GM Health & Social Care Devolution
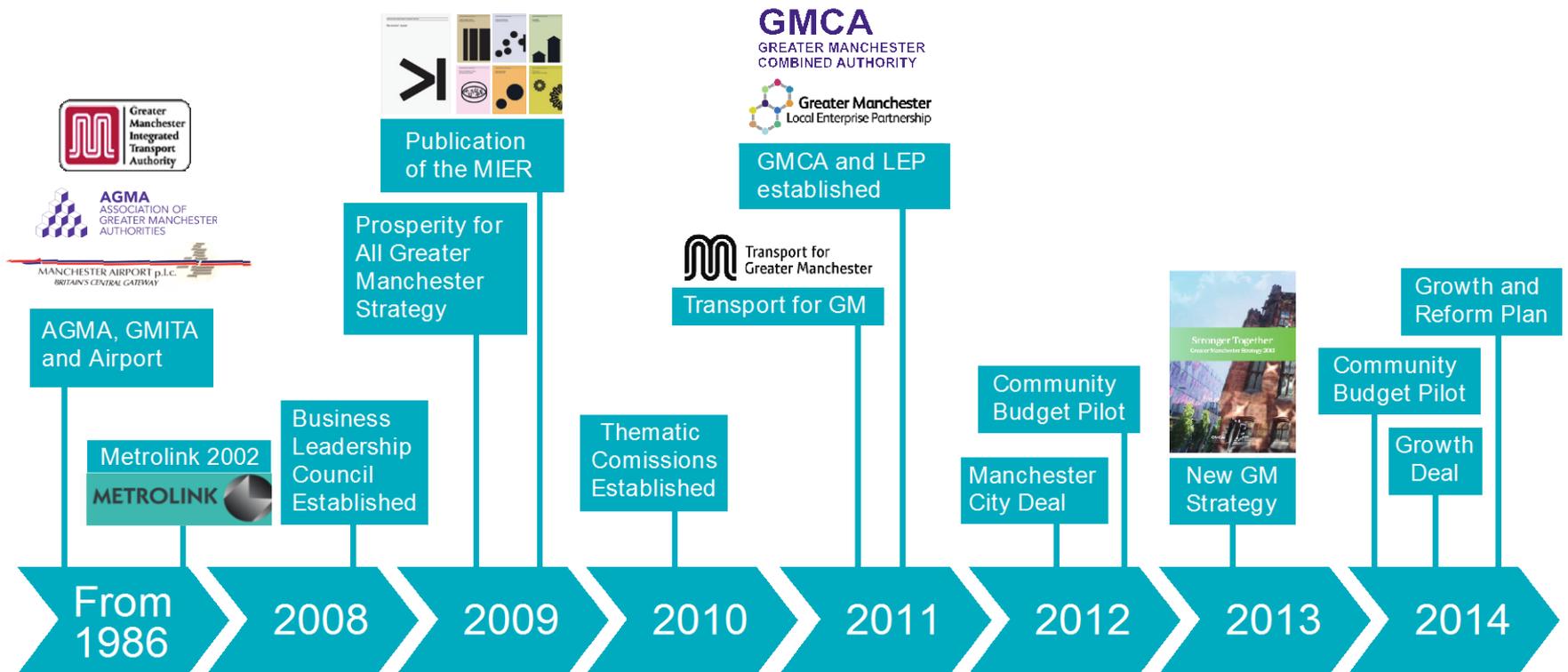
Alan Higgins
Director of Public Health
Oldham Council
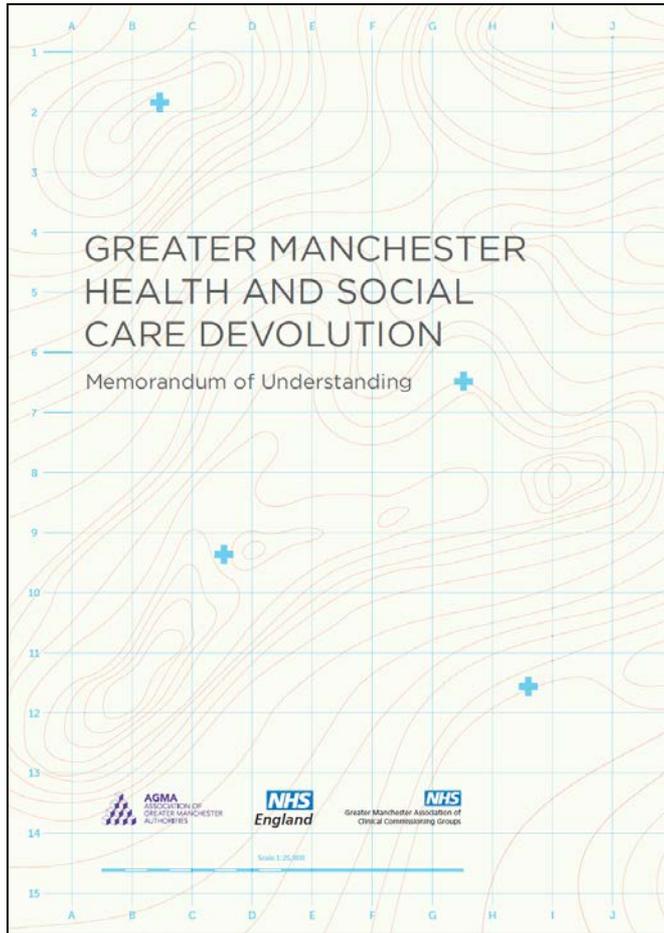
GM: a strong history of co-operation

