will be undertaken at a GM level where the GM place-based approach is optimum for its residents, rather than at a regional or national level;
- A principle of *subsidiarity* will apply within GM, ensuring that decisions are made at the most appropriate level;

- Decision making will be underpinned by transparency and the open sharing of information;
- There will continue to be clear accountability arrangements for services and public expenditure;
- The delivery of shared outcomes will drive changes to organisational form where necessary;
- Any changes to accountabilities and responsibilities for commissioning health and care services will be carefully evaluated, agreed with the DH where necessary and phased to achieve the benefits of devolution at the maximum speed consistent with safe transition and strong governance. The risks associated with transition of health commissioning responsibilities to GM will be shared with NHSE;
- There will be a transfer of skills and resources to support the commissioning functions being transferred, and we will ensure that neither duplication of activity nor an increase in total cost arises from these changes;
- The principle of new burdens should also apply, such that where GM is expected to take on a new responsibility during this period, the funding to cover the associated costs will transfer, to the extent where there is such national funding available;
- We commit to the production, during 2015/16, of a comprehensive GM Strategic Sustainability Plan for health and social care. This aligned with the 5 Year Forward View will describe how a clinically and financially sustainable landscape of commissioning and provision could be achieved over the subsequent 5 years, subject to the resource expectations set out in the 5 Year Forward View^{vii}, appropriate transition funding being available and the full involvement and support of national and other partners.
- We will aim to address any funding inequalities for the benefit of all residents in GM;
- A radical approach will be taken to optimising the use of NHS and social care estates^{viii};
- GM will be able to access any new or additional health and/or social care funding streams that become available during the CSR period^{ix};
- There will be a principle that *“all decisions about Greater Manchester will be taken with Greater Manchester”^x*;
- GM will work collaboratively with local non-GM bodies and take into account the impact of GM decisions upon non-GM bodies and their communities.

6 Scope

The parties will work together during 2015/16 (the Build-Up Year) to agree the mechanisms and timescales to devolve powers and resources from NHS England and local authorities to GM to achieve the aims and achievements set out below.

The scope is comprehensive and will involve the whole health and care system:

- Acute care (including specialised services^{xi});
- Primary care^{xii} (including management of GP contracts);
- Community services;
- Mental health services;
- Social care;
- Public Health^{xiii};
- Health Education*
- Research and Development*

*subject to discussion with the relevant bodies

The key enablers of transformation will include changes to:

- Governance and regulation;
- Resources and Finance;
- Capital and Estate;
- Workforce;
- Communication and Engagement;
- Information sharing and systems, including the potential for digital integration across GM.

A road map will be developed which sets out the key changes to be delivered by GM and its national partners, and specifically for the devolution of responsibilities and resources from NHS England to GM in agreed phases of change. This will be supported by robust governance arrangements and a clear delivery plan.

By working together, NHS England and GM will be able to fully understand and manage risk together. GM will take more control of its own future and responsibilities, in a phased way that is safe for patients and ensures the duties in the NHS constitution and all national NHS accountabilities continue to be delivered.

7 Roadmap

A significant amount of work will be completed during 2015/16, which is recognised as a Build-Up Year. A clear roadmap and supporting delivery plan will be developed and agreed with all parties with the objective of achieving full devolution from April 2016. The roadmap from delegation to full devolution will include stepped increases in responsibilities and powers, underpinned by a clear set of financial and performance milestones and trigger points, robust risk and benefit share arrangements and aligned development of GM governance arrangements. It will specifically enable regular reviews of progress against the key milestones drawn from the agreed aims and achievements:

- April 2015- *“All decisions about Greater Manchester will be taken with Greater Manchester”*;
- April 2015- Process for establishment of shadow governance arrangements agreed and initiated;
- By October 2015 – Initial elements of the Business Case to support the CSR agreed, including a specific investment fund proposal to further support primary and community care;
- During 2015 – Production of the final agreed GM Strategic Sustainability Plan and related transformation funding case;
- December 2015 – In preparation for devolution, GM and NHSE will have approved the details on the funds to be devolved and supporting governance, and local authorities and CCGs will have formally agreed the integrated health and social care arrangements;
- April 2016 – Full devolution of agreed budgets, with the preferred governance arrangements and underpinning GM and locality S75 agreements in place.

A programme of work will be agreed by the parties and completed between now and October 2015. This will include consideration of the legislative framework and any changes required to implement GM NHS devolution and ensuring the work programme as a whole is fully aligned with the CSR process.

In addition to the work already being undertaken between parties, a number of additional high priority workstreams have been identified:

- Governance;
- Resource and Finance;
- Clinical and Financial Sustainability;
- Primary Care;
- Specialised Services;
- Capital and Estates;
- Research and Innovation.

Additional workstreams and cross-cutting themes will be identified and agreed between the parties over the coming weeks, and these are likely to include:

- Prevention and Wellbeing
- Integrated Care
- Information and Data Sharing;
- Workforce.

8 Governance and financial pathway

General

The governance arrangements will be based on the principle of *subsidiarity*, i.e. that decisions will be taken at the most appropriate level. The governance arrangements will be shaped by the CCGs and local authorities in accordance with existing accountability arrangements, whilst recognising that different ways of working will be required to deliver the transformational ambitions of GM. These arrangements will be underpinned by the following principles:

- GM NHS will remain within the NHS and subject to the NHS Constitution and Mandate;
- Clinical Commissioning Groups and local authorities will retain their statutory functions and their existing accountabilities for current funding flows;
- Clear agreements will be in place between CCGs and local authorities to underpin the governance arrangements;
- GM commissioners, providers, patients and public will shape the future of GM health and social care together;
- All decisions about GM health and social care to be taken within GM and by GM as soon as possible;

- Accountability for resources currently directly held by NHS England during 2015/16 will be as now, but with joint decision making with NHSE in relevant areas to reflect the principle of “all decisions about GM will be taken with GM”;
- There will be a new partnership reflecting the contributions and competencies of all parties.

The governance arrangements will be regularly reviewed to ensure the programme aims are delivered within the required timeline.

