Corporate Resource Management & Governance Scrutiny Committee

Meeting: 01 March 2022

INTEGRATED CARE SYSTEM UPDATE

Report of the Service Director for Strategy & Commissioning

1. INTRODUCTION AND PURPOSE OF REPORT

1.1 The purpose of this paper is to provide an update on the national, Greater Manchester and Locality arrangements for the Integrated Care System (ICS) in Stockport. This follows on from the report that was provided to scrutiny committees in September 2021 and the member's briefing on September 2nd 2021.

1.2 Work is continuing nationally, regionally, and locally, so there are still unknowns on how it will work in practice and implications for the council. This paper outlines some of the current thinking so that scrutiny is kept fully informed on developments.

2. HEADLINE MESSAGES

2.1 This report provides more detail on the development of Integrated Care Systems and how these could relate to Stockport.

2.2 There are several headline considerations:

- This is a nationally led change to NHS delivery that is outlined in the white paper 'Integration and Innovation: working together to improve health and social care for all'.
- It proposes the creation of statutory Integrated Care Systems which would be led by two related entities operating at system level (Greater Manchester) – an 'ICS NHS body' and an 'ICS health and care partnership' – together, these will be referred to as the ICS.
- The ten Clinical Commissioning groups across Greater Manchester will be disestablished and their functions and responsibilities will move to the 'ICS NHS Body' which in Greater Manchester is call the Greater Manchester Integrated Care Board.
- The Greater Manchester Integrated Care Board will delegate some functions and responsibilities to the locality (Stockport).
- The changes can feel very governance heavy, but they provide the opportunity for greater integration of health and care services that are seamless and lead to better outcomes for patients and communities. This means not just focussing on treating people who are ill but stopping them from getting ill in the first place.
- It is good timing for Stockport as partnership arrangements are very strong in the borough and there is evidence of improved services and outcomes, including significant improvements in the Care Quality Commission (CQC) ratings for urgent and emergency care at Stepping Hill Hospital. This is important as the changes are as much about relationships and collaboration as structure and governance.

- People and communities are at the heart of the changes and there is the opportunity to put them firmly in the driving seat for improvement of services.
- The proposal for a new hospital in Stockport demonstrates the benefits of working closely across health and care that will have wider benefits for regeneration and job opportunities.
- The reforms may mean changes for the council as we start to implement. The council would have a key role in leading the locality board which will develop the health and care strategy for the borough (currently the One Health and Care Plan) and oversee delivery (section 7.5). The place-based lead could also sit in the council and they would be responsible for driving the local integration of health and social care (section 7.8). Childrens services, adult social care and public health would be an equal partner within the provider partnership to integrate services (7.6). It would be extra responsibility but could potentially mean more aligned resources providing the opportunity for greater resilience and focus in key areas supporting the delivery of population health outcomes. These developments will be bought to scrutiny for full consideration as they emerge.
- There is a huge opportunity to make these changes work for Stockport and improve residents' lives and truly address inequalities and improve the health of the population. This is about making positive change.

3. BACKGROUND

3.1 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). https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version

3.2 One of the proposals was to establish Integrated Care Systems (ICSs) on a statutory footing. The target date was originally 1st April 2022 but this has now been delayed to 1st July 2022.

3.3 Integrated care systems (ICSs) are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population. The central aim of ICSs is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care.

3.4 ICSs are intended to bring about major changes in how health and care services are planned, paid for and delivered, and are a key part of the future direction for the NHS as set out in the NHS Long Term Plan which was published in 2019. https://www.longtermplan.nhs.uk/

3.5 It is hoped that they will be a vehicle for achieving greater integration of health and care services; improving population health and reducing inequalities;

supporting productivity and sustainability of services; and helping the NHS to support social and economic development.

3.6 ICSs are part of a fundamental shift in the way the health and care system is organised. Following several decades during which the emphasis was on organisational autonomy, competition and the separation of commissioners and providers, ICSs depend instead on collaboration and a focus on places and local populations as the driving forces for improvement. They have grown out of sustainability and transformation partnerships (STPs) – local partnerships formed in 2016 to develop long-term plans for the future of health and care services in their area.

3.7 A key premise of ICS policy, and a core feature of many of the systems that have been working as ICSs the longest, is that much of the activity to integrate care and improve population health will be driven by commissioners and providers collaborating over smaller geographies within ICSs (often referred to as 'localities) and through teams delivering services working together on even smaller footprints (usually referred to as 'neighbourhoods').

