

## Greater Manchester Integrated Care Partnership Board

**Date:** 28<sup>th</sup> October 2022

**Subject:** Developing the GM ICP Strategy

**Report of:** Warren Heppolette – Chief Officer – Strategy and Innovation

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### **PURPOSE OF REPORT:**

- To update the Integrated Care Partnership Board on the development of the ICP Strategy and to confirm support for the next steps.

### **KEY ISSUES TO BE DISCUSSED:**

- The involvement of the ICP Board in the continued development of the ICP strategy

### **RECOMMENDATIONS:**

GM ICP Board is asked to:

- Note the update on the ICP Strategy development
- Review and support the plans for the next steps

# THE GM ICP STRATEGY

## 1.0 BACKGROUND

- 1.1. The integrated care strategy (referred to here as the GM Integrated Care Partnership (ICP) strategy) is described in NHS England (NHSE) guidance<sup>1</sup> as setting “*the direction of the system ... setting out how commissioners in the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life*”. It also “*presents an opportunity to do things differently to before, such as reaching beyond ‘traditional’ health and social care services to consider the wider determinants of health or joining-up health, social care and wider services*”
- 1.2. The ICP strategy will be owned by the GM Integrated Care Partnership Board (GMICPB). ICPs have a statutory duty to create an integrated care strategy to address the assessed needs, such as health and care needs of the population, including determinants of health and wellbeing such as employment, environment, and housing.
- 1.3. The ICP strategy will be a health and care strategy for GM, within the wider context of the strategy for GM, described in the Greater Manchester Strategy (GMS<sup>2</sup>), seeking to develop GM as “*a greener, fairer and more prosperous city-region*”.
- 1.4. The ICP strategy therefore shares the same vision as the GMS: *We want Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city region.*
- 1.5. Within the GM context, the ICP strategy is the successor document to “Taking Charge of our Health and Social Care in Greater Manchester” – the plan published in 2015<sup>3</sup> as part of the devolution of health and care funding to GM - and is anticipated to be of a similar length and level of detail at about 40-50 pages.
- 1.6. It will be an integrated care strategy for the whole population of GM, covering health and social care, and addressing the wider determinants of health and wellbeing through partnership working. It will align with:

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<sup>1</sup> <https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies>

<sup>2</sup> <https://aboutgreatermanchester.com/>

<sup>3</sup> <https://www.greatermanchester-ca.gov.uk/media/1120/taking-charge-of-our-health-and-social-care-plan.pdf>

- The four objectives for Integrated Care Systems specified by NHS England<sup>4</sup>.
  - The shared commitment in the GMS related to health: “*We will reduce health inequalities experienced by Greater Manchester residents, and drive improvements in physical and mental health*”, whilst recognising that achieving this is not solely the role of the health and care system.
- 1.7. The health and care system (the ICS) both contributes to a range of commitments within the GMS, as well as benefitting from others e.g., the commitment to “*delivery of resilient, safe, and vibrant communities*” which benefit the population and those working in the health and care sector, including provider organisations.
- 1.8. The scale and scope of activity to improve the health and wellbeing of the population across the NHS, its partners and the wider public sector in GM is vast. It is therefore crucial that we are clear on the scope of the ICP strategy
- 1.9. The shared outcomes, commitments, and ways of working in the ICP Strategy will be a common framework for reference for all plans and strategies. It will not describe in detail the full range of the ICP’s activities over the next five years, but will confirm, through its development and prioritisation, a small set of ‘grand challenges’, central to our vision and to making a difference so that people in GM can live a good life
- 1.10. Guidance says that the ICP strategy should build on previous system-level plans: “*It is not about taking action on everything at once, nor should the key strategic priorities for system-level action be overly prescriptive on what is occurring locally*”<sup>5</sup>.

## 2.0 STRATEGY FRAMEWORK

- 2.1. A framework for the ICP strategy has been agreed as framing for the discussion and analysis needed across the system. The strategy will comprise a set of shared outcomes: “*the Greater Manchester we want to see*” and a set of shared commitments “*Together we will ...*”, supported by a description of how we will work together (“*Ways of Working*”) and a set of high-level progress measures. This is the same framework as used in the GMS.
- 2.2. The ICP strategy is therefore a framework for bringing together activities and identifying key **system** priorities, not about imposing a new set of programmes

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<sup>4</sup> <https://www.england.nhs.uk/integratedcare/what-is-integrated-care/>

<sup>5</sup> <https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies>

or activities on the partners within the ICS. GM's history of working together across the city-region is a strong basis for this strategy.

- 2.3. The shared outcomes – “*the Greater Manchester we want to see*” – are:  
A GM where everyone ...
- Has a fair opportunity to live a good life
  - Experiences high quality care and support where and when they need it
  - Has improved health and wellbeing
  - Works together to make a difference now and for the future
- 2.4. These outcomes are inter-related, and no one outcome can be achieved without the others.
- 2.5. Enabling everyone in GM to have a fair opportunity to live a good life will require system partnership across all the things that determine health and good lives, with a focus on equity and equality. The commitments made by the GM system within the GMS are important here – for example in relation to transport and employment.
- 2.6. Enabling everyone to experience high quality care and support when and where they need it can only be achieved through consideration of service provision, and the elimination of unwarranted variation, from hospital to general practice, and the wider care system. Much of this will be the responsibility of the GM Integrated Care Board (ICB), the statutory NHS organisation for GM, working with its system partners including local authorities and VCSE organisations.
- 2.7. Improving health and wellbeing will be achieved through good lives and high quality services, but also through preventing people becoming unwell, and supporting them to live well in their communities. The role of people in their own health and wellbeing is also a factor in this outcome.
- 2.8. Working together is a fundamental objective of any integrated care system, and the experience of partnership working within GM before and since devolution is a strong basis for further development. The rationale for working together is to make a difference for all, with a future focus on using all our resources effectively.
- 2.9. For each of these outcomes, a series of shared commitments have been developed - “*Together we will ...*” – things that can only be achieved by the system working in partnership.
- 2.10. A GM where everyone ... has fair opportunity to live a good life  
Together we will ...
- Ensure our children and young people have a good start in life
  - Support good work and employment

