



Oldham
Council

Report to Council

The Devolution of Health and Social Care Responsibilities to Greater Manchester

Portfolio Holder: Cllr. Jenny Harrison, Cabinet Member for Social Care and Public Health

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Reason for Decision

Agreeing to and endorsing the Greater Manchester Health and Social Care Devolution Memorandum of Understanding (MoU), will enable Oldham Council, in conjunction with its partners, to begin making the necessary preparations throughout the build-up year of 2015/16, ready for the full devolution of health and social care budgets and responsibilities to Greater Manchester in April 2016.

Executive Summary

This report provides information on the Memorandum of Understanding developed between GM local authorities, GM CCGs and NHS England which creates a framework for the delegation and ultimate devolution of health and social care responsibilities to Greater Manchester. It also sets out the actions required by Oldham to meet the requirement of the MoU and the timelines within which these actions need to be completed.

Recommendations

Council is requested to:

- Note the report considered and agreed at the joint GMCA and AGMA Executive Board meeting on 27th February 2015 (**Appendix 2**)
- Agree and endorse the MoU signed by representatives of AGMA, GM CCGs and NHS England (**Appendix 1 & Option 1**) and recognise that it is an important and significant step in the development of a new collaborative partnership for health and social care in Greater Manchester.
- Endorse and comment on the implications, current position and next steps for Oldham as set out in sections 1 & 2 this paper.

GM Devolution – Memorandum of Understanding

1 Background

- 1.1 This report provides information on the Memorandum of Understanding (**Appendix 1**) developed between GM local authorities, GM CCGs and NHS England which creates a framework for the delegation and ultimate devolution of health and social care responsibilities to Greater Manchester. It also sets out the actions required by Oldham Council to meet the requirement of the MoU.
- 1.2 As set out in the attached report (**Appendix 2**) to AGMA/GMCA, the integration of health and social care within and across Greater Manchester has been a major priority of GM's growth and reform strategies for some time.
- 1.3 The ambition of providing a more integrated and efficient health & social care system is outlined in Oldham's Health & Wellbeing Strategy. The Health & Wellbeing Board and its partners are committed to the integration of health and social care services across public, private and voluntary sector providers to produce a better quality of service for people in Oldham and to make more effective use of resources. This ambition is also a fundamental element of commissioning plans and strategies within the Health & Wellbeing Directorate.

Memorandum of Understanding (MoU)

- 1.4 The MoU agreed at AGMA on February 27th will support and enable Oldham, working with its partners, to make devolution a reality. Devolution has the support of all of the Manchester CCGs, all of the NHS Trusts and Foundation Trusts in the Greater Manchester Area and the NW Ambulance Service.
- 1.5 The 10 AGMA local authorities, CCGs and NHS England have agreed that the next step in the process is the development of a 'Road Map', which will set out what is required from all parties to progress to full devolution of NHS England powers and funding to Greater Manchester by April 2016. The 'Road Map' will also include the development of plans for all localities to work with their local CCGs to also produce 'whole system' local area plans by April 2016.
- 1.6 It should be noted that the MoU does not propose any changes in legal responsibilities or accountabilities of any local authority or CCG. It confirms that the NHS Constitution and Mandate will still apply and services will remain as part of the NHS or councils. However it also recognises that this will provide an opportunity for those services to be tailored to meet the needs of Greater Manchester residents and within each local district through the principle of subsidiarity.

Scope of the Memorandum of Understanding

- 1.7 The devolution of responsibilities to GM will see a combined £6bn of Health & Social care budgets transferred to the region. This budget covers the whole of the health and care system and will create an agreement that binds together the 10 GM locality budgets and plans within a single GM framework. **It has been noted that it is important to clarify that this is not the creation of single GM Health & Social Care budget.**
- 1.8 As part of the MoU, AGMA, CCGs and NHSE have outlined the following shared **objectives**:

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- 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.

1.9 The **areas of the Health & Social care system** that are to be included in the agreement are as follows;

- Acute care (including specialised services);
- Primary care (including management of GP contracts);
- Community services;
- Mental health services;
- Social care;
- Public Health
- Health Education
- Research and Development

And the **key enablers** of the transformation programme will include:

- 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.

1.10 The Memorandum of Understanding also has a number of **shared principles** underpinning it, and these will support the objective of development and implementation of a Strategic Sustainability Plan for GM.

Some of the key principles are listed below:

- 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;
- Decisions will be focused on the **interests and outcomes of patients and people in Greater Manchester, and organisations will collaborate to prioritise those interests;**

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- 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 and all decisions about Greater Manchester will be taken with Greater Manchester.**
 - **The risks associated with transition of health commissioning responsibilities to GM will be shared with NHSE;**
 - **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, appropriate transition funding being available and the full involvement and support of national and other partners.
 - 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.

