GREATER MANCHESTER HEALTH AND SOCIAL CARE DEVOLUTION

Memorandum of Understanding

AGMA
ASSOCIATION OF GREATER MANCHESTER AUTHORITIES

NHS England

NHS
Greater Manchester Association of Clinical Commissioning Groups

Scale 1:25,000

1 Introduction

The overriding purpose of the initiative represented in this Memorandum of Understanding is to ensure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of Greater Manchester (GM). This requires a more integrated approach to the use of the existing health and care resources - around £6bn in 2015/16 - as well as transformational changes in the way in which services are delivered across Greater Manchester.

To facilitate this, the Memorandum of Understanding creates a framework for achieving the delegation and ultimate devolution of health and social care responsibilities to accountable, statutory organisations in Greater Manchester (GM)[i]. It sets out the process for collaborative working in shadow form from 1st April 2015 and identifies the areas for further detailed work during the remainder of the year leading to full devolution in April 2016[ii]. It signposts the medium and longer term outputs and impacts anticipated from this process.

All parties agree to act in good faith to support the objectives and principles of this MoU for the benefit of all Greater Manchester patients and citizens.

2 Parties

The Parties to the agreement are:

- All local authority members of the Association of Greater Manchester Authorities (AGMA) and all Greater Manchester Clinical Commissioning Groups (CCGs) (together known as GM)

- NHS England (NHSE)[iii]

Letters of support from Greater Manchester NHS Trusts, Foundation Trusts and NW Ambulance Service are annexed to this MoU at Appendix2.

3 The Memorandum of Understanding

The MoU sets out the ambition for full devolution of funding and decision making[iv] for health and social care within GM.

It should be read in conjunction with the commitments of the Greater Manchester Combined Authority (GMCA) Devolution Agreement; it builds upon the invitation to GMCA and Greater Manchester CCGs and Trusts to develop a business plan for the integration of health and social care across Greater Manchester. This will include the development of a GM Business Case (known as the GM Strategic Sustainability Plan), a comprehensive strategic plan to underpin a sustainable health and social care system which will inform submissions to the forthcoming Comprehensive Spending Review.

This MoU focuses on the elements of devolution relating to NHSE, the CCGs and AGMA, and their relationship with the GM provider community. It constitutes a roadmap, with initial undertakings which can be agreed by each constituent party now and further anticipated steps which will require ratification in the light of experience and developments in the future.

NHSE will engage with GM, the Department of Health and other national bodies on further phases of the work including on research & development, workforce and estates[v]. The outcome of all related discussions with other national bodies on potential areas for devolution and/or changes to their interaction with the GM community will, where relevant, be reflected in separate agreements.

The MoU, in establishing the framework, sets out:

- Context: **why** we are doing this
- Detail: **what** we want to deliver
- The principles we will follow and the processes by which we will implement the changes, with timescales: **how** we will deliver

4 Context and Objectives

The parties share the following objectives:

- 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.

We recognise that integrating health and social care is vitally important for improving the efficiency of our public services and delivering improved health and wellbeing for our population. A digitally integrated health economy with strong partnerships with research institutions and industry can support GM's economic growth strategy. GM has many assets, strengths and capabilities that allow the economy, its residents, industry and commerce to develop and grow. This includes world class academic institutions which deliver health research and innovation as a contributor to growth.

The NHS Constitution sets out clearly what patients, the public and staff can expect from the NHS. GM wants to build upon the rights and pledges of the constitution and provide further opportunities for patients and the public to be involved in the future of their NHS.

The NHS Five Year Forward View articulates why change is urgently needed, what that change might look like and how it can be achieved. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery. Furthermore, it sets out the development of new organisational models. GM is committed to being an early implementer and a test bed for new, innovative approaches of delivering new models of integrated health and social care which reflect the needs of local populations.

GM now needs the freedoms and responsibilities to optimise its potential. This MoU builds on the Devolution Agreement which created the platform for greater freedoms and flexibilities through the invitation to GMCA and Greater Manchester Clinical Commissioning Groups and trusts to develop a strategic plan for the integration of health and social care across Greater Manchester, making best use of existing budgets to transform outcomes for local communities and including specific targets for reducing pressure on A&E and avoidable hospital admissions. This work will now form part of a much broader framework where NHSE are working with GM to prepare for the full devolution of relevant NHS funding to GM and for GM to be a trailblazer for the objectives set out in the Five Year Forward View.