April 15 to April 16

Greater Manchester Strategic Health and Social Care Partnership Board (GMHSPB)

- In order to fulfil the ambition of Greater Manchester there is need to build upon the existing partnership arrangements and strengthen them both at local and GM level. A key step in facilitating the latter will be the development of a new body, the GMHSPB;
- **From April 2015** the GMHSPB will oversee the strategic development of the GM health and care economy, and will specifically steer the development of the GM Strategic Sustainability Plan and related investment funding proposals, which will be underpinned through local area plans. Commissioners and providers will be represented, plus NHS England and potentially other national bodies (e.g. Monitor/TDA);
- **During 2015/16** the process will be progressed through the GM devolution agreement for the formal establishment of the GMHSPB **by April 2016** with the same membership and function.
- A Chief Officer will be appointed to lead, manage and deliver the programme with appropriate staffing.

GM Joint Commissioning Board

- **From April 2015** there will be a Shadow Joint Commissioning Board (JCB) of GM local authorities, CCGs and NHSE. The shadow JCB will discuss and agree recommended decisions on all GM wide spend, but there will be no change in legal responsibility for decision making or financial accountability^{xiv};
- The shadow Joint Commissioning Board will be engaged in all decisions affecting GM health and social care;
- Financial plans, budget proposals and current performance will be shared across the GM health and social care economy;
- **During 2015/16** the Shadow JCB will move to formal JCB operating under agreed s75 arrangements, and agreement will be reached on the financially accountable body within the current NHS accountability framework. An approved form of governance and fundholding will be agreed;
- **From April 2016** a Joint Commissioning Board of local authorities, CCGs and NHSE will be in place.

Locality arrangements

- **During 2015/16** each locality will agree an MoU between the local authority and CCG(s) to support the locality working arrangements, which accurately and fairly reflects their respective responsibilities for health and social care in their areas
- Opportunities for further alignment of CCG resource management arrangements will be explored;
- Each locality will continue to build on existing arrangements (e.g. Better Care Fund) and agree a local area plan for integration of health, social care and public health/prevention to be implemented **from April 2016**. Local area plans will be the focus for joining up health and social care services and ensure a consistent approach to service delivery and spend across GM.

Providers

- **During 2015/16** providers will establish an agreed form of arrangements to enable them to provide a collective and positive response to the requirements of the shadow JCB, building on previous experience of successful joint working across the conurbation;
- They will support the proposals to include in the GM devolution arrangements a clear principle of co-design and act accordingly;
- They will develop with Monitor and TDA^{xv} a Memorandum of Agreement to underpin the operation of the provider element of the governance structure, to be formalised as soon as possible in 2015/16.

National Bodies

- Arrangements for formal involvement of national bodies other than NHSE in the development and ongoing delivery of the programme will be discussed and agreed with those bodies **during 2015**, with initial agreements on any changes to arrangements for 2015/16 being agreed **by April 2015**.

April 2016 Onwards

Our shared aim is to proceed to full devolution of relevant budgets and commissioning responsibilities as outlined below by 2016/17. This will include NHSE delegating or devolving all relevant funds to appropriate bodies in GM. These changes will require formal decision-making by relevant statutory bodies in the light of progress, learnings and developments in the Build-Up Year (2015/16).

Greater Manchester

- GMHSPB will set GM strategies and priorities. It will drive and facilitate the implementation of GM strategic priorities in the context of the NHS five year forward view and the GM Strategic Sustainability Plan^{xvi};

- It will provide system-wide management to ensure the strategic priorities are achieved;
- It will support locality health and social care plans to be strategically aligned and determine any allocations required of the available investment funds;
- GM Joint Commissioning Board will commission GM-wide services.

Local

- Local HWBs will agree strategies and priorities for delivery of integrated health and social care (including prevention) within their districts and in the context of the GM wide strategy and local priorities;
- GMHSPB will work with local areas to ensure strategic coherence and consistency across Greater Manchester;
- NHSE, CCGs and local authorities will pool relevant health and social care funds to a local Joint Commissioning Board, building from existing arrangements (e.g. Better Care Fund);
- Each local area will commission services in line with the relevant local area plan (e.g. Integrated Care).

Appendix 1 includes a draft Governance Overview.

Support Services

GM CCGs, working together with wider partner colleagues, will determine the scale, style and configuration of technical commissioning and business support services and ensure that they align with the wider three-level business strategies within GM to further support the devolution programme. In doing so, they will ensure that transition plans maximise value for money and that future arrangements fulfil the principle regarding transfer of skills and resources set out in section 5 above.

Delivery

A Programme Board will be created to oversee the development of the programme through the agreed workstreams and milestones.

9 NHS England Support to GM

NHSE will actively lead and facilitate the links to other national bodies/ALBs (e.g. DH, Monitor, TDA and HEE) to help all key bodies align to achieve the outcomes described in this MoU.

In this context, NHSE is committed to working with GM in pursuit of the following:

- GM to be responsible for designing and creating the provider structure and form to support its commissioning intentions in collaboration with the relevant regulators/ALBs^{xvii};
- GM to play a clearly defined leadership role in the oversight of its provider community^{xviii}, working in close partnership with Monitor, TDA and CQC;
- GM to be responsible for determining its skilled workforce, capacity, education and training needs^{xix}.

10 GM Commitments to NHS England

GM will:

- Continue to deliver the NHS Constitution and Mandate requirements and expectations;
- Commit to the production, during 2015/16, of a comprehensive GM Strategic Sustainability Plan for health and social care (as described above);
- Seek to play a leading role in designing and delivering innovative new models of care as set out in the Five Year Forward View. It will use the opportunities resulting from its GM-wide scale and integration to create ground-breaking innovation in areas of mutual GM/NHSE strategic focus to be agreed and to be an exemplar for the national whole system efficiency initiative;
- Ensure clear accountability, exemplary governance and excellent value for money in relation to the health funds delegated or devolved to it.

11 Delivery

11.1 Programme Governance

Section 8 outlines the proposed governance arrangements to support the Build-Up Year and subsequent years. However, it is recognised that additional programme governance will need to be put in place to support the key workstreams. A Health and Social Care Devolution Programme Board will provide overall strategic oversight and direction to the programme. It is anticipated that the Board will consist of:

- AGMA/CA Sir Howard Bernstein, Steven Pleasant, Liz Treacy
- CCGs: Dr Hamish Stedman, CCG Clinical Leader, Ian Williamson, Su Long
- Trusts Provider Representatives
- NHS England Simon Stevens, Paul Baumann, Graham Urwin
- Department of Health John Rouse

Further discussions will take place to finalise and confirm the membership. The Programme Board will provide strategic management at programme and workstream level. It will provide assurance to the parties that the key objectives are being met and that the programme is performing within the boundaries and principles set by this MoU. It will ensure that the transition from the current system architecture is managed effectively, ensuring that associated costs are minimised, risks are understood and managed and that appropriate governance and accountability is maintained.