3.8 This means a three-tiered model of:
Systems - **Greater Manchester** (populations of around 1 million to 3 million people): in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale.
Localities – **Stockport** (populations of around 250,000 to 500,000 people): served by a set of health and care providers in a town or district, connecting PCNs to broader services, including those provided by local councils, community hospitals or voluntary organisations.
Neighbourhoods - (populations of around 30,000 to 50,000 people): served by -groups of GP practices working with NHS community services, social care and other providers to deliver more co-ordinated and proactive services, including through primary care networks (PCNs).

4. STATUTORY INTEGRATED CARE SYSTEMS

4.1 Under the proposals, a statutory ICS would be led by two related entities operating at system level (Greater Manchester) – an 'ICS NHS body' and an 'ICS health and care partnership' – together, these will be referred to as the ICS.

4.2 **The ICS NHS body** will be responsible for NHS strategic planning and allocation decisions, and accountable to NHS England for NHS spending and performance within its boundaries. Key responsibilities of the ICS NHS body will include:

- securing the provision of health services to meet the needs of the population by taking on the commissioning functions that currently reside with clinical commissioning groups (CCGs) alongside some of those that currently reside with NHS England
- developing a plan to meet the health needs of the population
- setting out the strategic direction for the system
- developing a capital plan for NHS providers within the geography.

It will be governed by a unitary board which will be directly accountable for NHS spend and performance. As a minimum, the board will include a chair, chief executive, representatives of NHS trusts, general practice and local authorities, and others to be determined locally. The chief executive will be the accountable officer for the NHS money allocated to the NHS ICS body.

4.3 **The ICS health and care partnership** will be responsible for bringing together a wider set of system partners to promote partnership arrangements and develop a plan to address the broader health, public health and social care needs of the population (the ICS NHS body and local authorities will be required to 'have regard to' this plan when making decisions). Membership will be determined locally but alongside local government and NHS organisations is likely to include representatives of local VCS organisations, social care providers, housing providers, independent sector providers, and local Healthwatch organisations.

4.4 This dual structure is a new development. It attempts to overcome concerns that ICSs would struggle to act both as bodies responsible for NHS money and performance at the same time as acting as a wider system partnership. These together will be referred to as 'the ICS' and will be accountable for the health outcomes of the whole system population. Stockport is one of 10 localities within the Greater Manchester (GM) ICS.

4.5 The legislative proposals entail significant structural change for NHS commissioning. Clinical Commissioning Groups will be abolished, with their functions and most of their staff transferring into the ICS NHS body.

5. PEOPLE AND COMMUNITIES

5.1 At the heart of Integrated Care Systems should be people and communities. 10 principles have been developed nationally to guidance this approach

1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.
2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions
3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect
4. Build relationships with excluded groups, especially those affected by inequalities.
5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.
6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
7. Use community development approaches that empower people and communities, making connections to social action.
8. Use co-production, insight and engagement to achieve accountable health and care services.

9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.
10. Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places

https://www.england.nhs.uk/wp-content/uploads/2021/06/B0661-ics-working-with-people-and-communities.pdf

6. GREATER MANCHESTER

6.1 The design for future working at an ICS level in Greater Manchester has been 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.

6.2 This work builds on the existing wok that is undertaken by the GM Health and Social Care partnership, but this currently has no basis in legislation and no formal powers or accountabilities. This will change from 1st July 2022 where it will have a statutory footing and will be reshaped to meet the requirements of the legislation.

6.3 The **ICS NHS body** will be called the **Greater Manchester Integrated Care Board (ICB)**. It is both a board meeting and an organisation. The functions and staff of the 10 Greater Manchester Clinical Commissioning Groups (including Stockport) will transfer into this. The chair of the board is Sir Richard Leese and recruitment is underway for a chief executive and senior officers.

6.4 **The ICS health and care partnership** is called the **GM Integrated Care Partnership Board (ICP).** This will replace GM Health and Social Care Partnership Board that has been operating since 2016. It will be responsible for developing and overseeing the implementation of the integrated care strategy to meet health, public health and social care needs.

6.5 The Greater Manchester Integrated Care Board will delegate some functions, decision making and finances to the 10 localities including Stockport. These are for NHS services that make sense to be designed at a local level, close to communities, for example community healthcare such as district nursing. A diagram showing the different levels is in **appendix 2.**

6.6 For this to happen and ensure that these decisions can be made locally, arrangements need to be put in place that as a minimum include:

- **Locality Boards** will form a single entity that can deliver accountability for decisions and budgets at place level.
- **Place-Based lead** who will take formal responsibility for a range of functions in the locality
- **Local Provider Collaboratives** are the means through which providers in localities work together to improve outcomes for the local population. Providers refer to organisations that provide services such as the hospital, mental health trust, social care and the voluntary and community sector.