5 Overarching Principles

The agreement is underpinned by the following principles which will support the objective of implementing a strategic sustainability plan for GM to assume full responsibility for NHS funding streams for Greater Manchester:

- 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[vi];
- Decisions will be focussed on the interests and outcomes of patients and people in Greater Manchester, and organisations will collaborate to prioritise those interests;
- 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;

- Decision making will be underpinned by transparency and the open sharing of information;
- There will continue to be clear accountability arrangements for services and public expenditure;
- The delivery of shared outcomes will drive changes to organisational form where necessary;
- Any changes to accountabilities and responsibilities for commissioning health and care services will be carefully evaluated, agreed with the DH where necessary and phased to achieve the benefits of devolution at the maximum speed consistent with safe transition and strong governance. The risks associated with transition of health commissioning responsibilities to GM will be shared with NHSE;
- There will be a transfer of skills and resources to support the commissioning functions being transferred, and we will ensure that neither duplication of activity nor an increase in total cost arises from these changes;
- The principle of new burdens should also apply, such that where GM is expected to take on a new responsibility during this period, the funding to cover the associated costs will transfer, to the extent where there is such national funding available;
- 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[vii], appropriate transition funding being available and the full involvement and support of national and other partners.
- We will aim to address any funding inequalities for the benefit of all residents in GM;
- A radical approach will be taken to optimising the use of NHS and social care estates[viii];
- GM will be able to access any new or additional health and/or social care funding streams that become available during the CSR period[ix];
- There will be a principle that *"all decisions <u>about</u> Greater Manchester will be taken <u>with</u> Greater Manchester"*[x];
- 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.

6 Scope

The parties will work together during 2015/16 (the Build-Up Year) to agree the mechanisms and timescales to devolve powers and resources from NHS England and local authorities to GM to achieve the aims and achievements set out below.

The scope is comprehensive and will involve the whole health and care system:

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

*subject to discussion with the relevant bodies

The key enablers of transformation will include changes to:

- 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.

A road map will be developed which sets out the key changes to be delivered by GM and its national partners, and specifically for the devolution of responsibilities and resources from NHS England to GM in agreed phases of change. This will be supported by robust governance arrangements and a clear delivery plan.

By working together, NHS England and GM will be able to fully understand and manage risk together. GM will take more control of its own future and responsibilities, in a phased way that is safe for patients and ensures the duties in the NHS constitution and all national NHS accountabilities continue to be delivered.

7 Roadmap

A significant amount of work will be completed during 2015/16, which is recognised as a Build-Up Year. A clear roadmap and supporting delivery plan will be developed and agreed with all parties with the objective of achieving full devolution from April 2016. The roadmap from delegation to full devolution will include stepped increases in responsibilities and powers, underpinned by a clear set of financial and performance milestones and trigger points, robust risk and benefit share arrangements and aligned development of GM governance arrangements. It will specifically enable regular reviews of progress against the key milestones drawn from the agreed aims and achievements:

- 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.

A programme of work will be agreed by the parties and completed between now and October 2015. This will include consideration of the legislative framework and any changes required to implement GM NHS devolution and ensuring the work programme as a whole is fully aligned with the CSR process.

In addition to the work already being undertaken between parties, a number of additional high priority workstreams have been identified:

- Governance;
- Resource and Finance;
- Clinical and Financial Sustainability;
- Primary Care;
- Specialised Services;
- Capital and Estates;
- Research and Innovation.

Additional workstreams and cross-cutting themes will be identified and agreed between the parties over the coming weeks, and these are likely to include:

- Prevention and Wellbeing
- Integrated Care
- Information and Data Sharing;
- Workforce.

8 Governance and financial pathway

General

The governance arrangements will be based on the principle of *subsidiarity*, i.e. that decisions will be taken at the most appropriate level. The governance arrangements will be shaped by the CCGs and local authorities in accordance with existing accountability arrangements, whilst recognising that different ways of working will be required to deliver the transformational ambitions of GM. These arrangements will be underpinned by the following principles:

- GM NHS will remain within the NHS and subject to the NHS Constitution and Mandate;
- Clinical Commissioning Groups and local authorities will retain their statutory functions and their existing accountabilities for current funding flows;
- Clear agreements will be in place between CCGs and local authorities to underpin the governance arrangements;
- GM commissioners, providers, patients and public will shape the future of GM health and social care together;
- All decisions about GM health and social care to be taken within GM and by GM as soon as possible;

- Accountability for resources currently directly held by NHS England during 2015/16 will be as now, but with joint decision making with NHSE in relevant areas to reflect the principle of "all decisions about GM will be taken with GM";
- There will be a new partnership reflecting the contributions and competencies of all parties.

The governance arrangements will be regularly reviewed to ensure the programme aims are delivered within the required timeline.