- Enable local environments which support good health for everyone
  - Play a full part in tackling poverty and long-standing inequalities
- 2.11. A GM where everyone ... experiences high quality care and support where and when they need it
- Together we will ...
- Ensure that health and care services are accessible
  - Reduce unwarranted variation in access and experience of care
  - Use technology to improve care for everyone
  - Drive continuous improvements in the availability and quality of care
  - Ensure we have a sustainable workforce that is supported to provide the best possible care
- 2.12. A GM where everyone ...has improved health and wellbeing
- Together we will ...
- Enable everyone to have a healthy lifestyle
  - Use the strengths of communities to enable wellbeing
- 2.13. A GM where everyone ... makes a difference now and for the future by working together
- Together we will ...
- Build trust and collaboration between partners to ensure co-ordinated services
  - Ensure that all our services recover from the effects of the pandemic as effectively and fairly as possible
  - Secure a greener Greater Manchester
  - Ensure that health and care organisations play their part in social and economic development
  - Manage public money well to achieve our objectives and ensure value for money
  - Be at the forefront of innovation and discovery in health and care
- 2.14. We are currently identifying how we will work together as a system to achieve these outcomes and commitments, and discussion of the 'ways of working' within the ICP Board will be vital in achieving our ambitions for GM.
- 2.15. We will be explicit about the challenges of working across organisations and sectors to achieve shared commitments, and in the changes necessary to reduce inequalities. The behaviours and system rules required to enable us to work together in that way, and learning from our history since devolution, will be articulated in the strategy.
- 2.16. We will also, as a system, describe and affirm the 'grand challenges' that we will prioritise to enable people in GM to live good lives. A process for identifying

these, so that they can be included in the Engagement draft (see section 5.1) for system consideration, is under way.

### **3.0 PROCESS OF DEVELOPMENT**

- 3.1. We have already established a strategy working group comprising a range of stakeholders from across the system, including localities, which has met monthly since March this year, to support this strategy development work.
- 3.2. This group developed the outcomes and commitments (see section 2.0) and is now considering on the ways of working as well as the prioritisation of key activities prior to producing a draft of the strategy for system consideration (see section 5.1). The process of prioritisation will include consideration of what has been learned from the last 7 years as well as the current challenges facing the ICS and the population at large.
- 3.3. The development process also includes analysis of data which identifies the needs of the population, as required in national guidance, engagement with stakeholders across the system, including the public, and links to the latest plans for the constituent parts of the system.
- 3.4. Initial analysis of locality plans and data on population need within localities reinforces the shared commitments as a description of the system activities needed to address the overall outcomes.

### **4.0 CURRENT ENGAGEMENT ON THE STRATEGY**

- 4.1. Engagement on the strategy is required in national guidance, with a statutory responsibility to involve (as a minimum) *“local Healthwatch organisations ... and people who live and work in the area.”*
- 4.2. Early engagement from March to May this year, through a survey for people and staff across Greater Manchester, sought to understand perceptions of the vision and shared outcomes as described at that time.
- 4.3. A second phase of engagement with communities and localities is currently taking place (due to be complete in mid-November) supported by the VCSE and Healthwatch. A set of questions being used in this engagement have been co-produced:
  1. *FOR COMMUNITY GROUPS: What would make the biggest difference for communities you serve in relation to being healthier, happier, and better?*  
*FOR INDIVIDUALS: What would make the biggest difference to your life in relation to being healthier, happier, and better?*
  2. *What’s stopping this?*
  3. *What would help this?*

#### 4. What's the most important thing health and care services need to improve?

- 4.4. Engagement will include conversations with at least sixteen community/voluntary/charity/social enterprise organisations in each locality, a series of conversations within each locality targeting people currently engaged with the health and care system, conversations with pan-GM communities of identity organisations and networks, not all of whom are engaged with services, and focus groups convened in each locality by the local Healthwatch organisations.
- 4.5. The results of this engagement will be available in late November and will be considered alongside feedback from the Engagement Draft (see section 5.1) to inform the final strategy document.

### 5.0 THE NEXT STEPS

- 5.1. We are working to produce an 'Engagement Draft' of the strategy in November for formal consideration by partners across the GM system.
- 5.2. The partners in the ICP, including the VCSE, Local Authorities, Trusts, Health Innovation Manchester, the GMCA, Primary Care, Social Care etc. will have the opportunity to influence the strategy through consideration of the Engagement draft in their own organisations and sectors. Plans for staff engagement over the same period are being developed with the GM Workforce Engagement Forum
- 5.3. The plan is to issue the draft to all ICP partners in late November, inviting consideration and comments during December and early January, with a mid-January deadline for feedback. A final version will then be presented for formal approval by the ICP Board in February. At present there is no date confirmed for submission of the strategy to NHSE.
- 5.4. The Engagement draft will comprise the shared outcomes: "*the Greater Manchester we want to see*", the shared commitments "*Together we will ...*", supported by a description of how we will work together ("*Ways of Working*") and a set of key priorities and high-level progress measures. It will also summarise the key challenges facing the GM ICP and how the strategy will seek to address them.