Timeline:

From 1986 — AGMA, GMITA and Airport; Metrolink 2002

2008 — Business Leadership Council Established

2009 — Publication of the MIER; Prosperity for All Greater Manchester Strategy

2010 — Transport for GM; Thematic Comissions Established

2011 — GMCA and LEP established

2012 — Community Budget Pilot; Manchester City Deal

2013 — New GM Strategy

2014 — Growth and Reform Plan; Community Budget Pilot; Growth Deal
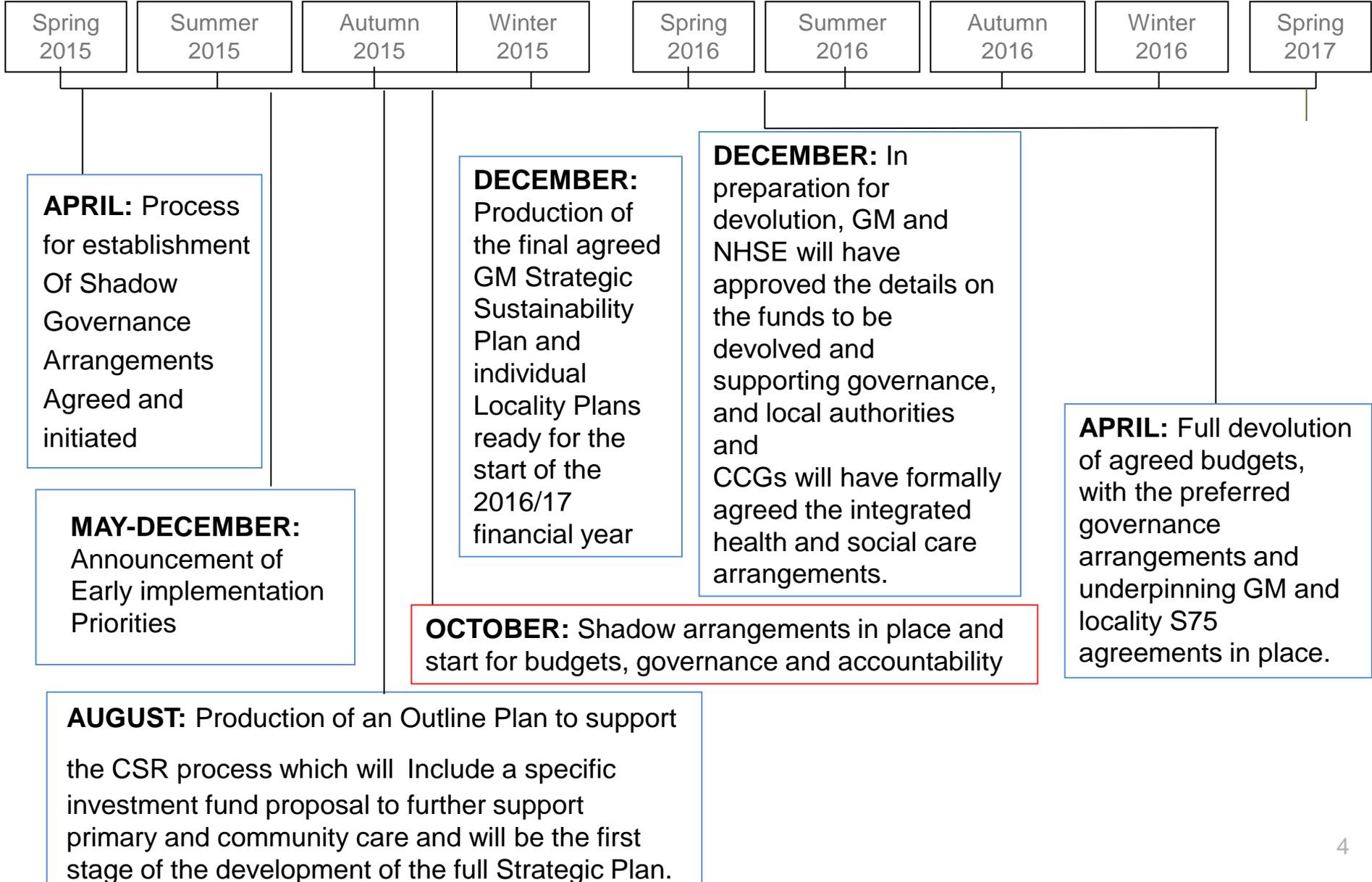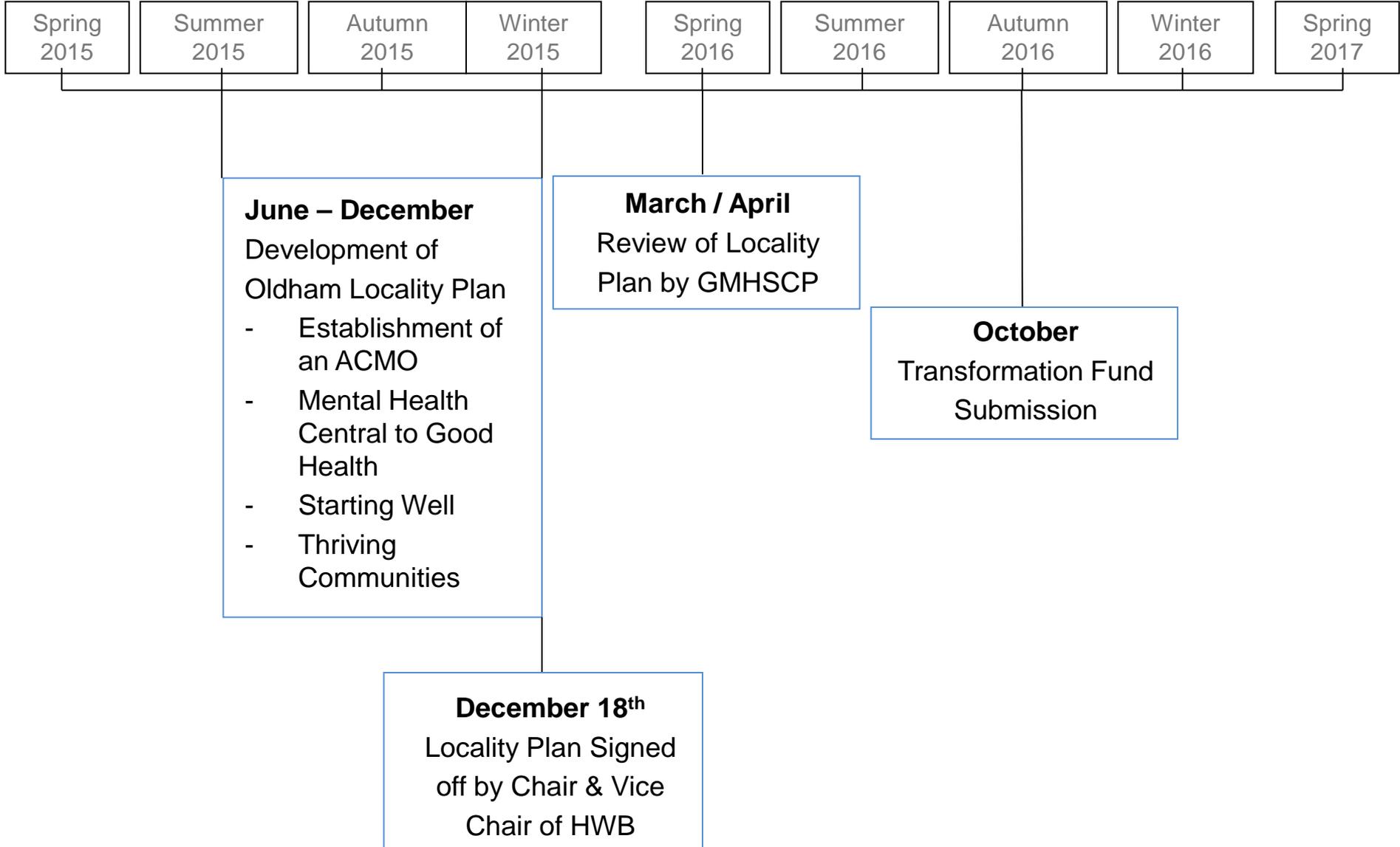
GM Devolution – the background

