

REPORT OF THE FIRST MEETING OF THE SHADOW LOCALITY BOARD

Report of the Chair of the Shadow Locality Report

1. Introduction and Purpose of Report

To provide the Health and Wellbeing Board with an update on the items considered at the first meeting of the Shadow Locality Board held on 2 November 2021.

1.1 Shadow Locality Board Terms of Reference

The paper on the locality arrangements in Stockport, endorsed by the Health and Wellbeing Board on 8th September 2021, included a proposed draft content of a Terms of Reference for the Shadow Locality Board. Following approval of that paper the Terms of Reference have been prepared in a standard format and are appended.

An addition has been made to the Terms of Reference at Section 3 – Membership to include the provision for deputies to attend the Shadow Locality Board in the event that a member is unable to attend a meeting. In addition, a section on the role of Members has been included within the Terms of Reference for the Locality Executive and Working Groups which states that, rather than appointing a Deputy Chair, it is proposed that in the event the Chair cannot attend a meeting, a Chair will be appointed for the meeting.

A defined quorum for the Board has also now been included in the Terms of Reference, which are appended to the report for formal approval of the Health and Wellbeing Board.

1.2 Executive Group and Working Group Terms of Reference

The Shadow Locality Board received a report on the structure that will support the Shadow Locality Board and progress in drafting the Terms of Reference for the Groups working to the Shadow Locality Board

There will be five working groups that will be delivering a programme of work. These are task and finish groups and are currently time limited. However, it is expected that some will propose the establishment of a board or forum as part of the local ICS architecture.



AGENDA ITEM

Draft Terms of Reference, including membership, have been developed for the Executive Group and all the working groups except for the Place Based Partnership. Development sessions are underway for this work strand, it is important that these shape the direction, terms of reference and next steps for the Place Based Partnership.

The draft Terms of Reference for the other working groups were received by the first meeting of the Shadow Locality Board and may be shaped further following the first meeting of each working group.

Locality Executive Group - ensure the delivery of the work programme and oversight of the working groups and steer the implementation process.

Place Based Partnership – development work on Stockport’s provider partnership. A number of development sessions are being undertaken which will formalise next steps and the proposed model for how this partnership works. The terms of reference will include

- Developing the operating model for the Place Based Partnership
- Developing the provision of an appropriate organisational arrangement for the deployment of locality based CCG staff in the Place Based Partnership architecture working closely with the Integrated Design and Transition workstream

Clinical and Care Professional Leadership Forum – to determine mechanisms for clinical and professional oversight into the local ICS architecture.

People and Community Voice – the group will have three key aims:

- To ensure all our stakeholders feel informed and appropriately involved in the work of the sub-group and wider ICS development.
- To ensure that a clear and effective communication and engagement strategy is in place from April 2022 to ensure that people, patients, and community voice is at the heart of Stockport’s local ICS arrangements.
- To have a clear and accountable governance structure in place that meets the requirements of the Integrated Care Board, that is in line with the requirements from the Greater Manchester Integrated Care Partnership and from national guidance.

Integrated System Design– responsible for designing the local governance architecture

- Ensuring appropriate accountability agreements between partners in the locality and clear delegations are in place.
- Designing a system of local decision making that ensures that finance delivers outcomes and has a clear relationship with the GM ICS.
- Developing a joint place-based budget which will be used to drive shared population health outcomes.
- Developing an outcomes framework.
- Developing the provision of an appropriate organisational arrangement for the deployment of locality based CCG staff in the governance architecture working closely with the Place Based Partnership and Transition workstreams

- Developing a programme of Organisational Development to support the governance workforce through the changes

Transition - responsible for managing the safe transition of CCG functions and staff in alignment with the agreed functions and spatial levels

- Working with GM on the spatial levels.
- Develop proposed staffing plan for resourcing the functions transferred to the new accountability architecture and Place Based Partnership.
- Working with Trade Unions; Staff side; GM People and Culture Group.

1.3 Draft GM Locality Operating Model

The Shadow locality Board received a draft, high-level locality operating model as a key part of the overarching GM ICS model that was being developed. The Shadow Board provided feedback on the model with a particular focus on the need to develop how the community voice would be incorporated into the 'Locality Core Operating Model'. This will be factored into the work programme for the People and Communities Working Group.

