

Proposed Stockport Integrated Care System Shadow Arrangements

Report of the Corporate Director (Corporate and Support Services) and Deputy Chief Executive

1. Introduction

The purpose of this paper is to provide a proposal for establishing a shadow locality board to oversee the development of the locality arrangements in Stockport that are fit for purpose to operate from 1 April 2022 within the Constitution of the Greater Manchester Integrated Care Board, and as part of the Greater Manchester Integrated Care System.

The proposal has been developed by a group of senior executive leaders across the Stockport health and care system taking full account of the emerging national guidance, the model of ICS which Greater Manchester Health and Care Partnership have led, as well as the comments received from the engagement on the One Stockport Health and Care Plan, which has involved discussions with our population, service users, patient representatives, the voluntary sector, and staff in all provider organisations across Stockport.

2. Background

On 11th February 2021 the Government published a White Paper outlining a range of proposed reforms to health and social care, 'Integration and Innovation: working together to improve health and social care for all' (Department of Health and Social Care, 2021).

This looks to create the right conditions for collaboration, joined up care with partnership working at both an Integrated Care System and place-based level, with the purpose of reducing inequalities and supporting people to live longer, healthier independent lives. Integrated Care Systems (ICSs) are to be established on a statutory footing. An ICS framework was published by NHSEI on 16 June 2021. This set out the ICS will be made up of 2 bodies;

- NHS Integrated Care Board – responsible for NHS planning, funding, performance management, accountability and delivery of NHS Long Term Plan and day to day management of the ICS
- Health and Social Care Partnership – which will bring together the NHS, Local Authority and wider partners including voluntary sector to address health, social care and population health needs within the ICS

Together these will be referred to as 'the ICS' and will be accountable for improving health outcomes of the whole Greater Manchester population. Stockport is one of 10 localities within the Greater Manchester (GM) ICS.

ICS proposals support strong place-based partnerships between the NHS, local councils and voluntary organisations, local residents, people who access service, their carers and families, leading the detailed design and delivery of integrated services within specific localities incorporating a number of neighbourhoods. Health & Wellbeing Boards will retain the responsibility to develop the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

3. Greater Manchester as an Integrated Care System

The design for future working at an ICS level has been developed led by the GM Health and Social Care partnership in collaboration with local democratic, clinical, managerial, public and

voluntary sector leaders from each of the 10 localities. The diagram below illustrates the future model with development of shadow arrangements from October 2021. The Health and Care Partnership Board agreed to adopt this approach in shadow form, with agreement this would be reviewed after working for a couple of months, and any adjustments made prior to formal adoption of a new way of working as part of the future GM ICB Constitution from 1st April 2022 and establishment of the GM ICB.

It is important to note that there will be no transfer of duties from the CCGs or the GM Joint Commissioning Board to the shadow organisation as the statutory accountabilities stay with the accountable bodies until the ICB is established.

Diagram 1 below illustrates the proposed relationships across the GM ICS during the shadow period to April 2022.

Diagram 1 – GM ICS Shadow Governance Arrangements from October 2021



1) Integrated Care Board

- Fulfills all the NHS statutory functions for the Integrated Care Board (ICB) as set out in the 2021 Health and Care Bill including setting strategy to achieve national priorities and GM priorities, allocation of NHS resources to support this strategy, oversee the commissioning of primary and specialised care, ensuring the component programmes and organisations fulfil their collective and individual responsibilities for delivering their contribution to the GM aims as agreed in the planning process.

2) Health and Care Partnership

- Fulfills all, if any, statutory functions for the Health and Care Partnership (HCP) as set out in the Health and Care Bill 2021; takes responsibility for setting priorities, informing and being informed by national and local priorities; provides a forum for wide engagement
- Liaises, where appropriate, with Local Health and Well Being Boards on understanding locality needs, priorities and strategies

- Has the power to establish wider working parties or engagement mechanisms (eg BAME forum, Inequality assembly, Younger People's Forum etc)

3) Joint Planning and Delivery Committee

- Operates with delegated responsibility to oversee the detailed joint planning and delivery process which will ensure that Locality programmes, Provider Collaborative programmes and GM enabling programmes work coherently. The process will coordinate the spatial levels for delivery of the programmes and the consequent financial flows set out in the GM operating model
- Has a strong focus on delivery of national and locally determined standards and outcomes
- Considers, determines and resolves operational issues associated with the delivery of the GM strategy

4) Shared Executive Group

- Brings together the key executive leaders on a weekly basis under the chairing of the ICS Chief Accountable Officer. Not a formal decision-making group, but one that can fulfil the key role of ensuring coherence in the implementation of strategy. The group will help steer the implementation process and serve to fix elements or programmes that are under performing. Sets agenda for Board, Partnership and Committee meetings and commissions papers.