- **Greater Manchester Devolution Agreement** settled with Government in November 2014, building on GM Strategy development.

- Powers over areas such as transport, planning and housing – and a new elected mayor.

- Ambition for £22 billion handed to GM.

- **MOU Health and Social Care devolution** signed February 2015: NHS England plus the 10 GM councils, 12 Clinical Commissioning Groups and NHS and Foundation Trusts

- MoU covers acute care, primary care, community services, mental health services, social care and public health.

- To take control of estimated budget of £6 billion each year from April 2016.

Timeline to Devolution - GM

Spring 2015	Summer 2015	Autumn 2015	Winter 2015	Spring 2016	Summer 2016	Autumn 2016	Winter 2016	Spring 2017

APRIL: Process for establishment Of Shadow Governance Arrangements Agreed and initiated

MAY-DECEMBER: Announcement of Early implementation Priorities

DECEMBER: Production of the final agreed GM Strategic Sustainability Plan and individual Locality Plans ready for the start of the 2016/17 financial year

DECEMBER: 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: Full devolution of agreed budgets, with the preferred governance arrangements and underpinning GM and locality S75 agreements in place.

OCTOBER: Shadow arrangements in place and start for budgets, governance and accountability

AUGUST: Production of an Outline Plan to support

the CSR process which will Include a specific investment fund proposal to further support primary and community care and will be the first stage of the development of the full Strategic Plan.

4

Timeline to Devolution - Oldham

Spring 2015	Summer 2015	Autumn 2015	Winter 2015	Spring 2016	Summer 2016	Autumn 2016	Winter 2016	Spring 2017

June – December

Development of Oldham Locality Plan

- Establishment of an ACMO
- Mental Health Central to Good Health
- Starting Well
- Thriving Communities

March / April

Review of Locality Plan by GMHSCP

October

Transformation Fund Submission

December 18th

Locality Plan Signed off by Chair & Vice Chair of HWB

Transformation Programmes within the Plan

Transforming primary, community and social care

- Setting up of an **Integrated Care Organisation (ICO)**

- This will seek to **maximise the opportunities to pool budgets**, if appropriate, and **integrate commissioning** across the NHS and the Council.

- See the development of new and **integrated models of care** provided at home or in the community.

- Transform how our **workforce** works with people, recognising their own strengths and promoting independence,

- Recognise and mobilise a **wider associated workforce**, including carers, social housing and voluntary and community organisations.

Thriving communities and early help

- Create a **more empowered and independent population**, thereby reducing demand on expensive and institutionalised health and social care services.

- Up the capacity of the council, NHS, housing and voluntary sectors to **engage with communities** to achieve social cohesion and empowerment.