Implications for Oldham

1.11 Implications for Oldham are still being considered as further detail on the form and functions of devolution evolve, however the responsibilities for the local level at this point, as set out in the MoU, are outlined below:

1.12 Locality arrangements during 2015/16

- Each locality will agree an MoU between the local authority and CCG 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.

1.13 April 2016 onwards

- 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;
- The Greater Manchester Health & Social Care Partnership Board 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).

1.14 Roadmap timelines

The MoU sets out the following key dates that will form the build-up year (2015/16), before full devolution of budgets and responsibilities comes into effect in April 2016.

- 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.

2 Current Position and Next Steps

- 2.1 The integration of services across Primary Care, Community Care and Social Care has been a major priority for partners in Oldham for a number of years. A significant amount of integration work has already commenced between health and social care partners. Opportunities presented by the Better Care Fund to further integration work already underway has also been welcomed locally, and work to implement the key schemes chosen to further integrate health and social care services as part of the Fund is currently underway. The vision for the future of health and social care services in Oldham is centred on a more efficient and joined up system which will combine improvements in people's experiences, better health outcomes, and better use of the available resources.
- 2.2 As legislated through the Health and Social Care Act 2012, Health and Wellbeing Boards are forums for key leaders from the health and care system to work together to improve the health and wellbeing of their local population and to reduce health inequalities. The ICP is a forum of senior health and social care commissioners in Oldham, and was established in 2012 to develop and support integration and collaboration on all aspects of health and social care services. It is the main coordinated body for the partnership of joint commissioning arrangement between NHS Oldham CCG, and Oldham Council. A key aim of the ICP is to deliver the statutory function of the Health and Wellbeing Board in respect of promoting the integration of care around the needs of individuals by the use of pooled budgets, integrated provision and joint commissioning.
- 2.3 On the 17th March, The Oldham Health & Wellbeing Board discussed the implications of the Devolution Agreement, its initial implications for Oldham and what the future role and functions of the Health & Wellbeing Board and the ICP could be.
- 2.4 At the Health & Wellbeing Board meeting, the group discussed the report and provided their thoughts and feedback on the opportunities and risks this presents to the local area. The main discussion points were as follows;
- Oldham has already begun the journey towards integration, through the Integrated Commissioning Partnership and the Better Care Fund. The Devolution agreement will advance that work, and is a unique opportunity that must be made to our best advantage.
 - Given the scale and timescales involved, it will require a large amount of preparation work to ensure Oldham is 'devolution ready' however is still too early to be completely sure what it will look like come April 2016
 - The Local MoU between local Authority and the CCG will help provide an excellent platform from which to start from, and work will begin on this as soon as possible.
 - Oldham must ensure that this is an opportunity to properly integrate the health and social care system as part of a 'whole system re-design'.
 - Oldham will need to ensure that the public and service users are kept as informed as possible to the changes that are coming and the community should be used to help shape the design of the system where appropriate.
 - We will need to develop a whole system population health model – and a robust understanding of the health needs of the local population.
 - Local Governance structures will be an important element of making this work locally, and should include wider stakeholders; including providers, the community voice and the 3rd sector.
 - The principle of subsidiarity is welcomed, however we will need to ensure Oldham's voice is heard in the Greater Manchester discussion/decision making process.
 - Further conversations about how can we can continue to build capacity in the community/social care environment and reduce the pressure on clinical services is also needed.

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- 2.5 At that meeting, the Board agreed to task the Health & Social Care Reform Cluster Group to analyse the Greater Manchester MoU and to develop proposals for the future of the Health & Social Care system in Oldham. (Membership of this group consists of Cllrs. Harrison & Dearden, as well as senior officers from the Local Authority, Oldham CCG, Pennine Acute Trust and Pennine Care Foundation Trust).
- 2.6 As required by the Greater Manchester Devolution MoU; local areas must now establish a 'Joint Commissioning Board' as part of their local governance arrangements. The work of the ICP provides a good starting point for developing the local governance, however, the form and function of the new 'Joint Commissioning Board' must be considered and shaped accordingly as further detail emerges from Greater Manchester discussions. It is anticipated that the form of current joint working arrangements may change as this detail emerges, and will be informed by the more detailed analysis of the Health & Social Care Reform Cluster Group. The Cluster group will bring proposals back to the Health & Wellbeing Board at the earliest opportunity for wider consultation.
- 2.7 In addition to this work, a Member Working Group will also be established to develop a local understanding of the implications of devolving health and social care decision making powers and budgets. A Terms of Reference is currently being drafted and the initial remit of the group being developed. It is anticipated this Group will take forward the following tasks;
- Post General Election analysis and impact on MoU
 - What the real term implications for Oldham are, and the preparation of 'a beginners guide' which clearly sets out what it is, and what it isn't
 - Understanding the opportunities and threats
 - Ensuring we can maximize the job creation opportunities
 - Understanding next steps and forming a more detailed timeline
 - Exploring opportunities for all member involvement
 - Reviewing democratic accountability of new arrangements

3 **Options/Alternatives**

- 3.1 Oldham may either choose to agree to and endorse the MoU as agreed at the meeting of AGMA on the 27th February 2015, or to reject the MOU.