5) Locality Leadership Boards

- Responsible for setting local priorities, pooling and aligning NHS and social care spending, allocating budgets to local providers or local provider alliances, ensuring delivery of key programmes set out in the GM Operating Model, liaison with GM enabling programmes and Provider Collaboratives.
- Working closely with local Health and Wellbeing Boards (HWBs) on priorities and strategy
- Supporting, developing and embracing neighbourhood working as a key element of their strategy and integrated programme delivery
- Aligning non health and care spend to deliver a health and care dividend
- Can operate as a joint committee with ICS to allow for pooled budget

6 Provider Collaboratives

- Take responsibility for leading (predominantly urgent care and elective care programmes) and partnering in the delivery of key programmes on behalf of the GM ICS. In particular, to help GM achieve progress towards the national constitutional standards and priorities (including in cancer, mental health and physical health care)
- Signal appropriate resource allocation to each Trust to deliver their collective clinical strategy liaison with locality boards and GM enabling programmes
- Undertake programmes to standardise care, optimise workforce and sites; deliver
- Technical efficiency and productivity improvement for existing quantum of resources spent
- Have the ability to convene wider provider groupings where relevant to the GM aims (eg health and criminal justice issues etc)

4. Greater Manchester definition of Locality Characteristics

The GM ICS operating model will require localities to have the following characteristics in place whilst recognising that the precise way that each locality achieves these requirements might be different to build from what already exists and is working well.

Locality structures would feature a consistent locality model operating with:

- A neighbourhood approach with integrated working, connecting to Primary Care Networks and to communities and the full range of local partners
- A Locality Board (that can deliver accountability for decisions and budgets at place level) and includes civic, clinical, care professional, provider and Voluntary, Community and Social Enterprise (VCSE) partners as an integral element of the governance
- A "place-based lead" (accountable person to GM ICS for health and care)
- Appropriate accountability agreements between partners in the locality and clear delegations to enable place-based delivery
- A mechanism for the priorities to be decided together in the locality and a process for determining consequent financial flows to providers or provider alliances
- A system of clinical and care professional leadership input
- Provision of an appropriate organisational arrangement for the deployment of locality-based ex CCG staff
- An articulated relationship with their local Health and Well Being Board
- A means by which locally based providers work together in some locally determined form of alliance (but which 'typically' would be expected to include the acute services provider, mental health provider, general practice and wider primary care, community services, VCSE, social care providers)

Work is being finalised at a Greater Manchester level to agree which accountabilities will be held at a Greater Manchester level and which will be devolved to localities with direct responsibility for delivery.

5. Stockport Context

The 'One Stockport' campaign and movement was used in 2020/21 as a springboard from which to develop the 10 Year Borough Plan <https://www.onestockport.co.uk/the-stockport-borough-plan/>.

The One Stockport Plan captures our desire to build back hope and ambition, not only for recovery, but also to embrace the best of what we have learned from operating differently and collectively during the pandemic, build from the amazing community connectedness to ensure we grasp the opportunity to make a brighter, better future for all in our borough.

The One Health and Care Plan has been developed as a key pillar of the ten year borough plan. This plan outlines the vision and priorities for the health and care system and will act as Stockport's Locality plan to align with the next five year Greater Manchester Health and Care Partnership Strategy building from the Taking Charge Plan.

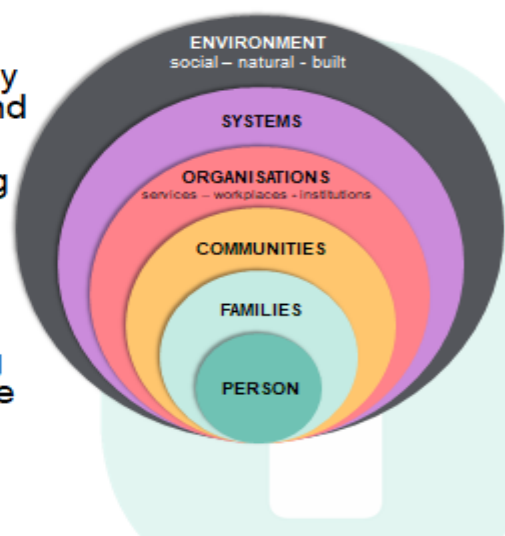
It has been intentional that we have developed the One Health and Care Plan setting out our local priorities for improvement before we confirmed any future organisational arrangements that stem from the ICS changes, as it was felt critical so that in this circumstance we could truly demonstrate that form can follow function. This is key in ensuring that we start with ambition and outcomes rather than governance and process. The draft One Health and Care Plan is being consulted on alongside this paper.