The Programme Board will have responsibility for the creation and execution of the plan and deliverables, and therefore it can draw technical, commercial, legal and communications resources as appropriate into the Programme. The Chief Officer referred to in section 8 above will be accountable to the Programme Board. The first meeting of the Programme Board will agree the key workstreams of the programme.

11.2 Governance Principles for the Programme Board

- Provide strategic oversight and direction;
- Be based on clearly defined roles and responsibilities at organisation, group and, where necessary, individual level;
- Align decision-making authority with the criticality of the decisions required;
- Be aligned with Project scope and each Programme Phase, recognising that changes will be agreed over the life cycle;
- Leverage existing organisational, group and user interfaces;
- Provide coherent, timely and efficient decision-making in respect of the programme
- Reflect the key features of the wider programme governance arrangements set out in this MoU.

11.3 Support Structure

The Programme will need to be supported by full time resources in order to be delivered within the required time scales. This will include a full time Chief Officer, a full time Finance Director and such other staff as the parties agree.

11.4 Resources

It is anticipated that all parties will contribute to the resourcing of the programme in cash and/or in kind. Furthermore, it is recognised that the identified key workstreams will also require additional funding to support the transformation process. A programme and resourcing plan will be agreed with all parties by 13th March 2015.

12 Parties' commitments to patient engagement

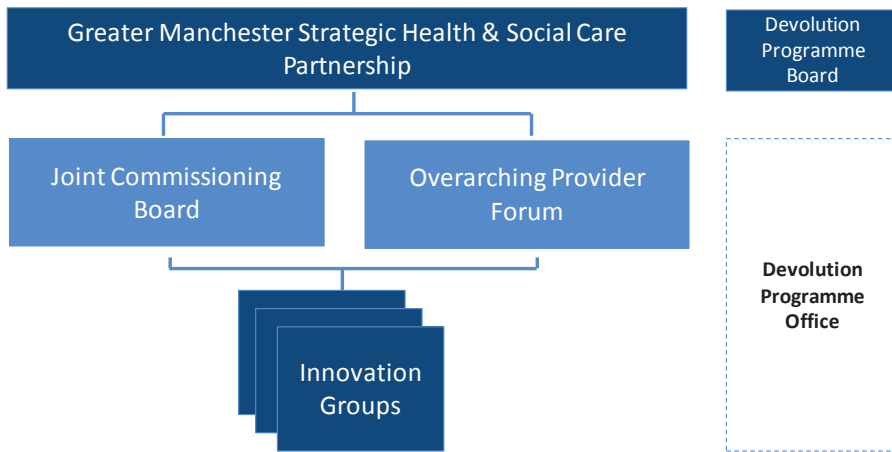
All parties acknowledge their various requirements to engage with patients, service users, carers and members of the public at relevant points and will cooperate to do so in a co-ordinated way.

13 Roles and Responsibilities

Following signature, GM partners will formally ratify this MoU through Boards and Councils and consult on its content with stakeholders as appropriate.

Appendix 1: Proposed Governance

The proposed governance structure below will exist in shadow form from April 2015, with the final structure being determined during the Build-Up year.



Proposed Membership:

Greater Manchester Strategic Health & Social Care Partnership	12 CCGs, 10 LAs, Providers, NHS England, Regulators, Healthwatch, GMCVO
Joint Commissioning Board	12 CCGs, LA, NHS England
Overarching Provider Forum	Acute, Community, Mental Health, Ambulance, Primary Care (LMCs) Social Care, Public Health,
Innovation Groups	Joint Commissioner and Provider – Task & Finish Groups to support identified workstreams
Devolution Programme Office	TBC

Note: role of third sector and private sector providers in the arrangements outlined above remains to be determined.

All parties welcome the principles set out in this MoU and recognises the benefits it will bring to the patients and citizens of Greater Manchester. The following explanatory notes are provided for further clarity.

Explanatory Notes:

ⁱ This will mean NHS England, CCGs and local authorities delegating relevant commissioning functions to joint commissioning boards, in line with the Government's policy of promoting joint commissioning between the NHS and local government. As stated elsewhere in this MoU, NHS England and CCGs, as statutory NHS organisations, would remain accountable for meeting the full range of their statutory duties.

ⁱⁱ This will require collaboration with national government, led by the Department of Health, to ensure that the proposed new arrangements continue to support the accountability of CCGs and NHS England for improving quality and health outcomes, delivering core operational standards, and ensuring the effective use of NHS resources. There will need to be agreement as to the precise scope and extent of the commissioning functions that can lawfully be delegated.

ⁱⁱⁱ The NHS Commissioning Board operates under the name of NHS England (NHSE) and will be referred to as such throughout the remainder of this document.

^{iv} All references to "devolution" of responsibilities or funding to GM would currently imply, in formal terms, the delegation of commissioning functions and associated financial resources to joint commissioning boards set up under section 75 of the 2006 Act.

^v This recognises, in particular, that some of the areas described in the MoU go beyond the statutory powers of NHS England and CCGs, and are often commissioned nationally.

^{vi} The proposed new commissioning arrangements will need to support CCGs and NHS England in continuing to meet the full range of their statutory responsibilities. There will need to be continued reporting against relevant national performance metrics to enable CCGs and NHS England to be held to account for core operational standards, progress in improving quality and outcomes and in other areas in a manner which is consistent and comparable to the rest of the NHS.

^{vii} Funding for the NHS beyond 2015/16 will be agreed at the next spending review.

^{viii} Options for more radical approaches in relation to NHS estates will need to be considered through engagement with relevant national partners.

^{ix} Access to any new NHS funding streams will clearly depend on the extent to which those funding streams are made available to the GM CCGs (or to NHS England) and their relevance to the delegated commissioning functions.

^x Where national policies apply, decisions about the implementation of those policies that are made about Greater Manchester will be made with Greater Manchester. As set out in the MoU national government will continue to set overall policy for health services, including setting the Mandate for NHS England. National policies, inspection regimes, guidance and regulations, and the standing rules for NHS commissioners will continue to apply to the whole NHS, including GM. Where there are decisions that cannot legally be delegated, these will continue to be taken by the relevant bodies.