- Foster a new relationship between the population and public services and, linked with direct activity to change health behaviours, **improve health outcomes and reduce dependency.**

- Link this approach to increasing educational attainment and people's readiness for work by **promoting self-efficacy and aspiration**.

Transformation Programmes within the Plan

Best Start in Life

- Transform the way we **support parents and families** to give our children the best start in life.

- Build on the 4Ps + 1 new
  - Prevention and Early Help
  - Participation and Progression
  - Protection
  - **Parents / Carers**

- Build on GM Children's Services Review and the Education and Skills Commission report recommendations
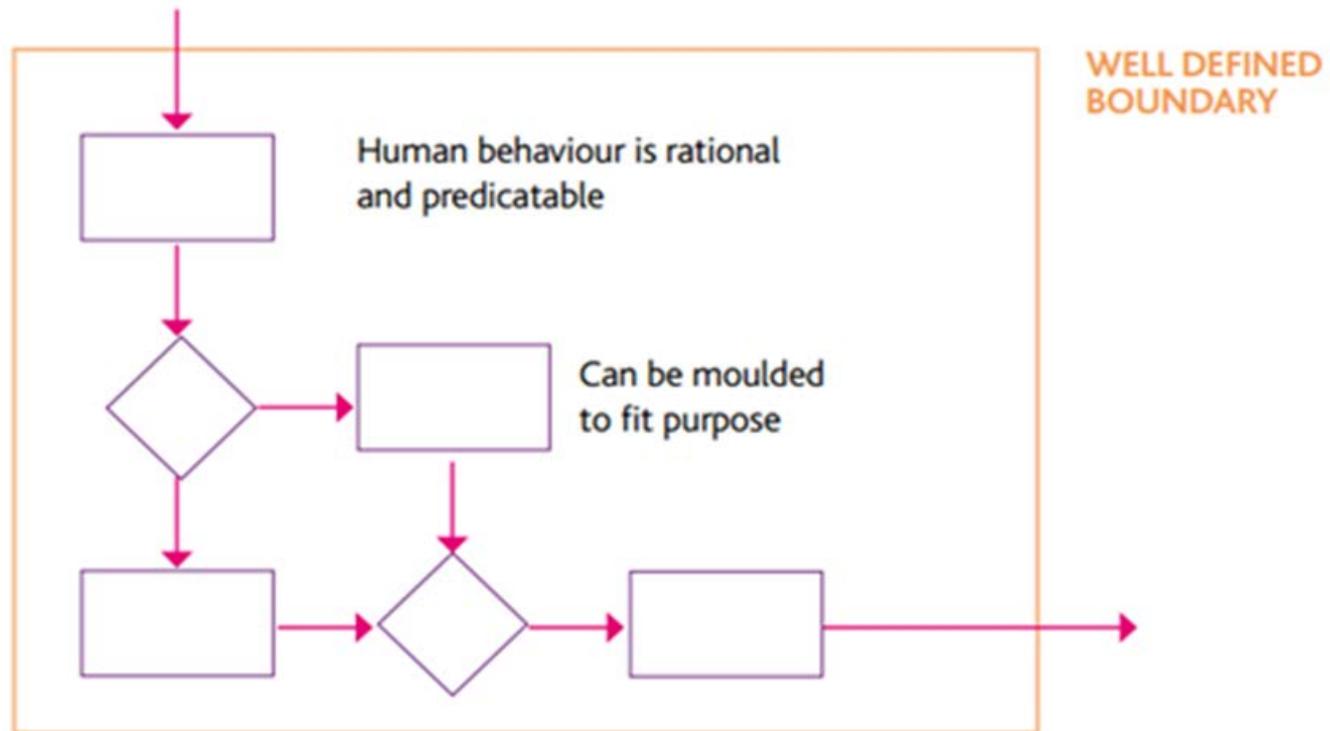
Mental health is central to good health

- Recognise the centrality of good mental health to overall health and wellbeing and to **functioning within a community** and relates closely to our work on resilience.

- The transformation will be in **how we discuss and deal with mental illness** and in how we ensure **effective services** are available for the detection, treatment and care of people with mental illness, ensuring as swift a recovery as possible is made.