- Arrangements to ensure **clinical and care professional leadership** engagement at all levels

7. STOCKPORT CONTEXT

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

7.2 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 and make sure we grasp the opportunity to make a brighter, better future for all in our borough.

7.3 The values we will embrace during this next stage are Inclusivity, Collaboration, and Ambition.

7.4 The One Health and Care Plan has been developed as a key pillar of the borough plan. This outlines the vision and priorities for the health and care system and acts as Stockport's Locality plan, which all areas are required to produce. This was presented to scrutiny committees in September 2021.

7.5 This plan is important because it is vital that in developing Integrated Care System arrangements we think about the benefits for people and communities. The new arrangements must be focussed on delivering improved services, better outcomes and the priorities set out in the One Health and Care plan.

7.6 There are several key Health and Care partners in Stockport. These are outlined in appendix 2.

7.7 The benefits of closer working between health and social care can be evidenced in Stockport through the work in Childrens Services. Stockport Family is an integrated model of children's services that was first established in 2012 where social care, early help, educational welfare, health visitors and school nurses work together in locality teams. It is recognised nationally as an example of good practice and provides evidence of where integrating services can improve outcomes for people. Since April 2017, Stockport has maintained the lowest rate of children looked after in the North West.

7.8 Relationships between the council and health partners are currently very strong. We have jointly delivered the Covid vaccination programme which has some of the highest rates of vaccination in Greater Manchester. There have been significant improvements in the Care Quality Commission (CQC) ratings for urgent and emergency care at Stepping Hill Hospital from August 2020 to November 2021.

7.9 There have also been broader improvements. Ambulance turnover delays measures how long it takes for patients arriving at an emergency department by ambulance to be handed over to the care of A&E staff. Stockport has moved

from one of the worst in GM to consistently one of the best. Health and social care have been working hard on a Discharge to Assess model –that has reduced the numbers of people that are in hospital even though they no longer meet the clinical criteria to reside for inpatient care. Stockport has also reduced the number of "Stranded" patients, those with a length of stay (LOS) of seven days or more, which is now maintaining performance in line with other GM providers.

