

Appendix 1

Building on Greater Manchester's devolution integration experience: forming a statutory integrated care system

Stakeholder briefing note 20 April 2022

Introduction

Welcome to the next update regarding Greater Manchester's ongoing transition to a statutory integrated care system from 1 July 2022. We previously shared an update with you in January and want to give you a further update on progress, including an overview of why things are changing, how the new system fits together in the wider context, recruitment, and some of the work to date.

Why are things changing?

Across the country, integrated care partnerships (ICP) are being set up to help organisations work better with the public to keep everyone healthier; plan and deliver health services more effectively; make sure everyone is treated equally and fairly; help the NHS become as efficient as possible, and also help it contribute to the wider economy.

The intention is that this will:

- improve the health of children and young people
- support people to stay well and independent
- help health and care services act sooner to help those with preventable conditions
- support those with long-term conditions or mental health issues
- care for those with multiple conditions, particularly as people get older
- get the best from collective resources so people get care as quickly as possible.

Here in Greater Manchester the new arrangements mark the latest stage in the city region's journey to more joined up working, which has developed since our health and social care devolution deal in February 2015.

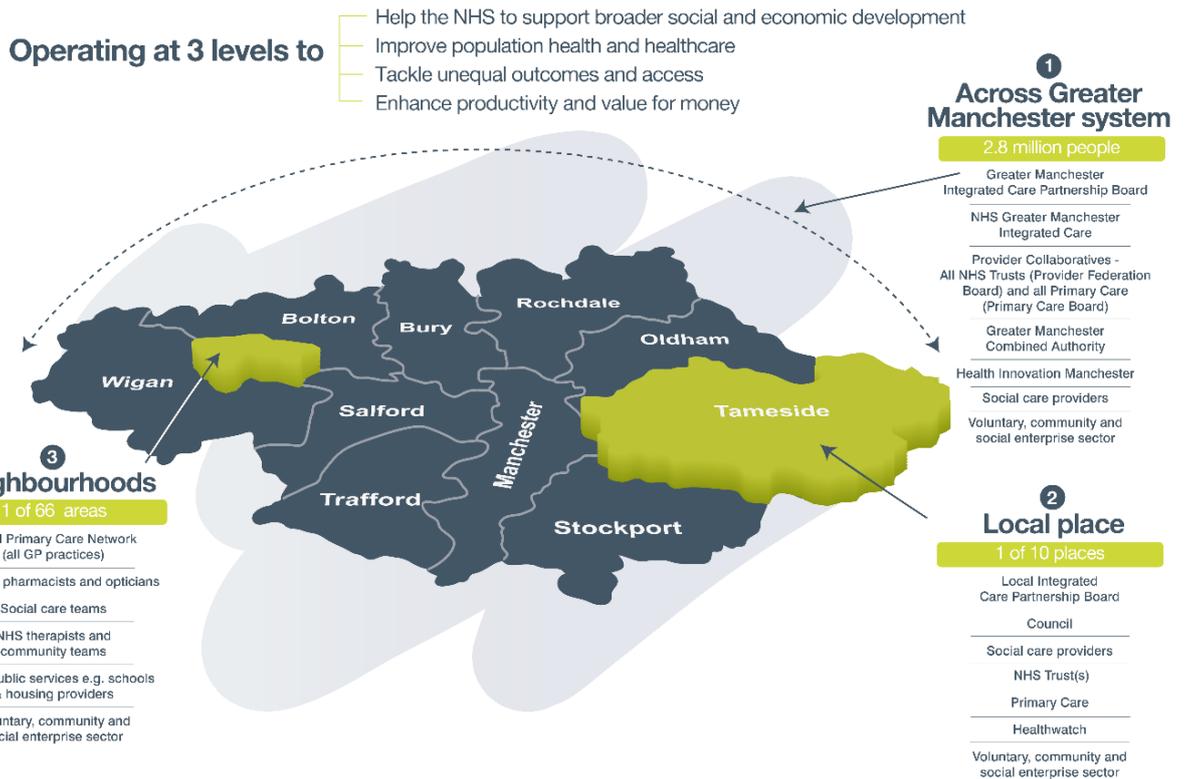
How does our Greater Manchester system fit together?