^{xi} This refers to those specialised services that can be commissioned appropriately and effectively at a Greater Manchester level.

^{xii} Any delegation of primary care commissioning responsibilities will need to be consistent with the relevant enabling legislation. The main focus will be on primary medical care, i.e. general practice (GP) services.

^{xiii} This covers those public health services for which local authorities are responsible, subject to the statutory ringfence, together potentially (and subject to discussion with the Department of Health) with those public health services commissioned by NHS England on behalf of the DH.

^{xiv} Any changes to the underlying statutory accountabilities of NHS England and CCGs would need to be agreed with DH taking into account the advice of the National Audit Office. In the absence of such changes, then the intention is that the relevant joint commissioning boards will exercise functions on behalf of NHS England and CCGs.

^{xv} This remains subject to further discussion with Monitor, TDA and the Department of Health.

^{xvi} These strategic priorities will also need to reflect the Government's Mandate to NHS England and other relevant national policies.

^{xvii} The relevant provider Boards (or equivalent) will remain ultimately responsible for decisions on provider structure and form, but GM will work with existing providers – and with any potential new providers of health and care services – to help shape the provider response to local commissioning intentions.

^{xviii} This will ensure that the role of GM commissioners in shaping and stimulating the development of local provider arrangements complements the role of the relevant regulatory bodies.

^{xix} There will be further discussion with Health Education England about how best to take this forward.

Simon Stevens
Chief Executive
NHS England

25 February 2015

Dear Simon

Greater Manchester Devolution

We are writing as the Chief Executives of the Acute Trusts in Greater Manchester to confirm our support for the proposal to devolve greater decision-making authority and responsibility from central government to Greater Manchester.

It is important to recognise that a number of processes for working collaboratively across the GM footprint are already in place, and this includes the regular monthly meeting of the Greater Manchester Acute Chief Executives. The group is long established, having been in existence for more than ten years, and has its own chairmanship and secretariat functions. Over the years the GM Acute Chief Executives group has come to be recognised as the legitimate source of advice and opinion from the Acute providers in Greater Manchester, and in this respect the group has developed close working relationships with GM Commissioners and other key players in the GM health and social care system.

The GM Acute CEOs group has played a significant role in a number of important strategic programmes in the past, including in the areas of women's and children's service (the "Making it Better" project), service performance (eg facilitating agreement on cancer breach sharing) and specialist cancer services (functioning as a reference group for Manchester Cancer). The group also now plays an important role in the "Healthier Together" programme, which is overseeing the restructuring of acute and emergency care in Greater Manchester.

Much of the work of the GM Acute CEOs group has been undertaken through a period when the prevailing ethos did not encourage Acute providers to work collaboratively, or to cooperate to achieve strategic change and improved outcomes for service users across the wider conurbation. Our experience is that collaborative working is essential to how an integrated community like Greater Manchester can grow and develop, not least in respect of health and social care. Devolution offers the possibility to build on and formalise many of the vibrant working arrangements that have already been established, such that strategic change can be progressed more rapidly and more effectively.

The GM Acute CEOs' group recognises and supports the need to maintain the formal distinction between commissioners and service providers. We believe this is required to ensure clarity of purpose, not least for the Boards of provider organisations. We are also clear that the Memorandum of Understanding that is intended to underpin the health and social care aspects of GM devolution will be focused on the commissioner responsibilities, and needs to reflect the devolution of powers and resources from NHS England to GM CCGs and local authorities.

Having noted this, we strongly welcome the inclusion in the proposed GM health and social care governance arrangements of a formally established Provider Forum, and the centrality of a Co-design approach to the strategic transformation agenda. The Provider Forum will ensure that the voices of service providers can properly be heard on all relevant service

issues, not just in the context of major service change programmes. Emphasising a Co-design principle from the outset will ensure that whilst there is still an important role for competition between providers (as appropriate), there are clearer mechanisms for cooperation between providers and with commissioners, to achieve the best outcomes for the people of Greater Manchester.

The new arrangements will also require the development of a new set of relationships with the regulatory and inspection bodies within health and social care, including Monitor, the Trust Development Authority and the Care Quality Commission. It has been proposed that a Memorandum of Agreement should be developed to define the new relationship. The GM Acute CEO's group strongly welcomes this proposal and would want to play an important role in developing this agreement. The key objective of the agreement must be to create a GM sub-regional focus for the regulatory and inspection functions, whilst maintaining proper consistency. This will allow the regulators to gain a far clearer understanding of the strategic and transformational agenda in Greater Manchester, and to provide advice and support that facilitates rather than impedes change.

The health and social care system in Greater Manchester faces many challenges, but the conurbation is strong and robust, and has many effective, high quality provider organisations. There is considerable potential to make faster and more substantial progress with transformational change across the conurbation, and GM devolution can support this. The GM Acute CEOs' group supports the principle of GM devolution, and the approaches that are being developed to future governance arrangements. These approaches must be developed to facilitate an effective role for provider organisations, including working in an increasingly collaborative manner, in concert with commissioners, and with integrated input from sector regulators and inspectors.

In summary, the Greater Manchester Acute CEOs' group:

- supports the principle of Greater Manchester Devolution
- committed to collaborative working, which is increasingly delivering greater benefits and faster progress than competitive approaches
- believes there is considerable potential to build on previous experience of successful joint working across the conurbation
- strongly supports the proposals to include in the GM Devolution arrangements a clear principle of Co-design
- strongly supports the proposed creation of a Provider Forum to act as a conduit for provider engagement and participation
- strongly supports the approach to developing a new relationship with regulatory and inspection bodies, and would want to contribute to establishing a Memorandum of Agreement that would ensure a clear sub-regional focus for these functions
- strongly supports information sharing

We hope that this letter will be a constructive and useful contribution to the development of the Greater Manchester Devolution proposals.