Diagram 2: Stockport's Vision and Values

Our Vision

- We want people to live the best lives they can and feel happy, healthy, included, and independent
- Work together as ONE system, wrapping care around the needs of the individual
- ONE Neighbourhood Model of multi-disciplinary teams, working together for their shared communities
- Match support to local needs, increasing the scale and pace of progress to reduce health inequalities

ONE STOCKPORT



Our VALUES



ONE STOCKPORT

WE ARE INCLUSIVE

We believe our differences and unique experiences need to be celebrated. We proactively address inequality and hold ourselves accountable for everyone feeling included and valued.

WE ARE AMBITIOUS

We believe in Stockport, our people and the places that make up our Borough. We are continuously challenging ourselves to be the best we can be for Stockport.

WE ARE COLLABORATIVE

We believe in working together openly and honestly. We support each other and always work together for the benefit of Stockport.

6. Stockport's Locality arrangements

NHS Stockport CCG functions and accountabilities will transfer to a newly established Integrated Care Board in Greater Manchester from 1st April 2022 (subject to the Health and Care Bill being passed and the GM ICB Constitution agreed). The CCG will, like all CCGs nationally, be closed down at midnight on 31st March 2022.

The local health and care system will need to establish arrangements to meet the characteristics described in paragraph 4 above supported by integrated governance built around a future Locality Board, Provider Partnership/Alliance and the integrated neighbourhoods as set out below.

Stockport Locality System Board from April 2022

Subject to fit with the future GM ICB Constitution, the Locality Board will be responsible to the ICB through a delegated/ accountability arrangement for co-ordinating the delivery of the accountability agreement and the local contribution to health, social and economic development. This will provide collective system oversight of an agreed health and care plan, with aligned place-based budget/s which will be used to drive shared priorities and outcomes.

Stockport Provider Partnership from April 2022

The Stockport Provider Partnership will be made up of the Local Authority, NHS and other organisations including the third sector. Partners will work together, holding themselves and each other to account to transform, deliver, assure, commission and contract for services to support the delivery of the Locality Board's population health and wellbeing outcomes and priorities. The Provider Partnership will play a leading role in workforce strategy, clinical leadership in managing unwarranted variation and quality improvement, and for the integration and co-ordination of services across systems and neighbourhoods. It will be accountable to the Locality Board.

Stockport Neighbourhoods from April 2022

Neighbourhoods remain a key building block for the locality delivery model with the primary objective to integrate services around local people and communities, creating a system of multi-agency professionals from all public services working together as one integrated neighbourhood team. Neighbourhoods will include partners who are able to support and contribute to addressing the key determinants to the health and wellbeing of our communities with a key role for primary care networks. Representation from each neighbourhood will sit on the Stockport Provider Alliance / Partnership which will be accountable for integrated neighbourhood delivery

7. Proposed Shadow Arrangements

This paper proposes to establish a shadow locality board; the Shadow Locality Board from October 2021 to drive the development of local arrangements and capabilities to play a full part in the GM ICB and ICP by April 2022. This will be kept under regular review as the system evolves, with any changes being made as required.

The shadow Board will have three key functions during the transition period,

- oversee the transition to the future Locality ICS model,
- to ensure full engagement of all system partners in developing the Locality model to operate from April 2022,
- oversee the delivery of the key work programmes to deliver this transition.

The shadow Board will have responsibility for reporting on the transition to the Greater Manchester arrangements through the locality transition lead; the Chief Accountable Officer of the CCG.