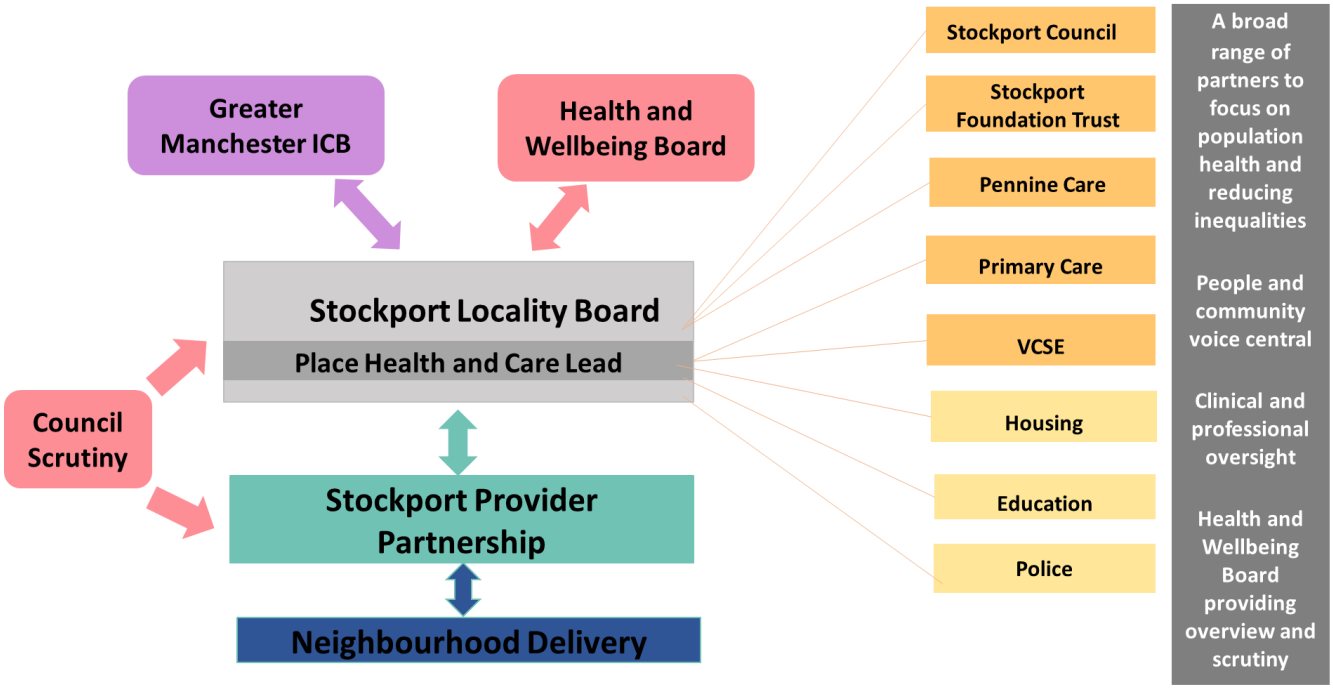
8. STOCKPORT'S INTEGRATED CARE SYSTEM

8.1 Clinical Commissioning Group (CCG) functions that current operate within the 10 localities of GM will move to the GM Integrated Care Board (ICB) from 1st July 2022 (subject to legislation). This means that all 10 CCGs will be disestablished with the functions transferred into the ICB.

8.2 As set out in section 4, the Greater Manchester ICB will delegate some functions, decision making and finance to Stockport. An overview of this is included in appendix 2.

8.3 Work has been commencing across Stockport to develop local arrangements to meet the requirements set out in 5.6. This will ensure that decisions can be made locally, closer to residents and communities.

Figure 1: Stockport draft governance



8.4 Figure 1 outlines the draft Stockport governance arrangements for the Integrated Care System. These are being developed with partners and colleagues in Greater Manchester

8.5 **Stockport Locality System Board**

- The locality board will be responsible for setting the strategy and priorities. It will provide oversight of the allocation of finance and resources.
- Across Greater Manchester it is recommended that this is chaired by Stockport Council leader and this is the approach that is currently proposed in Stockport.
- It should be focussed on people and outcomes.
- It will include representatives from the council, primary care, Stockport Foundation Trust, Pennine Care, and the Voluntary and Community sector.
- It should also focus on the wider determinants of health and delivery of public service reform so will have to draw on expertise of wider public sector partners like the police, education, and housing.

8.6 **Stockport Provider Partnership**

- The Stockport Provider Partnership will be made up of NHS, Council and other organisations that deliver health and care services in Stockport, including the third sector. Social care will be seen as an equal partner to NHS services.
- It will be the engine room for the delivery of health and care services in line with the One Health and Care plan.
- It is not a statutory body and is a voluntary partnership between health and care providers operating in Stockport.
- It is proposed that it will be chaired by Stockport Foundation Trust CEO.
- Driving integration and improved outcomes, it will be focused on problem solving and shared accountability.
- It will aim to create a shared culture, encouraging collaboration and removing silos.
- It will seek to represent a singular view of Stockport health and care providers by managing and resolving conflict.

8.7 **Stockport Neighbourhood**

Neighbourhoods are a key building block recognising that services should be delivered in communities, close to residents. In NHS terms a neighbourhood is a population of around 30,000 to 50,000 people and served by groups of GP practices working with NHS community services, social care and other providers to deliver more co-ordinated and proactive services, including through primary care networks (PCNs).

In Stockport we recognise that this definition of a neighbourhood has limitations, and we have a variety of different district centres, neighbourhoods and villages across the borough. However, we support the idea that many public services are delivered best in communities and linking to the voluntary and community sector and elected members. Work is underway to strengthen a Stockport neighbourhood model.

8.8 **Place Based Lead**

Local Areas must nominate a place-based lead. The place lead will:

- Have a relationship with Greater Manchester Integrated Care Board based on Mutual Accountability
- Convene of local partnership arrangements
- Provide leadership to staff working on behalf of locality (former Stockport CCG staff that will be employed by the Greater Manchester ICB but deployed locally)

In Stockport it is suggested that the place-based lead sits within the council. There are several models for this. It could be the council chief executive; it could be a dedicated officer reporting to the council chief executive, or it could be delegated across several roles in the council.

8.9 **Health and Wellbeing Board**

The Health and Wellbeing Board will continue to be a statutory forum where political, clinical, professional and community leaders from across the care and health system come together to improve the health and wellbeing of their local population and reduce health inequalities. The Health and Wellbeing Board in Stockport will play an important role in checking and challenging the Locality Board to ensure that it is delivering for the people of Stockport.