Yours sincerely



Mrs Ann Barnes

Chief Executive, Stockport NHS FT




Dr Jackie Bene

Chief Executive, Bolton NHS FT



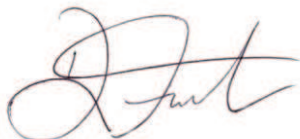
Sir Mike Deegan

Chief Executive, Central Manchester University Hospitals NHS FT



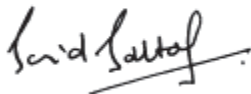
Mr Roger Spencer

Interim Chief Executive, The Christie NHS FT



Dr Gillian Fairfield

Chief Executive, Pennine Acute Hospitals NHS Trust



Sir David Dalton

Chief Executive, Salford Royal NHS FT



Mrs Karen James

Chief Executive, Tameside Hospital NHS FT



Dr Attila Vegh

**Chief Executive, University Hospitals of South
Manchester NHS FT**



Mr Rob Forster

**Acting Chief Executive, Wrightington, Wigan
and Leigh NHS FT**

Cc David Bennett – Chief Executive, Monitor
David Flory – Chief Executive, Trust Development Agency
David Behan – Chief Executive, Care Quality Commission



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26 February 2015

Mr Simon Stevens
Chief Executive
NHS England

Dear Mr Stevens

Re: Greater Manchester Devolution

Subsequent to the release of the letter from the Chief Executives of the Acute Trusts in Greater Manchester and discussion at our Trust Board yesterday, I wish to confirm NWAS support for the proposal to devolve greater decision-making authority and responsibility from central government to Greater Manchester.

We would echo many of the comments made in the GM Acute CEOs' letter, particularly in terms of recognising and supporting the need to maintain the formal distinction between commissioners and service providers. Although the Memorandum of Understanding is intended to underpin the health and social care aspects of GM devolution by focusing on the commissioner responsibilities, formally establishing a Provider Forum is vital for a consistent approach to the strategic transformation agenda. I believe that it is imperative that NWAS are also deemed to be included in this forum alongside the Acute providers.

This is particularly important as NWAS is a regionally commissioned service for the provision of 999 Emergency and Urgent Care across the whole of the North West and is not constrained within the Greater Manchester footprint, unlike the Acute providers and the other two blue-light services.

Yours sincerely

Mr Bob Williams
Chief Executive Officer

cc Ann Barnes, Chief Executive Stepping Hill Hospital. Acute Provider CEO Group Chair.
Warren Heppolette, Strategic Director – Health & social Care reform, Greater Manchester.

Simon Stevens
Chief Executive
NHS England

20 February 2015

Dear Simon

Greater Manchester Devolution

We are writing as the Chief Executives of the Mental Health and Community Trusts in Greater Manchester to confirm our support for the proposal to devolve greater decision-making authority and responsibility from central government to Greater Manchester.

It is important to recognise that a number of processes for working collaboratively across the GM footprint are already in place, and this includes the extensive involvement of provider organisations in strategic planning processes such as the “Healthier Together” programme, which is overseeing the development of integrated care and the restructuring of hospital services in Greater Manchester.

As providers of community and mental health services, we would make the following comments on the new and emerging arrangements;

- The national drive for parity of esteem for mental health will need to be embraced and even further advanced in the proposed devolution arrangements
- We welcome the proposal for an independently chaired provider forum to ensure an equity of voice in health and social care planning

There has been a considerable amount of positive joint working in the past, and this has often been undertaken when the prevailing ethos did not encourage providers to work collaboratively, or to cooperate to achieve strategic change and improved outcomes for service users across the wider conurbation. Our experience is that collaborative working is essential to how an integrated community like Greater Manchester can grow and develop, not least in respect of health and social care. Devolution offers the possibility to build on and formalise many of the vibrant working arrangements that have already been established, such that strategic change can be progressed more rapidly and more effectively.

The need to maintain the formal distinction between commissioners and service providers is still recognised and supported. We believe this is required to ensure clarity of purpose, not least for the Boards of provider organisations. We are also clear that the Memorandum of Understanding that is intended to underpin the health and social care aspects of GM devolution will be focused on the commissioner responsibilities, and needs to reflect the devolution of powers and resources from NHS England to GM CCGs and local authorities.

As noted, we strongly welcome the inclusion in the proposed GM health and social care governance arrangements of a formally established Provider Forum, and the centrality of a Co-design approach to the strategic transformation agenda. The Provider Forum will ensure that the voices of service providers can properly be heard on all relevant service issues, not just in the context of major service change programmes. Emphasising a Co-design principle from the outset will ensure that whilst there is still an important role for competition between providers (as appropriate), there are clearer mechanisms for cooperation between providers and with commissioners, to achieve the best outcomes for service users.

The new arrangements will also require the development of a new set of relationships with the regulatory and inspection bodies within health and social care, including Monitor, the

Trust Development Authority and the Care Quality Commission. It has been proposed that a Memorandum of Agreement should be developed to define the new relationship. We strongly welcome this proposal and would want to play an important role in developing the agreement. The key objective of the agreement must be to create a GM sub-regional focus for the regulatory and inspection functions, whilst maintaining proper consistency. This will allow the regulators to gain a far clearer understanding of the strategic and transformational agenda in Greater Manchester, and to provide advice and support that facilitates rather than impedes change.

The health and social care system in Greater Manchester faces many challenges, but the conurbation is strong and robust, and has many effective, high quality provider organisations. There is considerable potential to make faster and more substantial progress with transformational change across the conurbation, and GM devolution can support this. We support the principle of GM devolution, and the approaches that are being developed to future governance arrangements. These approaches must be developed to facilitate an effective role for provider organisations, including working in an increasingly collaborative manner, in concert with commissioners, and with integrated input from sector regulators and inspectors.

In summary, as the Chief Executives of the Mental Health and Community Trusts in Greater Manchester, we:

- support the principle of Greater Manchester Devolution
- recognise that collaborative working is increasingly delivering greater benefits and faster progress than competitive approaches
- believe there is considerable potential to build on previous experience of successful joint working across the conurbation
- strongly support the proposals to include in the GM Devolution arrangements a clear principle of Co-design
- strongly support the proposed creation of a Provider Forum to act as a conduit for provider engagement and participation
- strongly support the approach to developing a new relationship with regulatory and inspection bodies, and would want to contribute to establishing a Memorandum of Agreement that would ensure a clear sub-regional focus for these functions.

We hope that this letter will be a constructive and useful contribution to the development of the Greater Manchester Devolution proposals.

