

# GM Integrated Care System

Update to Health Scrutiny Meeting  
September 16th

**Will Blandamer – Executive Director Strategic  
Commissioning Health and Care  
Bury Council and Bury CCG**

# 1. Background

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- NHS England Consultation Next Steps for Integrated Care Systems: Nov 2020
- Bury response agreed the GM Submission to the Consultation at the Strategic Commissioning Board - 4 January
- White Paper published and 11 February the creation of statutory Integrated Care Systems (ICSs) Significantly it proposed replacing CCGs with a GM ICS.
- Legislation presented to House of Commons 6/7/21, second reading 14/7/21.
- National HR guidance released 26/8/21
- Changes expected to commence from 1/4/22 – subject to legislation

## 2. White Paper and Legislation Objectives (examples)

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- Every part of England to be covered by an **integrated care system** (ICS) - This means CCGs responsibilities will be taken over by an ICS as a statutory body
- **A Duty to Collaborate** for all NHS bodies
- **Focus on Triple Aim** - to support joint working through shared aims around population health, patient outcomes and value for taxpayers
- **Removing Barriers to integration** - through joint committees, collaborative commissioning approaches and joint appointments
- **Improve Data sharing** - to ensure more effective data use across the health and care system
- **Reduce competition in favour of collaboration**
- **Procurement** – create a bespoke health services provider selection regime
- **SoS Power of Direction** over NHS England (the newly merged body) and reconfiguration powers

### 3. GM has been working like this for some time

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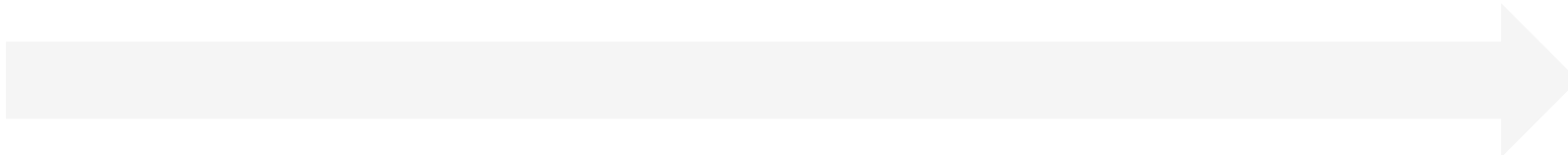
As part of Government's Health and Care Bill, we are working to create a statutory Integrated Care System (ICS) in Greater Manchester (GM).

This will include the creation of a statutory Integrated Care Partnership (ICP), which will be a joint committee, and an Integrated Care Board (ICB).

It will operate on three levels: neighbourhood, locality and Greater Manchester.

In Greater Manchester we have been essentially working as an ICS for the last five years – with strong working partnerships between health and social care and the voluntary sector.

Greater Manchester Health and Care has also worked for many years on balancing the importance of placed based working – in each of 10 places, building relationships between partners locally especially between local authorities and the NHS – and doing things once that need a conurbation wide perspective.



# 5. GM ICS Transition Work Programme

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The GM Statutory ICS Transition programme, oversees the creation of the statutory ICS and has two phases:

**(1) Design phase** - to September 2021 and **(2) Implementation phase** – September 2021- April 2022

And 14 programmes..

Workstream	System lead
GM Operating Model	Sarah Price (GMHSCP)
Establishing the GM ICS	Sarah Price (GMHSCP) and Eamonn Boylan (GMCA)
The locality approach	Geoff Little (Bury CCG)
CCG safe transition of functions	Su Long (Bolton CCG)
GM and locality spatial levels	Su Long (Bolton CCG)
Financial framework and funding flows	Steve Wilson (GMHSCP/GMCA and Ian Williamson (MHCC)
People and culture	Janet Wilkinson (GMHSCP) and Craig Harris (Wigan CCG)
GM Provider Collaboratives	Tracey Vell (GM Medical Executive/HInM) and Martyn Pritchard (Trafford CCG)
Place-based Provider Collaboratives	Karen James (T&G IC NHS FT), Geoff Little (Bury CCG) and Tracey Vell (GM Medical Executive/HInM)
Clinical and care professional leadership	Tom Tasker (GM Medical Executive/Salford CCG)
Population health	Joanne Roney (MCC) and Jane Pilkington (GMHSCP)
Developing the GM Strategic Plan	Warren Heppolette (GMHSCP)
Health innovation, data and digital	Ben Bridgewater (HInM)
Communications and engagement	Claire Norman (GMHSCP/GMCA) and Craig Harris (Wigan CCG)