April 15 to April 16

Greater Manchester Strategic Health and Social Care Partnership Board (GMHSPB)

- In order to fulfil the ambition of Greater Manchester there is need to build upon the existing partnership arrangements and strengthen them both at local and GM level. A key step in facilitating the latter will be the development of a new body, the GMHSPB;
- **From April 2015** the GMHSPB will oversee the strategic development of the GM health and care economy, and will specifically steer the development of the GM Strategic Sustainability Plan and related investment funding proposals, which will be underpinned through local area plans. Commissioners and providers will be represented, plus NHS England and potentially other national bodies (e.g. Monitor/TDA);
- **During 2015/16** the process will be progressed through the GM devolution agreement for the formal establishment of the GMHSPB **by April 2016** with the same membership and function.
- A Chief Officer will be appointed to lead, manage and deliver the programme with appropriate staffing.

GM Joint Commissioning Board

- **From April 2015** there will be a Shadow Joint Commissioning Board (JCB) of GM local authorities, CCGs and NHSE. The shadow JCB will discuss and agree recommended decisions on all GM wide spend, but there will be no change in legal responsibility for decision making or financial accountability[xiv];
- The shadow Joint Commissioning Board will be engaged in all decisions affecting GM health and social care;
- Financial plans, budget proposals and current performance will be shared across the GM health and social care economy;
- **During 2015/16** the Shadow JCB will move to formal JCB operating under agreed s75 arrangements, and agreement will be reached on the financially accountable body within the current NHS accountability framework. An approved form of governance and fundholding will be agreed;
- **From April 2016** a Joint Commissioning Board of local authorities, CCGs and NHSE will be in place.

Locality arrangements

- **During 2015/16** each locality will agree an MoU between the local authority and CCG(s) 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.

Providers

- **During 2015/16** providers will establish an agreed form of arrangements to enable them to provide a collective and positive response to the requirements of the shadow JCB, building on previous experience of successful joint working across the conurbation;
- They will support the proposals to include in the GM devolution arrangements a clear principle of co-design and act accordingly;
- They will develop with Monitor and TDA[xv] a Memorandum of Agreement to underpin the operation of the provider element of the governance structure, to be formalised as soon as possible in 2015/16.

National Bodies

- Arrangements for formal involvement of national bodies other than NHSE in the development and ongoing delivery of the programme will be discussed and agreed with those bodies **during 2015,** with initial agreements on any changes to arrangements for 2015/16 being agreed **by April 2015**.

<u>April 2016 Onwards</u>

Our shared aim is to proceed to full devolution of relevant budgets and commissioning responsibilities as outlined below by 2016/17. This will include NHSE delegating or devolving all relevant funds to appropriate bodies in GM. These changes will require formal decision-making by relevant statutory bodies in the light of progress, learnings and developments in the Build-Up Year (2015/16).

Greater Manchester

- GMHSPB will set GM strategies and priorities. It will drive and facilitate the implementation of GM strategic priorities in the context of the NHS five year forward view and the GM Strategic Sustainability Plan[xvi];

- It will provide system-wide management to ensure the strategic priorities are achieved;
- It will support locality health and social care plans to be strategically aligned and determine any allocations required of the available investment funds;
- GM Joint Commissioning Board will commission GM-wide services.

Local

- 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;
- GMHSPB 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).

Appendix 1 includes a draft Governance Overview.

Support Services

GM CCGs, working together with wider partner colleagues, will determine the scale, style and configuration of technical commissioning and business support services and ensure that they align with the wider three-level business strategies within GM to further support the devolution programme. In doing so, they will ensure that transition plans maximise value for money and that future arrangements fulfil the principle regarding transfer of skills and resources set out in section 5 above.

Delivery

A Programme Board will be created to oversee the development of the programme through the agreed workstreams and milestones.

9 NHS England Support to GM

NHSE will actively lead and facilitate the links to other national bodies/ALBs (e.g. DH, Monitor, TDA and HEE) to help all key bodies align to achieve the outcomes described in this MoU.

In this context, NHSE is committed to working with GM in pursuit of the following:

- GM to be responsible for designing and creating the provider structure and form to support its commissioning intentions in collaboration with the relevant regulators/ALBs[xvii];
- GM to play a clearly defined leadership role in the oversight of its provider community[xviii], working in close partnership with Monitor, TDA and CQC;
- GM to be responsible for determining its skilled workforce, capacity, education and training needs[xix].