Yours sincerely



Mr Simon Barber

Chief Executive, Five Borough Partnership NHS Foundation Trust



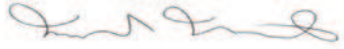
Dr Kathleen Fallon

Chief Executive, Bridgewater Community Healthcare NHS FT



Mrs Beverley Humphrey

Chief Executive, Greater Manchester West Mental Health NHS FT



Mr Michael McCourt

Chief Executive, Pennine Care NHS FT



Mrs Michele Moran

Chief Executive, Manchester Mental Health and Social Care NHS Trust

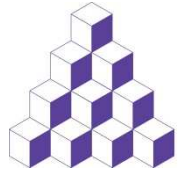
Cc David Bennett – Chief Executive, Monitor
David Flory – Chief Executive, Trust Development Agency
David Behan – Chief Executive, Care Quality Commission

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GM Devolution Health & Social Care Reform

Update to Bury CCG Governing Body
March 2015

High Quality • Safe • Accessible • Sustainable



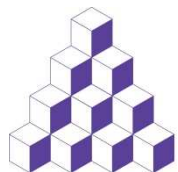
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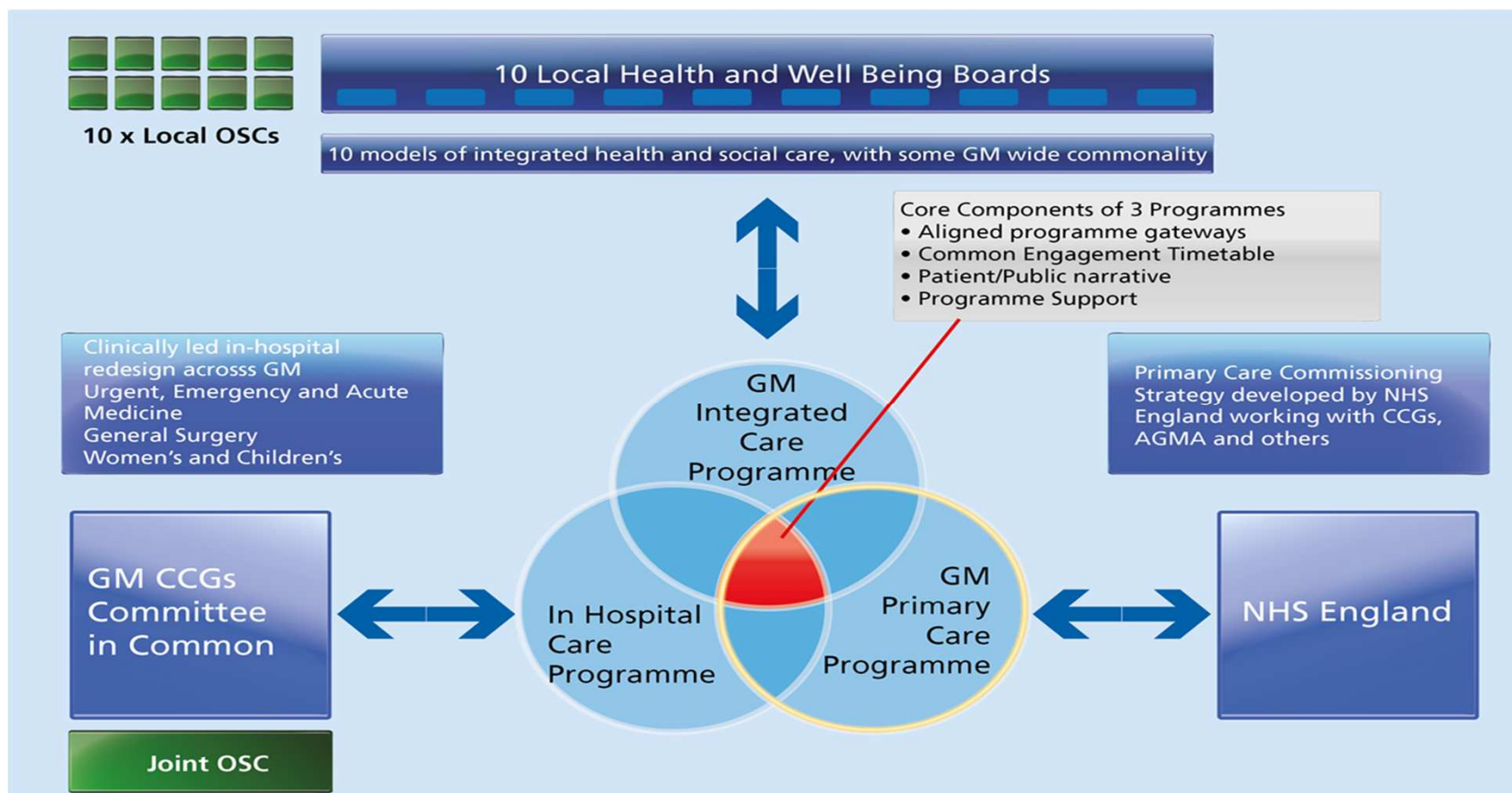
Greater Manchester Association of
Clinical Commissioning Groups

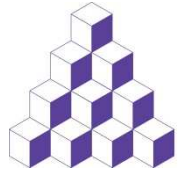
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1. Health & Social Care Reform – GM Context
2. Health & Social Care Reform – The Devolution Agreement
3. Developing the Business Case



Focus of the Work – GM & Local





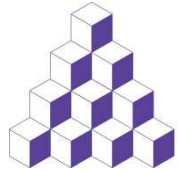
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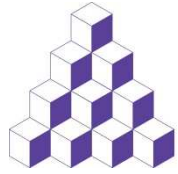
Health & Social Care Reform – Direction of Travel

- We have made considerable progress in developing a broad leadership consensus for change which provided the premise for the public consultation as part of Healthier Together.
- Each district has plans to integrate social, community, public health and primary care services which intend deliver a radical upgrade of preventative, early help and self care services. This has to happen at scale - there is a £1.1bn gap in the GM health and social care system (including £333m social care gap) over the next five years.
- Our vision includes integrated care to connect our people to the opportunities of growth and employment, for example addressing mental ill health. Our vision includes GM continuing to attract world class clinical and academic talent to create investment for growth in specialist life science innovation.
- We can describe a holistic transformational programme and have a strong belief that a number of key enablers could be unlocked through devolution.
- We are beginning the process of engagement with NHS national bodies and Government departments to identify how we can work together to understand how devolution can assist GM in achieving our ambitions on health & social care reform.



Health & Social Care Reform – What does the Devolution Agreement say?

