

# Greater Manchester Population Health Board

Date: 16 June 2022

Subject: **Population Health Board governance: Alignment to NHS Greater Manchester Integrated Care**

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## SUMMARY OF REPORT AND KEY MESSAGES:

This report sets out proposals aimed at confirming the position of the GM Population Health Board, within the context of the emergent GM Integrated Care system governance.

## RECOMMENDATIONS:

That Population Health Board:

- Note the content of this report
- Reflect upon the key considerations set out in 3.1
- Endorse the proposals set out in 3.2.

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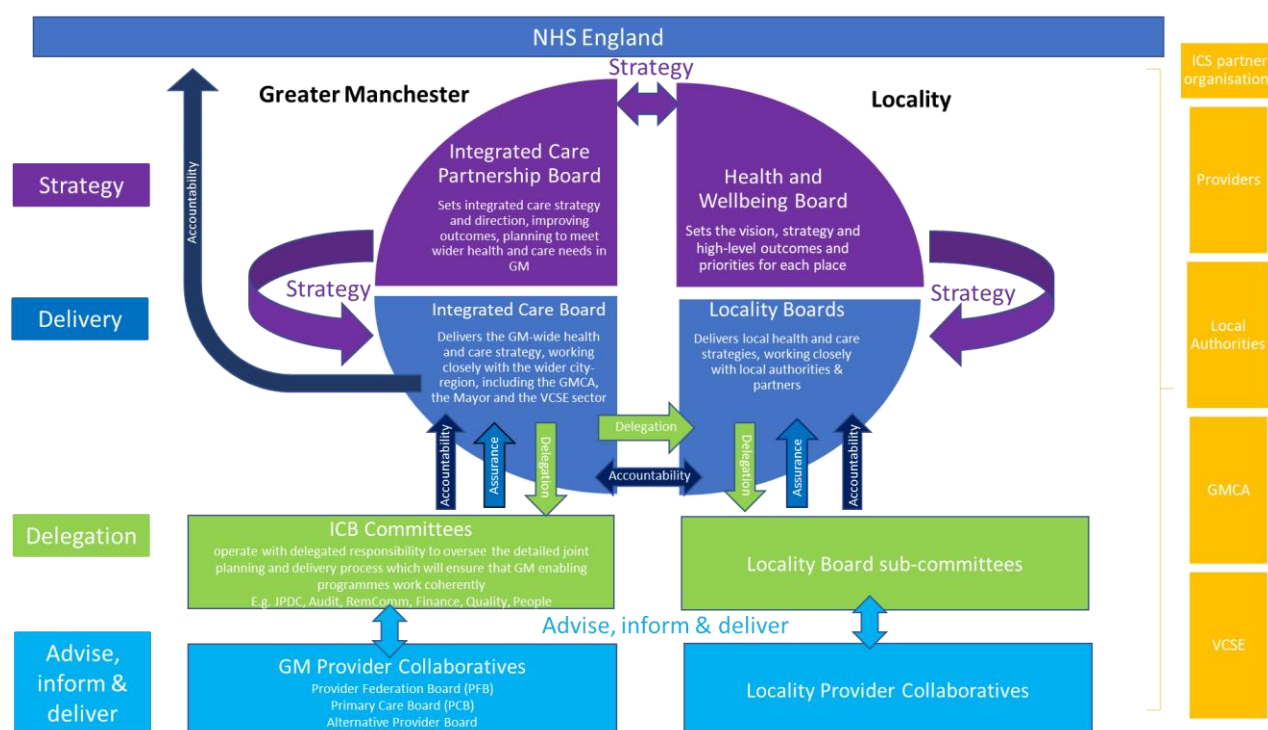
## 1. Introduction

1.1 On 1/7/2022, the 10 GM CCG's, GM Shared Services and GM Health and Social Care Partnership will merge to form one new organisation – NHS GM Integrated Care, with overarching responsibility for health and care in Greater Manchester.

1.2 This will lead to considerable changes to GM and locality system governance which will impact upon the GM Population Health Board which has historically been accountable to the GM Health and Care Executive, albeit with a high degree of autonomy and delegated authority.

## 2. Governance Arrangements – NHS GM Integrated Care

2.1 The proposed governance arrangements for NHS GM Integrated Care are as follows:



2.2 As set out above, the GM Integrated Care system will be called the GM Integrated Care Partnership and will be made up of two statutory elements:

- **Greater Manchester Integrated Care Partnership Board**, involving all the different organisations involved in supporting people's health and care, and focussed on delivering the totality of the GM Integrated Care Plan.
- **NHS Greater Manchester Integrated Care**, a new organisation, overseen by an **Integrated Care Board** to support integration within the NHS to take a joint approach to agreeing and delivering ambitions for the health of the population and discharging the statutory duties of the organisation.

2.3 These will interface with locality constructs as part of a whole system approach delivering across appropriate spatial levels.

2.4 The GM Population Health Board is required to consider and agree how it will interface with the new Integrated Care system governance, and particularly the desirability of a formal reporting relationship into the GM Integrated Care Partnership Board.

### **3. Future proposals**

3.1 In order to determine the way in which the Population Health Board interfaces with the new system governance there are several key considerations to work through:

- a) Are Population Health Board members in support the Board being formally accountable to the Integrated Care Partnership Board given it's statutory and whole system responsibility for improving health and providing health and care in partnership.
- b) What other system governance arrangements (within NHS GM Integrated Care and within the wider system) should be formally accountable to the GM Population Health Board whether as a means of discharging to statutory responsibilities of the GM Integrated Care system or as a means off adding value through city-regional collaboration? – i.e., Screening and Immunisation Oversight Group; Emergency Planning, Preparedness and Resilience; Sexual and Reproductive Health Network and Board; Health Protection Reform Group; GM Gambling Harm Steering Group?
- c) What impact would absorbing a wider range of governance responsibilities have on the functionality of the Population Health Board and what form of sub-structure would be required to enable the board to retain a forward-looking and strategic focus? What could be the sub-groups or an executive function reporting to the Board?
- d) What other strategic relationships are critical to the effective functioning of the Population Health Board, but would not involve formal accountability arrangements

3.2 It is proposed that the Board reflects upon these considerations, takes a decision in relation to (a) and explores (b), (c) and (d) further in a second Board development day in July 2021.

### **4. Recommendations:**

4.1 That Population Health Board:

- 4.1.1 Note to content of this report
- 4.1.2 Reflect upon the key considerations set out in 3.1
- 4.1.3 Endorse the proposals set out in 3.2.

**END**