Devolution, delegation and integration: health and social care in Greater Manchester
The integration of health and social care in Greater Manchester (GM) has the potential to offer considerable benefits to patients and NHS staff through enabling genuinely patient-centered and coordinated care.

The evidence suggests that, for integration to deliver real benefit for patients, it is critical that there are high levels of trust between the relevant local partners, and equally critical that enough time is allowed for the integration to embed\(^1\).\(^2\).

Greater Manchester has a long history of collaboration and partnership working that makes it uniquely well-placed to tackle the many challenges ahead of it. Few, if any, of the other regions which might seek delegated and devolved health and social care settlements over coming months and years have a long history of collaboration and partnership working between local authorities. Even with this advantage, the scale and pace of change Greater Manchester is seeking appears extremely ambitious.

Greater Manchester, central Government and health stakeholders should follow the evidence on integration and resist the urge to let short term political imperatives trump the long term needs of patients\(^3\).

**Funding for health and social care**

Universal healthcare must be free at the point of delivery and available to all regardless of an individual’s ability to pay.

We accept that there is tension between maintaining a separation of funding between health, and social care, and the principles of integration and devolution outlined in the Memorandum of Understanding — particularly given the exceptionally difficult funding settlements for local authorities and the social care sector over recent years. That said, health spend should not be diverted to cover shortfalls in other areas where there is no explicit connection with the local health system. In addition, Greater Manchester must ensure that any changes to funding allocations are done in an open and transparent manner, with full engagement with clinicians and other relevant local health stakeholders.

There is continuing uncertainty regarding the future funding of social care in England, including over the fundamental issue of how much the individual should pay of the cost of their own care. The delayed implementation of the proposed national cap on the costs an individual might pay for their own care, while sensible given the pressures faced by local authorities, extends that uncertainty\(^4\). The historic underfunding of social care may be one reason for the proliferation of private sector providers in the sector; Greater Manchester should avoid a similar process occurring in the provision of local health services. The delegation and integration of health and social care should not undermine the principle of a publicly funded and publicly provided NHS.

Greater Manchester should use this opportunity to have an early and open conversation with its residents which should include clarity on which services constitute healthcare and are therefore free at the point of delivery, and which constitute social care, as well as the eligibility of residents to receive free social care. Fundamentally, the public must understand what they might be expected to pay for personal care now and in the future.

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4 Written Ministerial Statement (2015) Delay in the implementation of the cap on care costs, Department of Health
Workforce in Greater Manchester

The Memorandum of Understanding signed by Greater Manchester and national health stakeholders notes that one of the ‘key enablers of transformation’ will be changes to workforce, with GM to be given responsibility for determining its skilled workforce, capacity, education and training needs.

We note that, through the Healthier Together programme, Greater Manchester will be seeking a substantial increase in the number of whole-time equivalent consultant posts, as well as making changes to the working patterns of the existing workforce and renegotiating contracts locally.

We welcome the acknowledgement within the National Institute for Health Research’s (NIHR) NHS Greater Manchester Primary Care Demonstrator Evaluation that realistic assessment of workforce needs plays a key role in delivering the capacity to extend access or develop integrated care in the community. We further welcome the acceptance in the NIHR report that the introduction of innovative practise models requires the creation of additional workforce capacity.

Greater Manchester has the responsibility to work closely with Health Education England, Health Education North West and the relevant professional associations in ensuring local clinicians are both fully consulted and supported in the successful delivery of planned changes in coming months and years, particularly as GM takes on new and significant workforce responsibilities.

Looking further ahead, Greater Manchester may choose to explore developing new clinical roles crossing traditional boundaries of primary and secondary care, for example. Again, appropriate and timely consultation is required, and consideration must be given to the impact the creation of any new roles will have on national workforce planning and training programmes.

Health inequalities

Greater Manchester suffers from high levels of health inequalities both internally and in comparison with other regions in the United Kingdom. One of the stated aims of the delegation of health spending to Greater Manchester is to reduce health inequalities.

The BMA believes that, given its unique opportunity to direct clinical, social, educational and environmental factors, Greater Manchester now has the clear duty to create conditions where individuals have the capacities, including good health, to take full advantage of their life chances. In particular, the BMA calls on Greater Manchester to adopt a ‘health in all policies’ approach, reflecting the importance of the social determinants of health. The link between poverty and ill health must be addressed, with a focus on reducing the steep social gradient in health.

The Social Value Act 2012 requires public bodies to have regard to the improvement of social, economic and environmental well-being when making commissioning decisions. There is anecdotal evidence of low awareness of the Social Value Act among both NHS commissioners and local authorities.

Greater Manchester could initiate a formal programme of training for those making commissioning decisions to understand the implications and opportunities of the Social Value Act 2012, alongside ongoing monitoring of the procurement of contracts and framework agreements which are covered by the Act, with a commitment to regularly review progress.

In addition, we believe that, through the GM System Prevention and Early Intervention Board, a health equity impact assessment should be made for all GM-wide policies. The assessment should ensure that Greater Manchester uses evidence-based interventions that are effective in improving the public’s health and well-being in the short, medium and long term.
Role of Public Health

Without significant investment and commitment to public health, the ill-health prevention agenda which necessarily underpins efforts to, for example, reduce the impact of multiple long term conditions among an ageing population, will be stymied from the start.

Nationally, this investment and commitment does not appear to be forthcoming. We share the view of the King’s Fund that the in-year public health funding cuts of £200m placed on local authorities represent ‘the falsest of false economies’. We therefore welcome the commitment from the signatories to the public health Memorandum of Understanding in Greater Manchester to establish a GM System Prevention and Early Intervention Board which will focus on enabling evidence-based public health interventions.

We understand current proposals in Greater Manchester do not give directors of public health in the constituent localities of GM a direct reporting relationship to the GM System Prevention and Early Intervention Board. We recommend that the GM System Prevention and Early Intervention Board receive regular and direct reporting from local directors of public health, given the critical role that they will play if the ill-health prevention agenda is to be successfully delivered at the scale required.

Given the critical role of public health spending in delivering the ill-health prevention agenda and the focus in Greater Manchester on population based health, it is not credible to regard public health funding as ‘secondary’.

Accountability and oversight of spending decisions

We welcome early signs that Greater Manchester recognises that working closely with doctors and their representative bodies is vital in improving care for patients.

Fundamentally, we believe that patients should not be disadvantaged by any devolution or delegation of health spending. This includes their ability to engage with and shape their local health services. As the remit of providers in Greater Manchester potentially broadens to include responsibility for the health of specified populations over long contractual periods, as suggested by many of the new care models outlined within the Five Year Forward View, accountability to patients may need to be strengthened.

In addition, we note ongoing work and discussions in Greater Manchester regarding the appropriate role of national regulatory bodies in GM. New arrangements and freedoms may be appropriate in some areas to facilitate integration. But effective oversight by national regulatory bodies in supporting accountability in Greater Manchester will, if anything, become more important if providers take on responsibilities including the planning and management of services.

We would suggest that accountability to patients and the wider local population is a crucial determinant of the success of the programme in Greater Manchester. A new, dedicated scrutiny function operating at the Greater Manchester level may be necessary to deliver that accountability. Alternatively, this responsibility could be placed upon the Greater Manchester Strategic Health and Social Care Partnership Board.