## 6. Key Elements of the Operating Model

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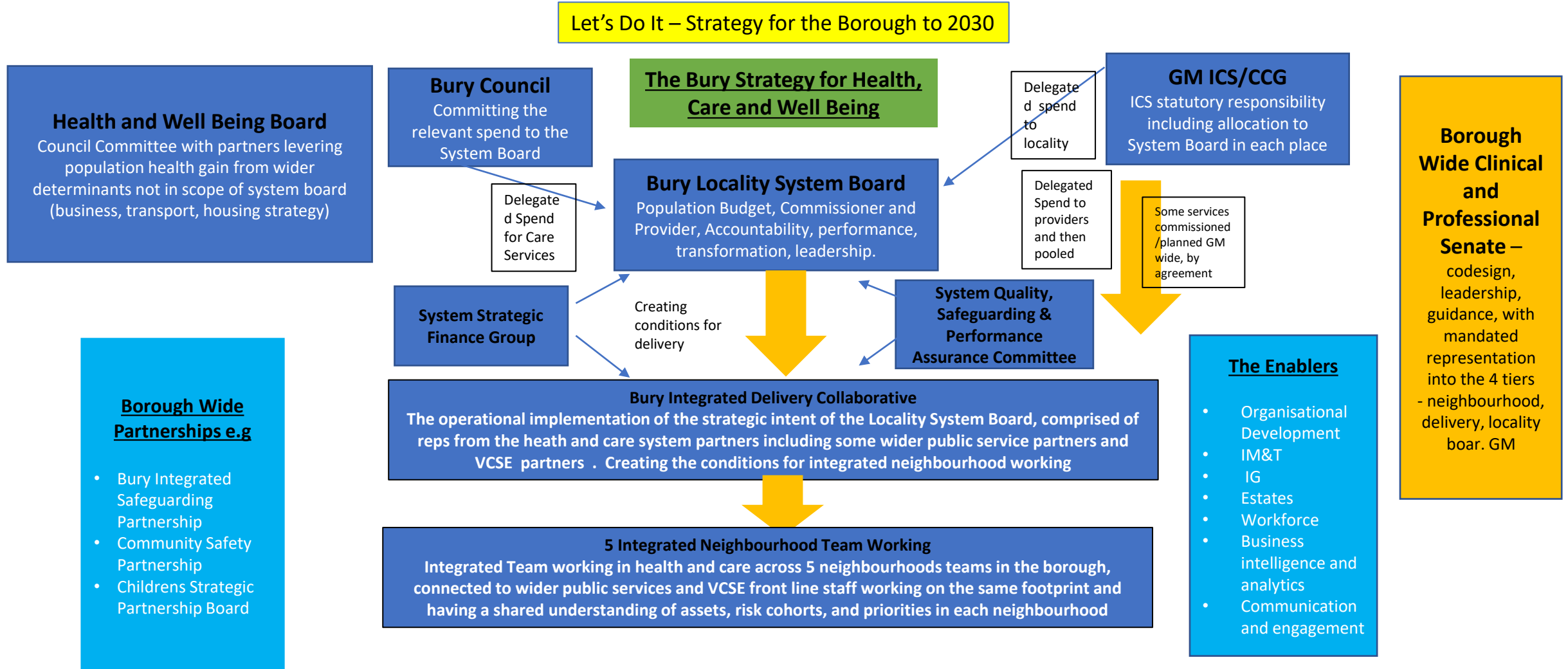
- Spatial Levels – what is planned and delivered locally and what is planned and/or delivered GM wide
- Financial Flows – the balance of funding from the GM ICS into localities and directly to providers
- The operating of locality working, including the nature of pooled budget working in a place
- The accountability agreement between a GM ICS and place based working
- The employment and deployment of CCG staff
- Maintaining our local partnership working

# 6. Bury's objectives: Bury Locality Plan

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- 1) We will seek to **influence the factors that improve population health** and well being and reduce health inequalities and foster inclusion
- 2) We will **support residents to be well, independent, and connected** to their communities and to be in control of the circumstances of their lives
- 3) We will support **residents to be in control of their health and well being**
- 4) We will **support people to take charge of their health and care and the way it is organised around them, and to live well at home**, as independently as possible
- 5) We will **support children to 'start well'** and to arrive at school ready to learn and achieve
- 6) We will ensure all residents **have access to integrated out of hospital services** that promote independence, prevention of poor health, and early intervention, focused on neighbourhood team working
- 7) We will secure **timely access to hospital services where required**
- 8) We will work to **reduce dependence of people on institutional care** – hospitals and care homes.
- 9) We will work to ensure **high quality responsive services** where people describe a good experience of their treatment

# 7. The Bury Health, Care, and Well Being Partnership System from 1/4/22





# 8. Key Messages

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1. The legislation around NHS re-organisation is progressing through parliament and is likely to be passed, to be effective from 1/4/22
2. We expect all CCG staff will transfer employment to the Greater Manchester ICS from 1/4/22.
3. Greater Manchester guidance says “we expect minimal changes on 1<sup>st</sup> April itself”
4. We expect the bulk of staff (by which we mean the significant majority) will continue to be deployed locally.
5. There is some work GM wide that may result in a small number of Bury CCG staff being deployed at a GM level. We do not have clarity on this currently but will keep everyone informed.
6. We have a good plan in Bury to continue to transform our system for Bury residents - the locality plan
7. We are building our new partnership arrangements now to operate in shadow form during this transition and be ready from 1/4/22.
8. The new arrangements allow us to continue to blur the lines between organisations and between commissioning and provision – and to work more and more as one system.
9. Because of our integrated management arrangements, we expect to provide continuity of management leadership through the transition and past 1/4/22.
10. Because we are developing a clinical and professional senate, we expect to provide continuity of clinical leadership.
11. There is still a lot to work out – we are awaiting the legislation, the national HR framework, and the finalisation of the GM operating model. We will keep you informed.
12. A GM wide staff briefing is due this week (w/c 19/7/21) and will be widely circulated.
13. We know the uncertainty is challenging, particularly when everyone is working so hard. Look after yourself and we will provide as much information as we can.

# GM ICS Transition Work Programme - Timeline

## September

Recruitment to IC Board Chair and Chief Executive posts and confirm proposed governance arrangements for the new board.

## October

Begin running the GM ICS (on all three levels) in shadow form, so it runs as we expect it to operate from April 2022.

## December

All Integrated Care Board appointments made. This will form the leadership team for our new organisation.

## December 2021 – March 2022

Work will continue at pace to prepare for the creation of the new Integrated Care Board and Integrated Care Partnership.

## April 2022

It is planned that staff will move into the new organisation from 1 April 2022. From April those staff that transfer will have a new employer – but there'll still be work to be done to develop our GM and locality functions. We expect colleagues to experience minimal changes on 1<sup>st</sup> April itself.