10 GM Commitments to NHS England

GM will:

- Continue to deliver the NHS Constitution and Mandate requirements and expectations;
- Commit to the production, during 2015/16, of a comprehensive GM Strategic Sustainability Plan for health and social care (as described above);
- Seek to play a leading role in designing and delivering innovative new models of care as set out in the Five Year Forward View. It will use the opportunities resulting from its GM-wide scale and integration to create ground-breaking innovation in areas of mutual GM/NHSE strategic focus to be agreed and to be an exemplar for the national whole system efficiency initiative;
- Ensure clear accountability, exemplary governance and excellent value for money in relation to the health funds delegated or devolved to it.

11 Delivery

11.1 Programme Governance

Section 8 outlines the proposed governance arrangements to support the Build-Up Year and subsequent years. However, it is recognised that additional programme governance will need to be put in place to support the key workstreams. A Health and Social Care Devolution Programme Board will provide overall strategic oversight and direction to the programme. It is anticipated that the Board will consist of:

- AGMA/CA — Sir Howard Bernstein, Steven Pleasant, Liz Treacy
- CCGs: — Dr Hamish Stedman, CCG Clinical Leader, Ian Williamson, Su Long
- Trusts — Provider Representatives
- NHS England — Simon Stevens, Paul Baumann, Graham Urwin
- Department of Health — John Rouse

Further discussions will take place to finalise and confirm the membership. The Programme Board will provide strategic management at programme and workstream level. It will provide assurance to the parties that the key objectives are being met and that the programme is performing within the boundaries and principles set by this MoU. It will ensure that the transition from the current system architecture is managed effectively, ensuring that associated costs are minimised, risks are understood and managed and that appropriate governance and accountability is maintained.

The Programme Board will have responsibility for the creation and execution of the plan and deliverables, and therefore it can draw technical, commercial, legal and communications resources as appropriate into the Programme. The Chief Officer referred to in section 8 above will be accountable to the Programme Board. The first meeting of the Programme Board will agree the key workstreams of the programme.

11.2 Governance Principles for the Programme Board

- Provide strategic oversight and direction;
- Be based on clearly defined roles and responsibilities at organisation, group and, where necessary, individual level;
- Align decision-making authority with the criticality of the decisions required;
- Be aligned with Project scope and each Programme Phase, recognising that changes will be agreed over the life cycle;
- Leverage existing organisational, group and user interfaces;
- Provide coherent, timely and efficient decision-making in respect of the programme
- Reflect the key features of the wider programme governance arrangements set out in this MoU.

11.3 Support Structure

The Programme will need to be supported by full time resources in order to be delivered within the required time scales. This will include a full time Chief Officer, a full time Finance Director and such other staff as the parties agree.

11.4 Resources

It is anticipated that all parties will contribute to the resourcing of the programme in cash and/or in kind. Furthermore, it is recognised that the identified key workstreams will also require additional funding to support the transformation process. A programme and resourcing plan will be agreed with all parties by 13th March 2015.

12 Parties' commitments to patient engagement

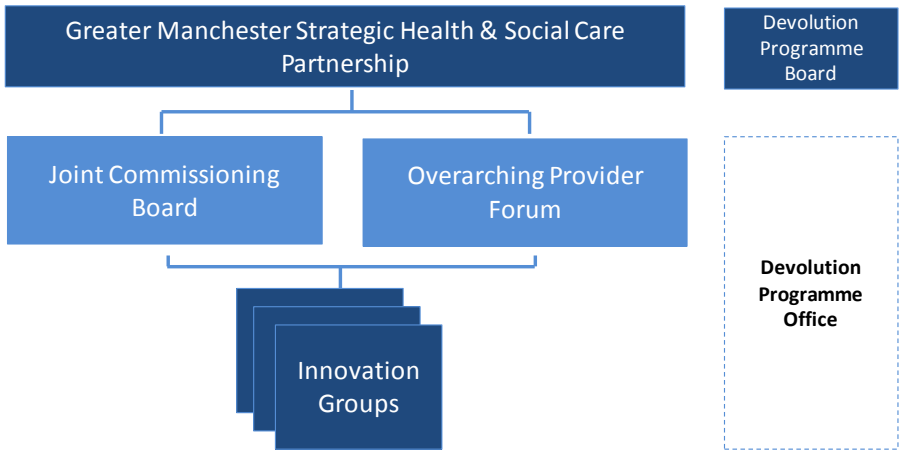
All parties acknowledge their various requirements to engage with patients, service users, carers and members of the public at relevant points and will cooperate to do so in a co-ordinated way.

13 Roles and Responsibilities

Following signature, GM partners will formally ratify this MoU through Boards and Councils and consult on its content with stakeholders as appropriate.