1.2 **Option 1 – Agree and Endorse the MoU**

Council is asked to note the report considered and agreed at the joint GMCA and AGMA Executive Board meeting on 27th February 2015. Cabinet is asked to agree and endorse the MoU, signed by representatives of AGMA, GM CCGs and NHS England and recognise that it is an important and significant step in the development of a new collaborative partnership for health and social care in Greater Manchester.

Council is also asked to endorse the work of the Health & Wellbeing Board and its Health & Social Care Cluster Group, and the Member Working Group; as it works to understand the MoU agreement; and the governance structures at a Greater Manchester level as they develop and formalise.

Further reporting will take place following conclusions of the work of the Health and Social Care Cluster Group, and the Member Working Group, when significant progress is made in the build-up year, and before full devolution is secured in April 2016.

1.3 **Option 2**

Council can refuse to endorse the MoU agreement. This would leave Oldham outside of the Greater Manchester Devolution agreement and the future integration of Health & Social Care across the Greater Manchester region.

4 **Preferred Option**

4.1 The preferred option is Option 1.

5 **Consultation**

5.1 N/A

6 **Financial Implications**

6.1 The report requests approval for the Council to agree and endorse the MoU signed by representatives of AGMA, GM CCGs and NHS England and recognise that it is an important and significant step in the development of a new collaborative partnership for health and social care in Greater Manchester and to agree and comment on the next steps for Oldham as set out in this paper.

6.2 There are no direct financial implications in relation to agreeing and endorsing the MoU however as the strategies and plans begin to become operational both at the GM level and the local level, the financial implications of these plans will need to be reviewed and approved by the relevant decision making boards across the range of Health Bodies and the Council. Any financial implications for the Council will need to be considered at that point and any recommendations that flow from the work that is undertaken regionally and locally with resource implications for the Council will need to be considered as the devolution plans are taken forward. *Julia Heap, Interim Assistant Borough Treasurer.*

7 **Legal Services Comments**

7.1 The legal and governance issues are contained within the body of the report attached at Appendix 1. *Paul Entwistle, Borough Solicitor*

8. **Co-operative Agenda**

8.1 The devolution of health & social care budgets and responsibilities to Greater Manchester, and the principle of subsidiarity will ensure decisions will be made at the lowest appropriate level, enabling Oldham to significantly reshape the way in which Health & Social Care is delivered in the borough.

The agreement provides a historic opportunity to design services in line with the ambitions of the Council and Better Care Fund; allowing for much greater health outcomes for Oldham residents, shifting the focus of services to be preventative, rather than reactive, and will assist the Council in realising its Co-operative ambition of enabling people to help themselves, rather than being service dependent.

9 **Human Resources Comments**

9.1 There is no immediate impact on our workforce with regards to the MoU. This will remain under review as the plans around collaborative partnership for health and social care in Greater Manchester progress. *Dianne Frost, Director of People.*

10 Risk Assessments

- 10.1 The Council will need to develop processes to manage its risks associated with this development as more detailed work is done. *Mark Stenson, Head of Corporate Governance*

11 Information Technology & Governance Implications

11.1 Information Governance (IG)

Oldham Council is already seen as an exemplar of best practice in GM in its method and of sharing information with health (Pennine Care, Pennine Acute, and CCG / GPs specifically), GM Police, Fire & Rescue, and other LAs, particularly in Community Safety, Troubled Families, Early Years and the MASH.

Oldham Council has its own IG Framework, which includes a suite of up to date and compliant policies. As such, Oldham is well placed for this large change.

Nevertheless, Oldham Council's main barrier, when needing to share information with partners, is the ability to get information from the NHS who are understandably very risk averse in relation to information sharing. Although LA's are often able to justify the need for data in data protection terms, Health relies primarily on consent as underpinned by the common law of confidence before data protection considerations.

To mitigate this currently, Oldham projects, such as PSR Troubled Families, work closely with the IG team to ensure DPA principles are adhered to and that personal information risk assessments are undertaken, which has culminated in Data Sharing Agreements being created across all the multi-agency partners, including NHS, who are involved in the Troubled Families processes.