*“The government invites the GMCA and Greater Manchester Clinical Commissioning Groups and acute trusts to **develop a business plan for the integration of health and social care across Greater Manchester**, making best use of existing budgets and including specific targets for reducing pressure on A&E and avoidable hospital admissions. **The government will continue to set out incentives for health and care partners in GM to develop this plan.** The government will also work with local government and NHS England to give greater certainty about health and care funding settlements. This includes by working towards multi-year allocations at the next Spending Review. HMT is keen to support a Greater Manchester-wide health and social care strategy which **fairly and accurately reflects the priorities of the full range of NHS and social care stakeholders, including acute trusts.** It would therefore not be appropriate for central government to Mandate any particular approach. Agreement from Greater Manchester Clinical Commissioning Groups will be required to implement any plan for services and budgets which are their responsibility.”*



The opportunity now to GM

- The first time Health & Social Care has been a feature of the devolution discussion of any English city region
- A recognition from Government that GM partners' ability to work together presents new opportunities to support improvement and reform at scale
- The chance to develop an agreement with government which strengthens our ability to invest in the new models of care
- The unprecedented opportunity of a GM health & social care settlement for a CSR period.
- The chance to develop an agreement with government which proposes potential freedoms to support more joined up care (e.g. the flexibilities to pool resource, to engage with Regulators, to navigate competition and co-operation rules)
- The opportunity for us together to describe a better future for health and social care; for that to be costed and credible; and for that to be delivered in a way which means no part of GMs healthcare system fails.

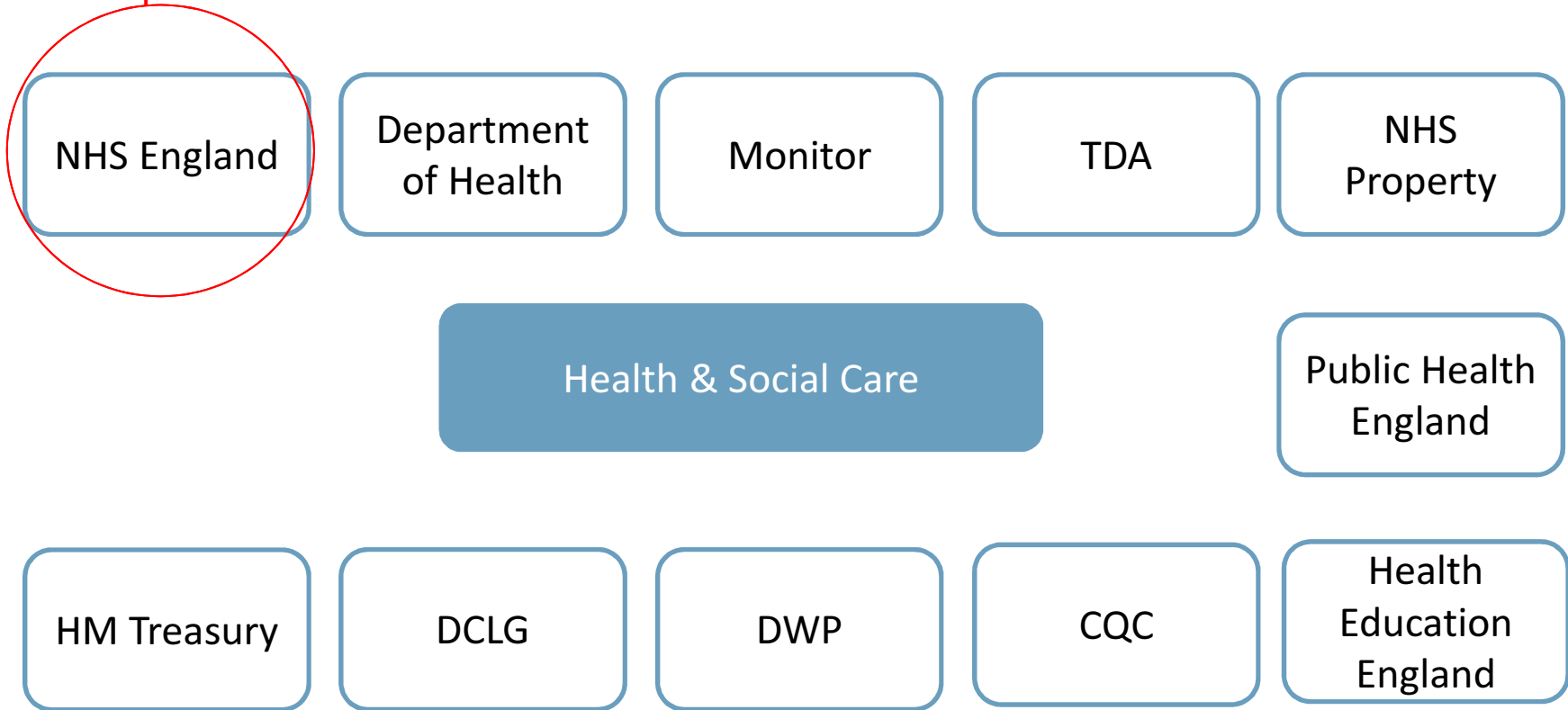
Memorandum of Understanding – NHS England & GM

- § The primary purpose of the document is to initiate a **Build Up Year (2015-16)** whereby the necessary detailed work will be completed between the parties to allow the delegation of full responsibilities from NHS England to Greater Manchester in April 2016 .

- § It is anticipated to achieve the overall Devolution Outcomes that a series of MOUs will need to be agreed with the other National Bodies/ ALBs allowing a combined approach to the **Build Up Year**. This MOU will act as a clear signal to other organisations to be involved and agree a similar process.

H&SC Devolution Impacted Organisations (National):

Step 1



Unique Opportunity

In Greater Manchester we clearly articulated our shared ambition to reduce health inequalities, improve standards of care and save more lives.

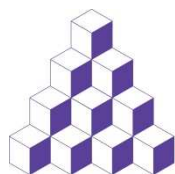
The MOU agreement enables us to work together (NHS commissioners and providers, and Councils) to achieve this better and more quickly than others by:

1. GM securing the delegation and ultimate devolution of health and social care responsibilities and resource to accountable, statutory organisations in Greater Manchester;
2. GM (and only GM) deciding the big issues that face us, covering primary care, community based care, all aspects of hospital care- based on our plans and strategies, and managing issues and disputes ourselves, locally.

Greater Manchester is the only part of England doing this, it is our best chance to achieve a clinically and financially sustainable health and social care system for now and the future.