Appendix 1: Proposed Governance

The proposed governance structure below will exist in shadow form from April 2015, with the final structure being determined during the Build-Up year.



Proposed Membership:

Greater Manchester Strategic Health & Social Care Partnership	12 CCGs, 10 LAs, Providers, NHS England, Regulators, Healthwatch, GMCVO
Joint Commissioning Board	12 CCGs, LA, NHS England
Overarching Provider Forum	Acute, Community, Mental Health, Ambulance, Primary Care (LMCs) Social Care, Public Health,
Innovation Groups	Joint Commissioner and Provider – Task & Finish Groups to support identified workstreams
Devolution Programme Office	TBC

Note: role of third sector and private sector providers in the arrangements outlined above remains to be determined.

All parties welcome the principles set out in this MoU and recognises the benefits it will bring to the patients and citizens of Greater Manchester. The following explanatory notes are provided for further clarity.

Explanatory Notes:

[i] This will mean NHS England, CCGs and local authorities delegating relevant commissioning functions to joint commissioning boards, in line with the Government's policy of promoting joint commissioning between the NHS and local government. As stated elsewhere in this MoU, NHS England and CCGs, as statutory NHS organisations, would remain accountable for meeting the full range of their statutory duties.

[ii] This will require collaboration with national government, led by the Department of Health, to ensure that the proposed new arrangements continue to support the accountability of CCGs and NHS England for improving quality and health outcomes, delivering core operational standards, and ensuring the effective use of NHS resources. There will need to be agreement as to the precise scope and extent of the commissioning functions that can lawfully be delegated.

[iii] The NHS Commissioning Board operates under the name of NHS England (NHSE) and will be referred to as such throughout the remainder of this document.

[iv] All references to "devolution" of responsibilities or funding to GM would currently imply, in formal terms, the delegation of commissioning functions and associated financial resources to joint commissioning boards set up under section 75 of the 2006 Act.

[v] This recognises, in particular, that some of the areas described in the MoU go beyond the statutory powers of NHS England and CCGs, and are often commissioned nationally.

[vi] The proposed new commissioning arrangements will need to support CCGs and NHS England in continuing to meet the full range of their statutory responsibilities. There will need to be continued reporting against relevant national performance metrics to enable CCGs and NHS England to be held to account for core operational standards, progress in improving quality and outcomes and in other areas in a manner which is consistent and comparable to the rest of the NHS.

[vii] Funding for the NHS beyond 2015/16 will be agreed at the next spending review.

[viii] Options for more radical approaches in relation to NHS estates will need to be considered through engagement with relevant national partners.

[ix] Access to any new NHS funding streams will clearly depend on the extent to which those funding streams are made available to the GM CCGs (or to NHS England) and their relevance to the delegated commissioning functions.

[x] Where national policies apply, decisions about the implementation of those policies that are made about Greater Manchester will be made with Greater Manchester. As set out in the MoU national government will continue to set overall policy for health services, including setting the Mandate for NHS England. National policies, inspection regimes, guidance and regulations, and the standing rules for NHS commissioners will continue to apply to the whole NHS, including GM. Where there are decisions that cannot legally be delegated, these will continue to be taken by the relevant bodies.

[xi] This refers to those specialised services that can be commissioned appropriately and effectively at a Greater Manchester level.

[xii] Any delegation of primary care commissioning responsibilities will need to be consistent with the relevant enabling legislation. The main focus will be on primary medical care, i.e. general practice (GP) services.

[xiii] This covers those public health services for which local authorities are responsible, subject to the statutory ringfence, together potentially (and subject to discussion with the Department of Health) with those public health services commissioned by NHS England on behalf of the DH.

[xiv] Any changes to the underlying statutory accountabilities of NHS England and CCGs would need to be agreed with DH taking into account the advice of the National Audit Office. In the absence of such changes, then the intention is that the relevant joint commissioning boards will exercise functions on behalf of NHS England and CCGs.

[xv] This remains subject to further discussion with Monitor, TDA and the Department of Health.

[xvi] These strategic priorities will also need to reflect the Government's Mandate to NHS England and other relevant national policies.

[xvii] The relevant provider Boards (or equivalent) will remain ultimately responsible for decisions on provider structure and form, but GM will work with existing providers – and with any potential new providers of health and care services – to help shape the provider response to local commissioning intentions.

[xviii] This will ensure that the role of GM commissioners in shaping and stimulating the development of local provider arrangements complements the role of the relevant regulatory bodies.

[xix] There will be further discussion with Health Education England about how best to take this forward.