

**SCRUTINY REVIEW PANEL –**

**THE COUNCIL'S RELATIONSHIP WITH HEALTH PARTNERS**

Report of the Lead Councillor - Councillor Carole McCann

**1. Introduction**

- 1.1 As part of the Scrutiny Work Programme approved by the Council, a joint review by the Corporate, Resource Management & Governance and Adult Social Care & Health Scrutiny Committees was agreed on the Council's relationship with its health partners.
- 1.2 The review considered the range of health partners the Council works with alongside an outline of the current context across health and social care, including proposals published within the recent Health and Care White Paper (published 11<sup>th</sup> Feb 2021).

**2. Methodology**

- 2.1 The Scrutiny Committees established a joint Scrutiny Review Panel to undertake the review comprising:

Councillor Carole McCann (Chair)  
Councillor Angie Clark  
Councillor Dickie Davies  
Councillor Carole McCann  
Councillor John McGahan

Councillor Dena Ryness  
Councillor Lisa Smart  
Councillor Aron Thornley  
Councillor Wendy Wild  
Councillor John Wright

Officers

Michael Cullen, Corporate Director (CSS) and Deputy CE, SMBC and Interim Chief Finance Officer Stockport Clinical Commissioning Group (CCG)  
Andrea Green, Chief Accountable Officer, Stockport CCG  
Kathryn Rees, Service Director (Strategy & Commissioning), SMBC  
Geraldine Gerrard, Head of Business Support (Commissioning & Contracts), SMBC  
Katy Forde, Team Manager (Strategy & Performance), SMBC  
Peter Owston, Strategy & Performance Manager (CSS), SMBC  
Carol Hargreaves, Democratic Services, SMBC

- 2.2 The Panel met three times. The first meeting (25<sup>th</sup> Jan 2021) focused on setting the scene around the NHS system and future direction of travel, including health partners and how the system currently works, along with proposals for Integrated Care Systems and the initial Stockport and Greater Manchester perspectives. This was provided through a range of presentations, including from senior representatives from Stockport CCG and the GM Health and Social Care Partnership (GMHSCP).
- 2.3 The second meeting (10<sup>th</sup> March 2021) considered the implications of the Health and Care White Paper supported by a series of case studies illustrating current joint

working. An 'expert panel' outlined areas working well across health and care, and areas for development; helping the panel to form recommendations for the future health and social care delivery model in Stockport.

- 2.4 The third meeting (25<sup>th</sup> March 2021) considered the draft report and recommendations to be presented to Scrutiny and Cabinet in April 2021.

### 3. Background and Context

- 3.1 Presentations to the Panel illustrated the relationship between health and social care as complex and continually evolving. Andrea Green (SCCG) outlined the structure, funding and roles set out in the NHS Constitution. This contains seven key principles;

- A comprehensive service available to all
- Free at the point of use
- Aspiring to excellence
- Putting patients first
- Working across boundaries
- Providing best value
- Being accountable

These are underpinned by key values around working together; respect; commitment to quality; compassion; improving lives and everyone counts. The Constitution has been updated this year, with rights of patients, public and staff enshrined. The Care Quality Commission was set up to monitor and inspect services to ensure they are safe, effective, caring, responsive and well-led.

- 3.2 The Council's principal health partners were identified as follows;

**NHS Stockport Clinical Commissioning Group (CCG)** was formed in 2013 and is made up of the 37 GP practices in Stockport. Its role is to commission health and care services on behalf of patients registered with Stockport GPs. The CCG plans and purchase services based on need in order to improve health outcomes, improve the quality of services and deliver value for money.

**NHS Stockport Foundation Trust (SFT)** runs Stepping Hill Hospital, and other specialist centres, as well as community health services for Stockport. The Trust is one of Stockport's largest employers, and an integrated provider of acute hospital and community services to the people of Stockport, as well serving the populations of East Cheshire and the High Peak in North Derbyshire.

**Pennine Care Foundation Trust (PCFT)** provides a range of mental health, learning disability services, and a drug and alcohol service, to help to keep Stockport residents healthy and maximise their potential. The Trust operates across five GM boroughs (Bury, Oldham, Rochdale and Tameside, as well as Stockport). Adult Social Workers in the Mental Health services have recently been transferred back to Stockport Council.

**Viaduct Care** is a not-for-profit GP Federation, owned by 37 GP practices across Stockport. Its aim is to find innovative solutions to the challenges currently faced by the NHS, while at the same time protecting the interests of general practice and ensuring that patients continue to receive the very best care.