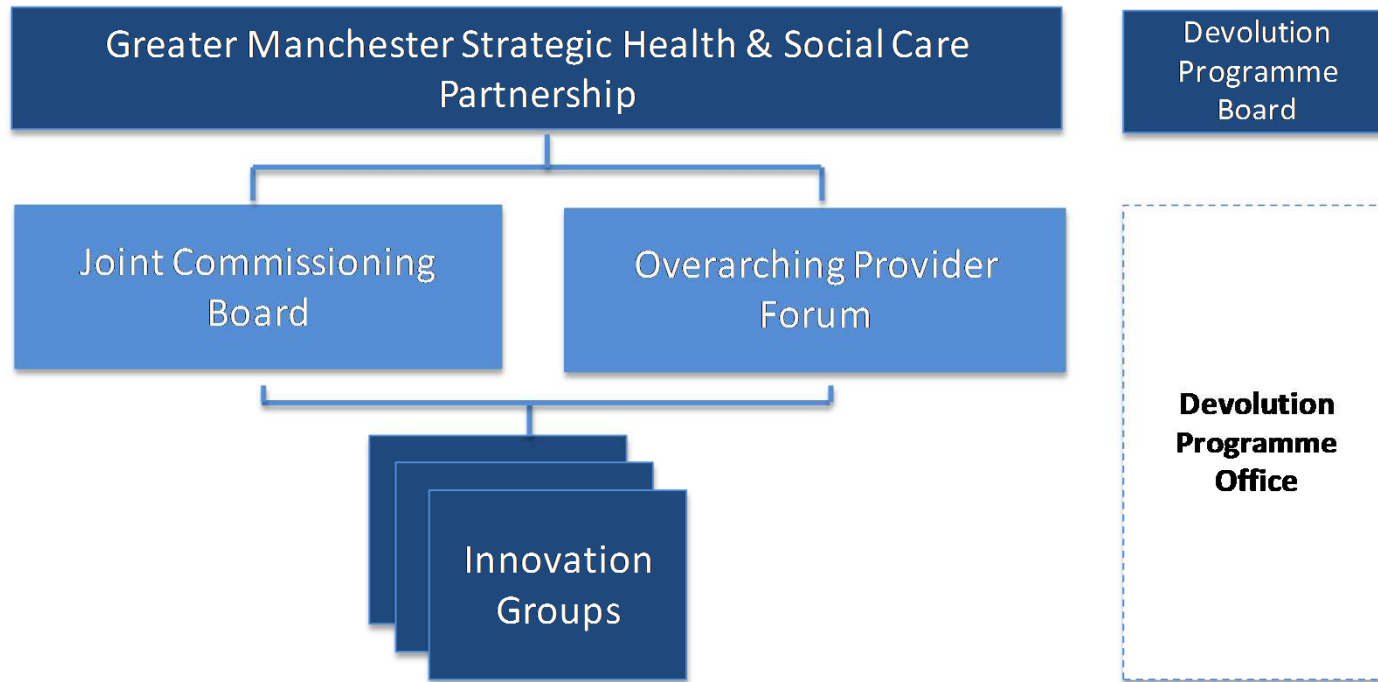
Priority Work Areas – Workstream Summary

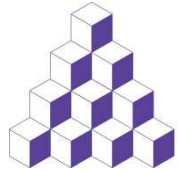
Strategic Reform Initiatives	Programme Board Sponsor: Dr Hamish Stedman, NHS Salford, CCG
<ul style="list-style-type: none"> • Clinical & Financial Sustainability Plan (creating platform for multi-year settlements so needs to recognise the CSR process); • Early Implementation Priorities • Support Services Strategy (overall efficiency and joint working developments); • Research, Innovation & Life Sciences Strategy • Capital & Estates • Workforce Transformation 	
Establishing the Leadership, Governance & Accountability	Programme Board Sponsor: Liz Treacy, GMCA
<ul style="list-style-type: none"> • Programme Board & Infrastructure • GM Health & Care Strategic Partnership Board • GM Joint Commissioning Board • GM Provider Forum • Establishing the Relationship with Regulators 	
Devolving & Integrating Responsibilities and Resource	Programme Board Sponsor: Paul Baumann, NHSE
<ul style="list-style-type: none"> • Primary Care • Specialised Services • Prevention & Public Health • Workforce Training and Development & Support to Challenged Trusts 	
Enablers	Programme Board Sponsor: Su Long, NHS Bolton CCG
<ul style="list-style-type: none"> • GM Strategic Sustainability Plan for health and social care • OD & Leadership Development • Communications & Engagement • Information, data sharing and digital integration 	



Element	Description
<p>Radical upgrade in prevention and public health</p>	<ul style="list-style-type: none"> Galvanising GM and local work on the determinants of poor health Reducing variation in approaches for risk factors for early death and disease Developing a new social contract for GM improved self care and the contribution of people to support their communities
<p>Building capacity in community assets</p>	<ul style="list-style-type: none"> Supporting service users to connect with community resources and make their own contributions Building community capacity to respond to and meet these needs through enterprise development, volunteering, and community hubs
<p>Transforming integrated community based care and support</p>	<ul style="list-style-type: none"> Developing proactive, joined up care based in communities for patients with one or more long term condition Improving access to Primary Care services, seven days a week Developing new provider models blending assets across acute, primary, community and social care provision Wider Public Service Reform improving school readiness, tackling worklessness and addressing wider dependency
<p>Safe transition to new models of hospital care</p>	<ul style="list-style-type: none"> Adoption of over 500 quality and safety standards to secure reliable and effective care every time Combining medical teams from separate hospitals into Single Shared Services operating across Acute Medicine, Urgent & Emergency Care and General Surgery
<p>Radical acceleration of discovery, innovation and spread</p>	<ul style="list-style-type: none"> Building our brand – Health is our Business– the go to place for health innovation. Shortening and enriching the journey from ideas to adoption and thereby increasing the value GM brings to the health of our citizens and beyond, our economy, the impact of our research, our reputation and social value. Development of an integrated innovation ecosystem that will develop new market led treatments, diagnostics and delivery systems faster, better and at scale.

Proposed Governance:





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Greater Manchester Association of
Clinical Commissioning Groups

Next Steps

- Further rapid and intensive engagement with government and NHS national bodies
- Development of the MOU workstreams underpinning the new partnership with NHS England
- Joint work with NHS England business case to secure a robust response to the long term sustainability of the system, linked to CSR rounds
- Development of the governance arrangements including appropriate formal engagement with regulators
- Clear approach to onward communication and engagement with partner organisations

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