Our system will be called **GM Integrated Care Partnership** and will be made up of two statutory elements:

- Greater Manchester Integrated Care Partnership Board, involving all the different organisations which support people's health and care
- NHS Greater Manchester Integrated Care, a new organisation, overseen by a Board, to support integration within the NHS to take a joint approach to agreeing and delivering ambitions for the health of the population

In addition there will be similar partnerships in each of GM's ten districts or localities.

Our system partnership will operate at three levels: neighbourhood, locality and Greater Manchester and will have a single vision and strategy. Hospitals, GPs, community services and other providers will come together to form collaboratives within all 3 levels.



GM Integrated Care Partnership will bring together all the different organisations which support people’s health and care and, working with our people and communities, will create and oversee our region’s overall integrated care strategy which the wider system will work to deliver.

Members of the Partnership (which is an evolution of the longstanding Health and Social Care Partnership) come from all ten parts of GM, including all NHS organisations, councils, GM Combined Authority, organisations from across the voluntary, community, faith and social enterprise sectors and others all working together to help achieve our common vision.

The **Board** steering the work will be chaired by GM political lead for health and care, and Tameside Council leader Councillor Brenda Warrington.

10 Local Integrated Care Partnerships, 66 Neighbourhoods

Much of someone’s life will be spent within a few miles of where they live, shopping, working, going to school, visiting friends and family, and socialising.

Likewise, if people do need support around their health and care, friends and family are often very involved, and people may also use their local pharmacy, GP, voluntary groups, district nurses, community mental health services or home care staff. And sometimes they may need a hospital visit or a care home. Some people may also link in with education, probation, employment or social services.

Virtually all of this will happen relatively locally.

This is why our ten places and 66 neighbourhoods are at the heart of our integration work. We’ll have local integrated care partnerships, overseen by a Board with people from the council, NHS, voluntary sector and wider partners reflective of each place. One person – a ‘place based lead’ will coordinate all of this.

NHS Greater Manchester Integrated Care

The NHS sees and treats thousands of people every day in Greater Manchester at its many different services; most are in the local community, including GPs, dentists, pharmacist, optometrists, district nursing, physiotherapy, occupational therapy, diagnostics and many more. Some more specialised services are based in hospitals.

From July 1 a new organisation, called **NHS Greater Manchester Integrated Care** will take over from our 10 Clinical Commissioning Groups (which will close down their work) to become responsible for the allocation of, and accounting for, NHS resources. It will create and oversee a plan for all NHS services in our city region.

Sir Richard Leese has been confirmed as Chair designate and Mark Fisher as Chief Executive designate. Staff from the new organisation will work across Greater Manchester; some within the local partnerships and some more centrally.

Recruitment to key leadership roles

As of 20 April, the position is as follows:

- Designate Chair – Sir Richard Leese
- Statutory Non-Executive – Richard Paver and Shazad Sarwar
- Chief Executive Officer – Mark Fisher
- Chief Finance Officer – Sam Simpson
- Chief Medical Director – Manisha Kumar
- Chief People Officer – Janet Wilkinson
- Chief Nurse – in progress
- Place-based leads – in progress
- Other defined executive posts will commence recruitment once a final structure has been agreed by the Chief Executive Officer

About the new appointments

Mark Fisher – Chief Executive Officer



Working at director level for several years at the Department of Work and Pensions, Mark currently leads the Grenfell Tower Public Inquiry, engaging with the local community and wider public and creating a model for similarly challenging public inquiries.

He was previously director of the office for civil society and innovation in the Cabinet Office, responsible for the Government's relationship with the voluntary and community sector, and programme director for the award-winning Work Programme and the Future Jobs Fund, building the regime that kept national unemployment down throughout the 2009 recession.

Mark said: "It's a huge privilege to be appointed as the first chief executive of NHS Greater Manchester Integrated Care. The region has a long history of collaboration and partnership working, and we now have a real opportunity to make further change: to better address health inequalities, further improve clinical outcomes, and contribute to the wider social and economic development of Greater Manchester."

