



Linea Insights

**Delivering Cross-Sector
Health & Social Care Solutions**

Experience from Devo Manc

Introduction

The ten Boroughs and their Clinical Commissioning Groups (CCGs) in Greater Manchester are developing exciting models of joint working and governance to improve the health and wellbeing of their populations. I am privileged to have shared in emerging thinking in how local solutions are being implemented to address local challenges.

Devo Manc

Significant changes are taking place under the heading of Devo Manc. These changes will potentially bring far reaching consequences for those living in Greater Manchester.

Devo Manc covers several different sets of arrangements and policy areas:

- A directly elected Mayor for greater Manchester
- A Greater Manchester Combined Authority with enhanced powers
- The creation of Greater Manchester Strategic Health and Social Care Partnership Board (GMHSPB), the Greater Manchester Joint Commissioning Board (GMJCB) and the Greater Manchester Federation Board (GMFB)
- Restructuring associated with the Northern Powerhouse

One of the most exciting aspects of Devo Manc is that local solutions are encouraged by the Greater Manchester Health and Social Care Partnership (“GMHSCP.”) There are no “rules” other than the adherence to the legislative frameworks that underpin the delivery of local authority and NHS services – and the delivery of agreed outcomes, of course! So there has been a flowering of alternative delivery and governance, and a developing culture of flexibility, learning and innovation. This article summarises my perspectives on some of the learning, and issues arising going forward.



The start point for each health economy was positive. Each metropolitan borough had coterminous boundaries with its CCG (or in the case of the City of Manchester, three CCGs.) So, the key leaders were already well known to each other, and were aware of the challenges facing each other's organisations. Officers were aware that their decisions could have an impact on the other's services; and had previously been exposed to the perverse responses that can occur with initiatives that were implemented without factoring in the impact on the "other side". The trick is to ensure "win-win" for the population, whether they are accessing health or local authority services. GMSHCP asked each economy to submit transformation plans, demonstrating joined-up plans to deliver improved health and well-being for the local population.

Inevitably, economies have developed at the pace that local leaders are comfortable with, and so some have felt able to move faster than others. Tameside MBC and CCG were trail blazers, merging at officer level with the council CEO becoming CCG accountable officer; and the deputy accountable officer / CFO becoming the council's executive director of finance with a joint finance department. This model is being adopted by six other economies in whole or in part: sometimes with separate CEO and accountable officers; sometimes with a single CEO/AO sitting above two organisations with some joint posts in support.

The City of Manchester is of a size and scale to require a unique solution: its CCGs work closely with the City Council and have assumed responsibilities (reporting to Council) for the commissioning of adult social care. There is a city where both local authority and CCG have commissioned its local provider to be responsible for delivering more integrated models of health and social care; and others where relationships have not been sufficiently mature to allow joint management structures to be developed and implemented.

One size really does not fit all.

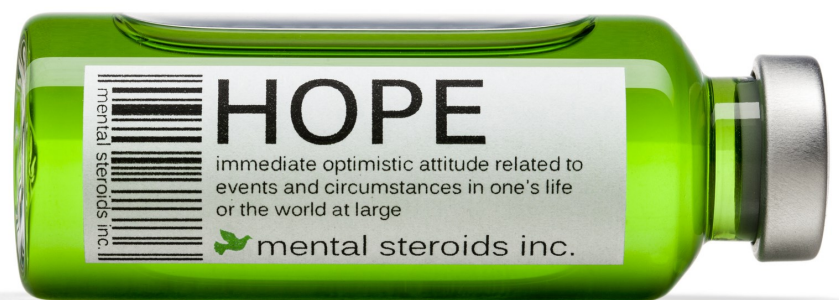
What has been the learning and what are the next steps? The general consensus appears to be upbeat. There are big opportunities to improve the effectiveness of services that support population health and wellbeing. There is a recognition that getting to a shared understanding and shared language takes time: people use the same words but mean different things!

Accountability and reporting structures are different: council leaders feel that they have democratic legitimacy; the NHS is reporting nationally to the secretary of state on a national service delivered locally.

Harmonisation of vision, objectives, and deliverables takes time. Integration of health and adult social care is just the start. The longer term prize is to link the wider determinants of public health into the place-based shared agenda: accessing leisure services (Bollywood classes for loneliness / A&E avoidance is my favourite) using housing revenue account adaptations to reduce length of hospital stay; improving life outcomes through education and employment initiatives.

Where mutual understanding and trust has developed, there are early signs that local authority strategy can impact NHS performance – especially A&E attendance and reduction in delayed transfers care.

Keep the faith!



About the Author



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A strategic leader with a proven track record in commercial, public services and third sector organisations. A highly experienced change manager in high-stress roles and organisations, deploying recognised forensic and performance management capabilities.

Engaging, with highly effective interpersonal and communication skills. Inspires through example, energy and commitment; empowering innovation and delivering improved value. Wide Board experience in Chair; CEO; Audit Committee Chair and Director of Finance roles.

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