1.4 Critical Path

The Shadow Board received a draft critical path of the key milestones in developing the locality architecture through to April 2021, aligned to that of the work across Greater Manchester. The critical path will be used as a benchmark against which to provide assurance that work is progressing within the appropriate timeframes.

2. CONCLUSIONS AND RECOMMENDATIONS

2.1 The Health and Wellbeing Board are asked to:

- Note the report for assurance.
- Approve the Terms of Reference of the Shadow Locality Board appended to the report.

BACKGROUND PAPERS

Anyone wishing to inspect the above background papers or requiring further information should contact Kathryn Rees: email Kathryn.rees@stockport.gov.uk

One Health and Care Shadow Locality Board

Draft Terms of Reference

1. 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.

2. ROLES AND RESPONSIBILITIES

- 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

3. MEMBERSHIP

The Membership of the Board is:

Cabinet Member – Stockport Metropolitan Borough Council
Chief Executive – Stockport Metropolitan Borough Council
Chief Accountable Officer – Stockport Clinical Commissioning Group
Chief Executive – Stockport NHS Foundation Trust
Chief Executive – Pennine Care NHS Foundation Trust

Primary Care Representative
Chief Executive – Sector 3

Should a member not be able to attend a meeting, apologies in advance must be provided to the Chair. Deputies can attend on behalf of members but must be agreed in advance with the chair.

Deputising arrangements will count towards the quorum, where formal representative status is confirmed, and this will be reflected within the minutes.

Role of a member

The role of each member is to:

- Take collective responsibility for the delivery of the roles and responsibilities of the Board.
- Proactively engage and feed in views, insight, comments, and concerns across the full breadth of their collective and individual remit on the Board for consideration by the Board, identifying any risks and opportunities, so these can be mitigated/addressed.
- Act as a corporate member of the Board in accordance with the Nolan Principles of Public Life, ensuring regular and consistent attendance at meetings and a positive contribution to the work of the group.

4. ATTENDEES

Other individuals may be invited to attend for all or part of any meeting as and when appropriate with the Chair's agreement.

5. CHAIR

The Board will be Chaired by the Cabinet Member, Stockport Metropolitan Borough Council. In the event that the Chair is unable to attend a meeting, the Shadow Locality Board, under its first item of business at that meeting will elect a Chair for the meeting.

6. DECLARATIONS OF INTEREST, CONFLICTS AND POTENTIAL CONFLICTS

Where a member of the Board is aware of an interest, an actual conflict or a potential conflict of interest in relation to the scheduled or likely business of a meeting of the Board, they are obliged to bring this to the attention of the chair of the meeting as soon as possible, and before the meeting where possible.

The chair of the meeting will determine how this should be managed and inform the member of their decision. The chair may require the member to withdraw from the meeting or part of it. Where the chair is aware that they themselves have such an interest, an actual conflict or a potential conflict of interest they will bring it to the attention of the Board, and the vice chair will act as chair for the relevant part of the meeting.

Any declarations of interests, actual conflicts and potential conflicts, and arrangements to manage those interests or conflicts that are agreed in any meeting of the Committee, will be recorded in the minutes.

Failure by any member to disclose an interest, whether intentional or otherwise, will be treated in line with the Managing Conflicts of Interest: revised statutory guidance (2017) and may result in suspension of that member from the Board.

7. QUORUM

The quorum for the meeting will be 3 members, to include at least 3 of the six participating organisations.

8. DECISION MAKING AND VOTING

For the avoidance of doubt the Board is an advisory Group and has no decision-making authority

9. REPORTING ARRANGEMENTS

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

10. MEETING ADMINISTRATION

The scheduling of meetings and papers will be organised and minutes taken by the CCG's Corporate Affairs Team or another member nominated in their absence.

11. MEETING FREQUENCY

The Board will meet bi-monthly. Additional meetings can be arranged with the Chairs agreement. The frequency of the meetings will be reviewed as necessary.

12. REVIEW OF THE TERMS OF REFERENCE

The Terms of Reference can be reviewed at any time to reflect any changes in circumstances which may arise. Each member organisation would need to agree any changes for approval by the Health and Wellbeing Board.

Date Terms of Reference agreed: x

Review date: x