Manisha Kumar – Chief Medical Director



Currently Medical Director at Manchester Health and Care Commissioning, Manisha trained as a doctor in Manchester, qualifying in 1995, becoming a GP in 2001 and joining the Robert Darbishire Practice in Rusholme in 2004, where she still practises and is a GP Trainer.

Manisha has held clinical leadership roles since 2006; working in system redesign and development, locality and neighbourhood roles. For the last five years she has held executive responsibility for primary care commissioning, safeguarding and clinical leadership – more recently focused on the response to COVID, as well being the Clinical Senior Responsible Officer for Manchester’s COVID vaccination programme.

Manisha said: “I am really pleased to have been appointed as Chief Medical Director Designate for NHS Greater Manchester Integrated Care at such an exciting and important time for our health and care services. The last two years have showcased how crucial resilient, high quality care is for all of us. I am looking forward to continuing our integration journey across Greater Manchester and supporting the critical ambition to reduce health inequalities for our population.”

Sam Simpson – Chief Finance Officer



Having worked in the NHS for over 25 years, since joining the North West Financial Management Training Scheme, Sam brings extensive NHS and senior finance experience.

Sam has held senior finance roles in commissioner, provider and strategic health authority, all in the North West. Prior to joining Tameside and Glossop Integrated Care NHS FT, Sam was the Director of Finance for the Cheshire and Merseyside Sustainability Transformation Partnership.

She spent two years at Greater Manchester Police and also has experience of working in local authorities and the education sector. Sam is currently the Chair of the Greater Manchester NHS Provider Directors of Finance.

Sam said: “I am delighted to have been appointed as Chief Finance Officer Designate for NHS Greater Manchester Integrated Care. It is a privilege and an honour and I am looking forward to working with partners across Greater Manchester to achieve the best we can for our population.”

Janet Wilkinson – Chief People Officer



Janet is currently executive lead for workforce, OD & system leadership at Greater Manchester Health and Social Care Partnership, who she joined as Director of Workforce in October 2017.

Janet has been an executive director for 20 years and her most recent post was Director of Human Resources, Organisational Development and Education at University Hospital of South Manchester NHS Foundation Trust.

Janet said: “I am delighted to be appointed into the role and am looking forward to leading and supporting the Greater Manchester system in developing and implementing ambitious people strategies, as well as creating a positive and inclusive culture for NHS Greater Manchester Integrated Care and it’s 2,000 staff.”

Progress

The 10 Clinical Commissioning Groups in Greater Manchester, which will cease to exist from July 2022, continue to work with colleagues in Greater Manchester Health and Social Care Partnership and Greater Manchester Shared Services to ensure a smooth closure process and smooth transfer to new arrangements. This change will have no impact on where or how people receive care.

Colleagues in all organisations are currently being consulted on arrangements to transfer everybody beneath boardroom level into NHS Greater Manchester Integrated Care. All colleagues have also been involved in a ‘cultural audit’ to build the strong foundations for the culture of the new organisation.

Engagement experts from Greater Manchester’s voluntary, community and faith sector, the NHS and locality authorities came together to explore a shared involvement framework for Greater Manchester. This is in order to develop a **people and communities strategy** and build on national principles developed by NHS England.

A process has begun for the selection of a Place Lead for Health and Care Integration in each of Greater Manchester’s 10 localities and an Equality and Inclusion (E&I) framework and strategic E&I function for NHS Greater Manchester Integrated Care is being established.

A commitment to being a leading **population health system** is to be further strengthened through the formalisation of the ICS. We have been developing our population health approach for a number of years, are a [Marmot City Region](#) and have also set out our central commitment to tackling inequalities, through the [Independent Inequalities Commission](#) report.

The Big Conversation

People are beginning to take part in a conversation about the future of health and care for themselves and their families. The Big Conversation survey launched on Monday 28 March and anyone who lives or works in the 10 Greater Manchester boroughs can take part.

Running until **Sunday 8 May**, you can find out more about the Big Conversation at www.gmhsc.org.uk/event/the-big-conversation and go straight to the survey by following this link: www.smartsurvey.co.uk/s/GMBigConversation