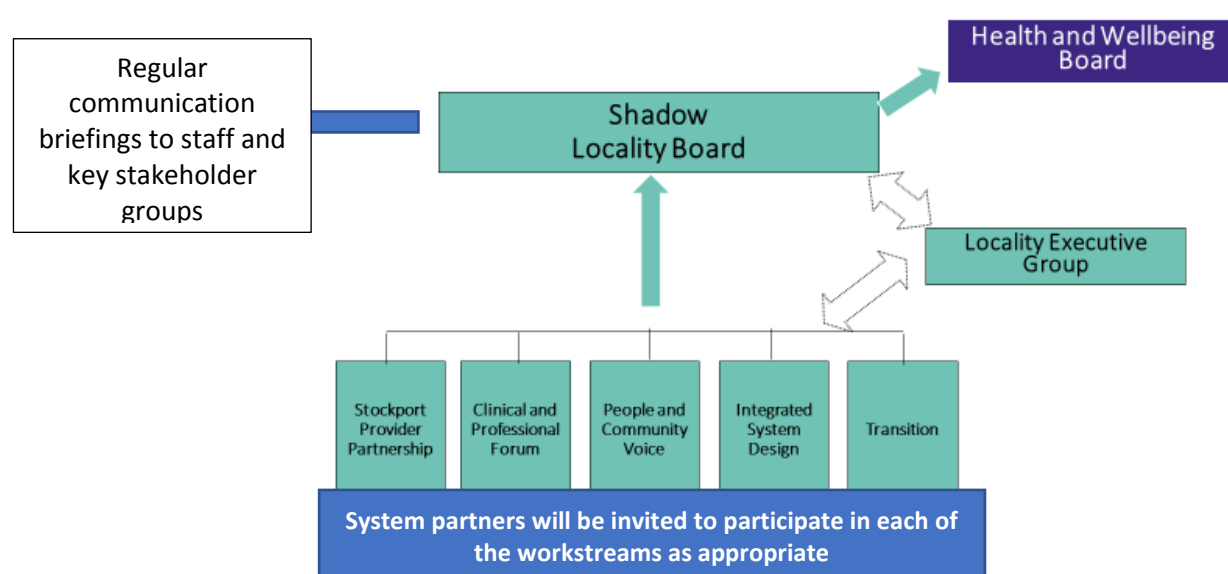
During the shadow period (October 2021 to end March 2022), the Board will not have delegated statutory responsibility from any of the current organisations, therefore current accountabilities (including safeguarding) will remain unchanged until April 2022. The CCG will remain accountable for the planning and commissioning health care services for Stockport and the Health & Care Integrated Commissioning Board will remain accountable for the section 75 agreement and pooled budget.

The new arrangements for system leadership fit under the “One Heart” pillar of the One Stockport Plan, and membership includes all Partners and Healthwatch Stockport (represent patients and the public), it is proposed that progress will be reported on a regular basis to the Health and Wellbeing Board to provide assurance that the local architecture will be fit for purpose to deliver the One Health and Care Plan for April 2022.

Ultimately, this is an excellent opportunity for Stockport to seize the opportunities presented by legislative reform to remove barriers to integrated care and create the conditions for local partnerships to thrive.

The proposed shadow governance is set out in Diagram 3 below

Diagram 3: Stockport Locality Proposed Shadow Arrangements (October 2021 to end March 2022)



7.1 Proposed Shadow Locality Board

The board will meet bi-monthly – October 2021, December 2021, February 2022

Functions:

- Developing the local arrangements and architecture for operating as the Stockport Place in the GM ICS by April 2022.
- Building the capability to operate from April 2022 and providing oversight for the transition.
- Reporting progress to the Health and Wellbeing Board to provide assurance that the local architecture will be fit for purpose for April 2022.
- Ensuring full engagement with all locality partners in the development of the new locality governance and structures to make sure the new system is fit for purpose and will deliver the agreed health and wellbeing outcomes and reduce inequalities
- Reporting progress to Greater Manchester through the locality transition lead which is the Chief Accountable Officer of the CCG.
- Delivery of a transition work programme (led by the CCG AO) that includes several key strands:

- Developing a joint place-based budget for 2022/23 which will be used to drive shared population health outcomes.
- Ensuring appropriate accountability agreements between partners in the locality and clear delegations are in place to enable place-based delivery.
- Developing mechanisms for clinical and care oversight of the local integrated care system.
- Developing mechanisms to listen to and act on experience and views of local people and communities.
- To retain CCG staff, talent and capability so as to deliver the future locality arrangements

Design Principles:

The shadow Board will operate based on the following principles:

- True collaboration built on trust
- Constructively hold each other to account
- Focussed on our shared vision and improving outcomes
- Focus on how we use the Stockport pound in the best way through open book decision making
- Inclusive
- Encourage innovation
- Listening, engagement and co-production
- Subsidiarity – delivery at the lowest possible level

Membership:

The membership will reflect democratic, clinical, managerial and voluntary, community and social enterprise sector (VCSE) leadership:

- Stockport Council Cabinet Member
- Stockport Council Chief Executive
- Stockport Clinical Commissioning Group Accountable Officer
- Stockport Foundation Trust Chief Executive
- Pennine Care Chief Executive
- Primary Care representative
- Sector 3 Chief Executive

7.2 Proposed Executive Group

The Shadow Board will be supported by an executive group of key leaders to drive forward the work. This is not a task and finish system wide group and not a formal decision-making group, but one that can fulfil the key role of ensuring the delivery of the work programme and oversight of the sub-groups. This group will meet monthly.