Systems

- 'A system is a configuration of interaction, interdependent parts that are connected through a web of relationships, forming a whole that is greater than the sum of its parts.'

- 'A system is an interconnected and interdependent series of entities, where decisions and actions in one entity are consequential to other neighbouring entities.'

- 'Systems are overlapping, nested, and networked; they have subsystems and operate within broader systems.'

- 'A system is a set of things — people, cells, molecules or whatever—interconnected in such a way that they produce their own patterns of behaviour over time.'
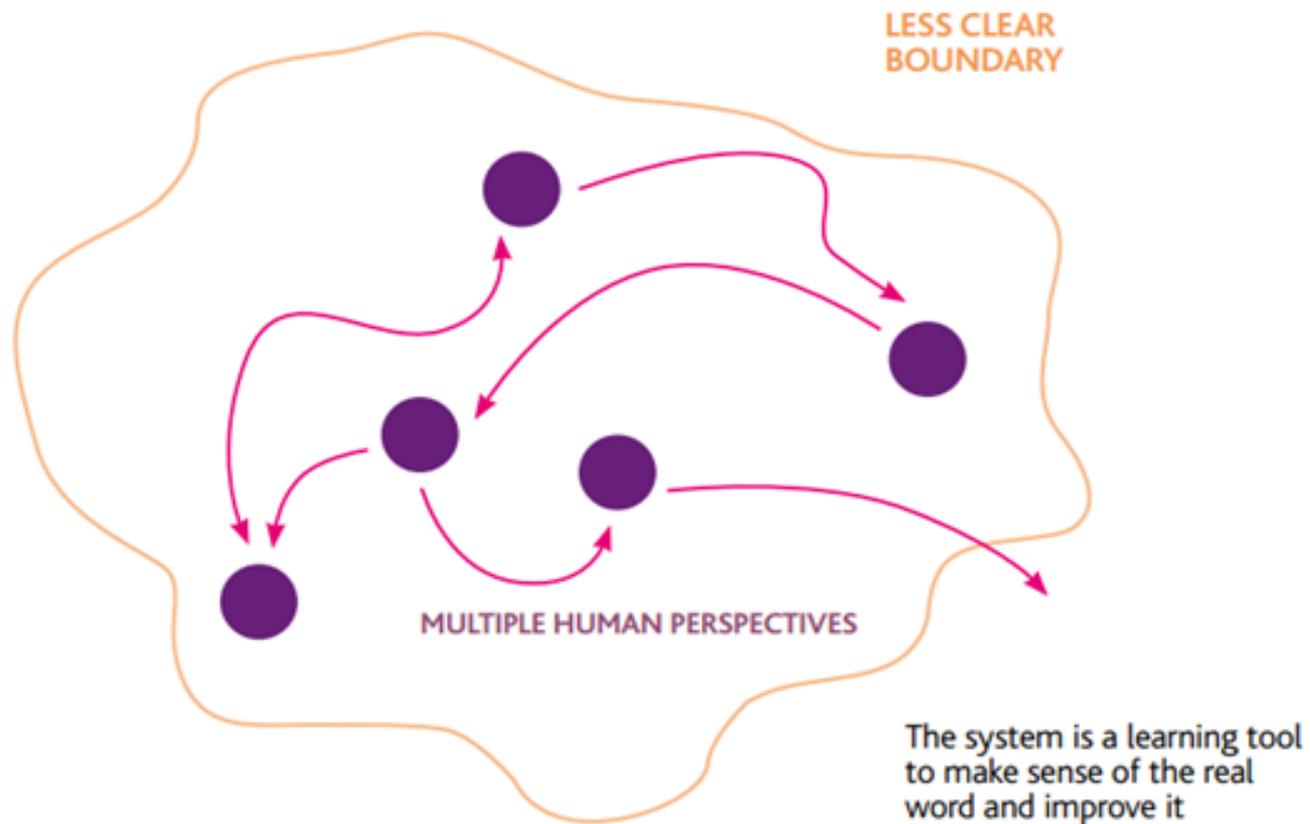
HARD SYSTEM