**Mastercall Healthcare** is a Social Enterprise organisation established in 1996. They are a provider of 'out of hospital' healthcare and provide a range of services to the NHS across the North West, including the Out of Hours service in Stockport, offering an alternative to hospital admission by providing care in the community, and support earlier discharge from hospital, where clinically safe and appropriate, than otherwise would have been possible.

**Healthwatch Stockport** is one of the 152 Healthwatch that works in each local authority area in England, that has statutory powers under the health and social care act 2012. They are an independent health care champion for the Stockport community.

- 3.3 The Council, CCG and Healthwatch come together through the **Stockport Health and Wellbeing Board**. The Board was established in 2012 and provides strategic leadership over commissioning health and social care services in the borough. It aims to improve health & wellbeing, reduce inequalities and promote integration through building strong relationships and delivery plans. These are informed by the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.
- 3.4 The **Greater Manchester Health and Social Care Partnership** (GMHSCP) was established in 2015 as part of devolution arrangements, with delegated powers and budgets from NHS England. It includes NHS organisations, local authorities, primary care, NHS England, voluntary, community and social enterprise sector, Healthwatch, GM Combined Authority, GM Police, and GM Fire and Rescue Service.
- 3.5 Warren Heppolette (Exec Lead, Strategy & System Development, GMHSCP) provided the Panel with further context at its first meeting. A 5 year strategy for clinical and financial sustainability - "Taking Charge" - was agreed in 2016, with an Accountability Agreement containing the commitments to the NHS Constitution along with a Delegation Agreement confirming the delegations from NHS England to the GM Chief Officer. This aims "To deliver the greatest and fastest possible improvement to the health and wellbeing of the 2.8m people of Greater Manchester."
- 3.6 The **NHS Long Term Plan** was launched in 2019 and aims to deliver improvements in making sure everyone gets the best start in life; delivering world-class care for major health problems and supporting people to age well. This will be delivered through;
- Doing things differently
  - Preventing illness and tackling health inequalities
  - Backing our workforce
  - Making better use of data and digital technology
  - Getting the most out of taxpayers investment in the NHS
- 3.7 NHS England published proposals in late 2020 around the establishment of **Integrated Care Systems**. These build on the route map set out in the NHS Long Term Plan, for health and care to be joined up locally around people's needs and address the long-term challenges presented by Covid-19. The focus around locality working built on the GMHSCP approach and was supported by the Partnership.
- 3.8 The Government published a **Health and Care White Paper** in February 2021, entitled "Integration and Innovation: working together to improve health and social

care for all". This contains detailed proposals for NHS and local government partnerships in Integrated Care Systems (ICS), capturing the learning from and response to Covid. Proposals include dual arrangements for an ICS NHS body and ICS Health and Care Partnership – with mainstream role for councils. These have the potential for ensuring that health and care systems can take a broad view of integration, prevention and tackling the social determinants of health, in addition to sound governance.

- 3.9 The White Paper emphasises the “primacy of place” but also increased power for the Secretary of State, with proposals to be set out in a Health and Care Bill, with legislation in place for implementation in 2022. Questions remain about the ongoing relationship between health and social care, however, with proposals still awaited on the future funding and reform of social care.
- 3.10 The key themes from the White Paper are;
- Working together to integrate care – statutory ICSs with “dual structure” governance arrangements
  - Reducing bureaucracy – removing requirements on competition and procurement in the NHS.
  - Improving accountability and enhancing public confidence – the formal merger of NHS England and NHS Improvement, along with new powers for the Secretary of State.
  - Additional proposals – many related to public health and adult social care.
- 3.11 Publication of the White Paper provided a timely opportunity for the scrutiny review to consider the essential requirements for the local system in Stockport. In the second meeting of the Panel, Michael Cullen (Corporate Director, CSS) outlined the key elements of integration within the new arrangements, including removing barriers to greater collaboration, along with expectations around governance and accountability structures for the ICS Health and Care Partnership.