Membership will include:

- Stockport Council Chief Executive (Chair)
- Stockport Clinical Commissioning Group Accountable Officer
- Stockport Foundation Trust Chief Executive
- Pennine Care Chief Executive
- Stockport Council/ Clinical Commissioning Group Director of Finance,
- Stockport Foundation Trust Director of Finance
- Pennine Care Chief Executive

- The leads for each of the 5 sub-groups as non-core members

7.3 Sub-Groups

There will be five sub-groups, each led by a locality Executive Director to deliver an agreed programme of work:

1. Provider Partnership – development work on the Stockport locality provider partnership
2. Clinical and Professional Forum – to determine mechanisms for clinical and professional oversight into the local ICS
3. People and Community Voice – to develop the process to listen to and act on experience and views of local people and communities
4. Integrated Design– responsible for designing the local architecture
 - Designing a system of local decision making that ensures that finance delivers outcomes and has a clear relationship with the GM ICS
 - Ensuring appropriate accountability agreements between partners in the locality and clear delegations are in place
 - Developing a joint place-based budget which will be used to drive shared population health outcomes
 - Development of a locality outcomes framework
 - Working with GM on spatial levels planning
5. Transition - responsible for managing the safe transition of CCG functions and staff

7.4 Relationships to the Health and Wellbeing Board

The shadow Board will report regularly to the Health and Wellbeing board to ensure a wider stakeholder and public and patient view. The Health and Wellbeing Board will provide assurance that the local architecture will be fit for purpose for April 2022.

The Board will also report proposals for the arrangements from April 2022 to Council Scrutiny Committees.

8. Recommendations to the Cabinet

This paper proposes the following recommendations:

- The establishment of the shadow locality system board to oversee the development of the locality arrangements in Stockport that are fit for purpose to operate from 1 April 2022 within the Constitution of the Greater Manchester Integrated Care Board, and as part of the Greater Manchester Integrated Care System. To agree the name of the shadow board as the One Health and Care Shadow Locality Board with the functions and membership as set out in section 7.1.
- The establishment of an Executive Group to support the shadow Board as outlined in section 7.2.
- The establishment of 5 sub-groups to drive forward the work required to build the capabilities to meet locality arrangements as set out in section 7.3.

9. Recommendations to the Scrutiny Committee

The Scrutiny Committee is recommended to comment on and note the report.

BACKGROUND PAPERS

There are none.

Anyone requiring further information should contact Kathryn Rees on 0161 474 3174 or email kathryn.rees@stockport.gov.uk; or Laura Mercer on 0161 218 1799 or email: laura.mercer@stockport.gov.uk

Appendix 1

Draft Proposed Shadow Locality Board Terms of Reference

Purpose

To oversee the development of the locality arrangements in Stockport that are fit for purpose to operate from 1 April 2022 within the Constitution of the Greater Manchester Integrated Care Board, and as part of the Greater Manchester Integrated Care System. The shadow Board will be established to operate between October 2021 and March 2022.

Core Functions

- Developing the local arrangements and architecture for operating as the Stockport Place in the GM ICS by April 2022.
- Building the capability to operate from April 2022 and providing oversight for the transition.
- Reporting progress to the Health and Wellbeing Board to provide assurance that the local architecture will be fit for purpose for April 2022.
- Ensuring full engagement with all locality partners in the development of the new locality governance and structures to make sure the new system is fit for purpose and will deliver the agreed health and wellbeing outcomes and reduce inequalities
- Reporting progress to Greater Manchester through the locality transition lead which is the Chief Accountable Officer of the CCG.
- Delivery of a transition work programme (led by the CCG AO) that includes several key strands:
 - Developing a joint place-based budget which will be used to drive shared population health outcomes.
 - Ensuring appropriate accountability agreements between partners in the locality and clear delegations are in place to enable place-based delivery.
 - Developing mechanisms for clinical and care oversight of the local integrated care system.
 - Developing mechanisms to listen to and act on experience and views of local people and communities.
 - To retain CCG staff, talent and capability so as to deliver the future locality arrangements

Reporting Arrangements

- Report progress to the Health and Wellbeing Board to provide assurance that the local architecture will be fit for purpose for April 2022
- Report progress to Greater Manchester through the locality transition lead which is the Chief Accountable Officer of the CCG
- Report through individual organisational governance as appropriate

Frequency

- The Board will meet bi-monthly between Oct 2021 and March 2022

Membership

- Stockport Council Cabinet Member
- Stockport Council Chief Executive
- Stockport Clinical Commissioning Group Accountable Officer
- Stockport Foundation Trust Chief Executive

- Pennine Care Chief Executive
- Primary Care representative
- Sector 3 Chief Executive