Greater engagement with NHSE leaders in the area of information management and governance would greatly improve Oldham and GM's ability to remove any barriers to good information sharing, which is essential to effective partnership working.

Data

Once data (information) is shared, it will lack context and will need to be matched to other data (e.g. matching same asset / person). For this reason, data quality (accuracy and completeness) is an essential part of information sharing. Oldham has some data quality improvement work underway, led by the Business Intelligence team, but there are still some significant challenges in this area. A review of data quality with improvement plans (BI Service) and a map of Oldham's data architecture (ICT Service) with improvement plans are recommended.

Information & Communications Technology (ICT)

Easy to use, quick to deploy, and secure electronic communications and connected systems will be essential for effective and efficient partnership working.

Currently, there is a limited connectivity of health systems within the NHS itself. GPs do not have systems connected with NHS hospital trusts, which in turn do not have the same systems as NHS Foundation trusts, although this is slowly improving. Each Local Authority may have different NHS Hospital and Foundation Trusts, thereby complicating the integration of systems and thus information sharing even further.

In the Oldham area of GM there is currently a project in procurement stages to create a Clinical portal specifically to provide information sharing between CCG, GPs, Pennine Care, Pennine Acute, and the LAs Bury, Oldham, and Rochdale. This clinical portal will provide out of hours doctor services with the patient information they need to provide their

services in an informed way. Pennine Acute Trust is leading on this project, but is supported by leads from all stakeholders.

The national Child Protection Information Sharing project (CP-IS) is planned to go live for Oldham in 2015. This provides the ability for Oldham Council to identify children under a protection plan with Oldham Council to the NHS Spine system. When such a child presents at an NHS hospital, a flag will show that they are under a child protection plan and Oldham will receive notification.

Large 'one system' or 'one network' approaches have been proven to be both expensive and problematic to deliver. Any systems connectivity considerations across GM ought to be based on information sharing architecture first to ensure connectivity where needed vs. by default. For instance, the approach might be: (1) Identify information sharing requirements; (2) Identify information sources (data repositories / databases); (3) Identify method of connecting in order to share. *Helen Gurling AED Commercial Services (Interim)*

12 **Property Implications**

- 12.1 Capital and Estate are identified amongst the key enablers of the transformation programme. Strategic review and rationalization of the wider public estate creates enormous potential to significantly increase efficiencies in service delivery and release of assets to support regeneration and inward investment.

The MoU proposes that consideration be given to establishment of a GM property vehicle that owns and manages the wider NHS and social care estate. There are clearly significant challenges associated with this aspiration, although the potential benefits could be significant.

Oldham is one of 6 GM Councils participating in the One Public Estate (OPE) programme. OPE is a Government initiative designed to facilitate and enable local authorities to work successfully with central government and local agencies on public property and land issues through sharing and collaboration.

In participating in this programme, Councils have committed themselves to development of mapping data on the wider public estate in their area, establishing a property delivery board/forum with strategic local partners to drive delivery and production of a strategic asset plan for their area.

This strategic asset management approach is entirely aligned with the proposals within this report and Oldham's Strategic Estates Group is progressing. It is envisaged that Oldham's Strategic Asset Plan will be aligned to/integrated with the Local area plans. *Cath Conroy, Head of Asset Management & Estates*

13 **Procurement Implications**

- 13.1 The Strategic Sourcing team will manage the procurement of goods and services required by the Commissioning Service in line with the local area plan. All procurement projects will be in accordance with EU Procurement Regulations.
- 13.2 Contracts will be secured to meet the shared objectives of AGMA, CCGs and NHSE to improve the health and wellbeing of all of the residents of Greater Manchester.
- 13.3 In accordance with our procurement process contracts will also deliver the most cost effective solution and tangible added social values to benefit the environment and communities. *Karen Lowes, Head of Procurement*

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- 14 **Environmental and Health & Safety Implications**
- 14.1 N/A
- 15 **Equality, community cohesion and crime implications**
- 15.1 We anticipate that this would have a positive impact on equality across a number of protected groups and also result in the more effective reduction of health inequalities that exist across the borough and GM. *Jenni Barker, Corporate Policy*
- 16 **Equality Impact Assessment Completed?**
- 16.1 No
- 17 **Key Decision**
- 17.1 Yes
- 18 **Key Decision Reference**
- 18.1 RCR-06-15
- 19 **Background Papers**
- 19.1 N/A
- 20 **Appendices**
- 20.1 **Appendix 1** – GREATER MANCHESTER HEALTH AND SOCIAL CARE DEVOLUTION: Memorandum of Understanding
- 20.2 **Appendix 2** - GM Health and Social Care – 27th February Joint Greater Manchester Combined Authority & AGMA Executive Board Meeting