#### **4. Key Issues Raised by the Panel**

- 4.1 At the first meeting, in response to the presentation around how the NHS works, it was outlined that Stockport CCG received an allocation of £503.6m for 2020/21 for health services within Stockport and has received additional allocations of £29.2m to fund additional pressures related to the Pandemic.
- 4.2 Members were keen to ensure that residents should be at the heart of any improvements to governance arrangements. There also needs to be strength of representation and a fit in terms of future systems, structure and governance. It was imperative that trust was built and that there was flexibility within the system in order to deal with any future situations that may arise.
- 4.3 With regard to the GM Health and Social Care Partnership, officers advised that they were encouraged by service networks with service user involvement, notably those in cancer and mental health services. Working across Greater Manchester enabled more views to be brought together.
- 4.4 Examples were provided of how decisions were made nationally, regionally and locally and how this may change. One example was specialist mental health services which used to be commissioned nationally but are now commissioned by GM and co-ordinated locally. Early years was also highlighted as an example of good practice, and the Panel discussed the differing incentivisation of each

organisation, barriers preventing 'seamless care', and how these could be overcome.

- 4.5 A person-centred approach, shared outcomes and agreeing on priorities were the foundation stones for breaking down barriers and achieving objectives. Whilst there remains fragmentation within the system, Stockport is much further forward in terms of integration than many other areas, and the Borough Plan was also providing a focus for promoting collaborative working.
- 4.6 The Panel was advised that the Governing Body takes decisions relating to resource allocation. There was an ambition to improve the efficiency of allocating resources and it was essential to ensure that best value was achieved, and that spending was allocated to the right places. Another key ambition was to level out health inequalities and differences in life expectancy across the Borough.
- 4.7 It was agreed that the Panel needed to consider what is working well and what the opportunities and challenges were for health and social care in the next few years in the context of the recent proposals. It was also a key consideration around how local people and elected members would be represented and have their voice heard within the new Integrated Care System.
- 4.8 Whilst previous integration via Stockport Together had focused on organisational structures, there was now a stronger focus on collaboration across services to improve outcomes for residents and address inequalities.
- 4.9 The expert panel for the second meeting also included the following;
- Dr Cath Briggs, GP Clinical Chair for Stockport CCG
  - Chris McLoughlin, Director of Children's Services, SMBC
  - Mark Fitton, Director of Adults Services, SMBC

Examples of collaborative working were highlighted where services were brought together around individuals. The Covid vaccination programme and moving to a new model of care (discharge to assess) were both producing significant results. Data sharing was identified as an obstacle but also an enabler. Good progress on this was being made with shared records within the Neighbourhood Teams.

- 4.10 A focus on greater collaboration rather than competition was a key theme of the White Paper and could help reduce fragmentation across the system, with a change in culture of services 'owning' outcomes for residents. This has been seen across Stockport Family with a common purpose, working with children and families, resulting in improved customer experience. Accessibility was also highlighted as a key factor in General Practice, with a solution-focused approach helping to join up services eg around mental health.
- 4.11 The new arrangements provided an opportunity for a more sustainable and integrated approach, and to test out data sharing arrangements which benefit residents whilst retaining confidentiality and consent. New data sharing guidance is being developed at a national level which will help clarify local arrangements. There was also an opportunity to develop a 'care navigator' role which could be built into care pathways and IT solutions, helping to avoid multiple calls and share key information. Mental health was identified as a particular area where this could help.

## **5. Conclusion and Recommendations**

- 5.1 In light of the information supplied to the Panel and the discussions held, the Panel identified seven key recommendations that it wished to make for consideration by the Cabinet which are detailed below;
1. To review data sharing and information governance arrangements across partners, ensuring that this operates in the best interests of residents and continues to improve.
  2. To develop a locality approach within new ICS structures, ensuring that the needs of local communities can be met, and they remain accountable to local people and elected representatives.
  3. To improve navigation of care pathways for residents, including consideration of a 'named individual or keyworker' approach and access to records linked into digital inclusion.
  4. To embed person centred and asset-based approach into organisational culture and decision making, along with a preventative approach to reduce health inequalities.
  5. To ensure a strong, vibrant, thriving and skilled workforce through regular and clear communication supported by joint culture, values, training and development opportunities across partner organisations.
  6. To embed an early help and preventative approach into key decisions and spending on the health and care of individuals.
  7. To review and commission further research on evaluating the impact of early help and prevention in reducing spend on acute services and improving outcomes for individuals answering the question of 'so what impact has the intervention made'.
- 5.2 The Corporate, Resource Management & Governance and Adult Social Care & Health Scrutiny Committees are invited to comment on the report with a view to endorsing the recommendations outlined in section 5.1 of the report.

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