- the world is systematic
- a system is a physical real-world entity

Human behaviour is rational and predicatable

Can be moulded to fit purpose

WELL DEFINED BOUNDARY

SOFT SYSTEM

• the process of enquiry is systematic
• a system is a fuzzy-edged social construst

LESS CLEAR BOUNDARY

MULTIPLE HUMAN PERSPECTIVES

The system is a learning tool to make sense of the real word and improve it

The characteristics of complex adaptive systems include:

- a large number of elements which interact dynamically;
- any element in the system is affected by and affects several other systems;
- non linear interactions, so small changes can have large effects;
- openness, so it may be difficult to define system boundaries;
- a constant flow of energy to maintain the organisation of the system;
- a history whereby the past helps to shape present behaviour;
- elements in the system are not aware of the behaviour of the system as a whole and respond only to what is available or known locally.
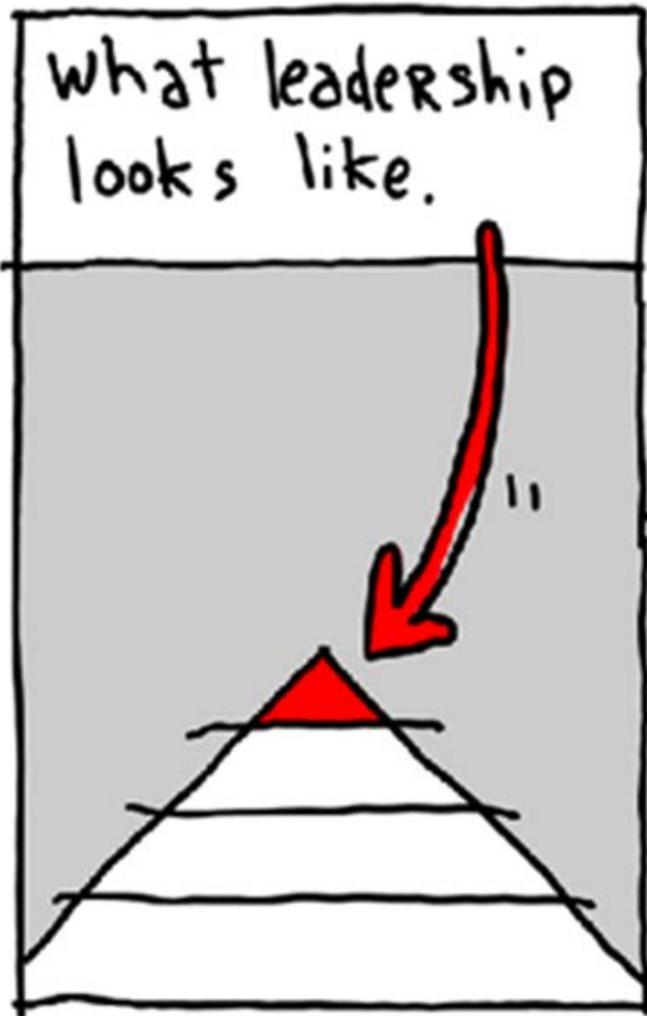
Kings Fund: Leadership of Whole Systems

Characteristics of leadership are required when working across whole systems. Seven recommendations about characteristics commonly associated with success in whole systems.

- Go out of your way to make new connections.
- Adopt an open, enquiring mind-set, refusing to be constrained by current horizons.
- Embrace uncertainty and be positive about change – adopt an entrepreneurial attitude.
- Draw on as many different perspectives as possible; diversity is non-optional.
- Ensure leadership and decision-making are distributed throughout all levels and functions.
- Establish a compelling vision which is shared by all partners in the whole system.
- Promote the importance of values – invest as much energy into relationships and behaviours as into delivering tasks.

THE PRACTICE

PLANNING FOR SYSTEMS CHANGE

PRINCIPLE 1: Understand needs and assets

PRINCIPLE 2: Engage multiple actors

PRINCIPLE 3: Map the systems

DOING SYSTEMS CHANGE

PRINCIPLE 4: Do it together

PRINCIPLE 5: Distribute leadership

PRINCIPLE 6: Foster a learning culture

"You can achieve anything if you don't take credit for it"