8.10 **Council Scrutiny**

Council scrutiny committees will still play a key role in scrutinising health and care services. The current scrutiny review on access to health services and the 20/21 review on relationships with health partners are good examples of how this will continue.

8.11 **People and Community Voice**

Work is underway with Healthwatch and the VCSE sector to ensure that people and community voice are at the heart of the Integrated Care System. The locality board and provider partnership need to listen to the experience of people in the borough and work with them to design better services. This includes embedding the principles set out in section 4 of this report.

9. Considerations

9.1 This is a nationally led change to NHS delivery that is outlined in the white paper ‘Integration and Innovation: working together to improve health and social care for all’. It is therefore different from previous work on integration through Stockport Together as it is nationally driven and mandated. Stockport Together also focused heavily on changing organisational form, whereas these changes focus on partnerships and shared accountability. It feels important that as a council we take advantage of these changes to integrate further at a local level which will improve services for residents and communities.

9.2 It is good timing for Stockport as partnership arrangements are very strong in the borough and there is evidence of improved services and outcomes. Some of these are outlined in section 6 and include significant improvements in the Care

Quality Commission (CQC) ratings for urgent and emergency care at Stepping Hill Hospital. The Borough Plan and One Health and Care plan have also been developed in partnership and jointly agreed. This is important as the changes are as much about relationships and collaboration as structure and governance.

9.3 There are also strong ambitions for a new hospital. In Stockport that would make a significant difference to communities by not only providing better services but regeneration and job opportunities.

9.4 However, the reforms are very governance heavy and sometime overly focused on contracts, funding flows rather than what needs to be done differently. There is recognition that new governance arrangements will be needed and there will be changes to funding flows including the scale and operation of pooled budget arrangements. Work is progressing to have the necessary technical governance architecture in place for 1 July noting that this will iterate during the year and will be part of future discussion at Scrutiny Committee. However, it is vital that we keep coming back to how we improve outcomes and services for residents because of the changes.

9.5 People and communities are at the heart of the changes and there is the opportunity to put them firmly in the driving seat for improvement of services.

9.6 The reforms may mean changes for the council as we start to implement. The council would have a key role in leading the locality board which will develop the health and care strategy for the borough (currently the One Health and Care Plan) and oversee delivery (section 7.5). The place-based lead could also sit in the council and they would be responsible for driving the local integration of health and social care (section 7.8). Childrens services, adult social care and public health would be an equal partner within the provider partnership to integrate services (7.6). It would be extra responsibility but could potentially mean more aligned resources providing the opportunity for greater resilience and focus in key areas supporting the delivery of population health outcomes. These developments will be bought to scrutiny for full consideration as they emerge.

9.7 We will also need to consider what these changes mean for our neighbourhood model and how we can jointly deliver services close to where people live in communities.

9.8 There is a huge opportunity to make these changes work for Stockport and improve residents' lives and truly address inequalities and improve the health of the population. This is about making positive change by not just focussing on treating people who are ill but stopping them from getting ill in the first place. The council will need to commit to collaboration and joint delivery to achieve this.

10. Next Steps

10.1 As outlined in the September scrutiny paper a shadow locality system board has been established to drive forward the local design work. It is overseeing the transition to the ICS model and managing a work programme. This is chaired by the cabinet member for adult health and care.

10.2 Accountabilities will remain unchanged until July 2022. Stockport CCG will remain accountable for the planning and commissioning of health care services for Stockport and the Health & Care Integrated Commissioning Board will remain accountable for the section 75 agreement and pooled budget.

10.3 The shadow Locality board will continue work to develop local arrangements. There will be a member briefing in May and a further report to scrutiny in June.

10.4 It is anticipated that the Locality governance will be in place for July 2022 but in reality, it will take time to shift priorities and effect outcomes. The first year is anticipated to be a transition year.

11. Recommendations

This paper proposes the following recommendations for Scrutiny:

- To comment on the national and regional developments on Integrated Care Systems.
- To comment on the progress in Stockport and the draft governance outlined in section 7.
- To review next steps and request any further information.

BACKGROUND PAPERS

There are none

Anyone wishing to inspect the above background papers or requiring further information should contact Kathryn Rees on telephone number or alternatively email kathryn.rees@stockport.gov.uk

Appendix 1 - Key Partners

NHS Stockport Clinical Commissioning Group (CCG) was formed in 2013, and is made up of the 37 GP practices in Stockport. It's role is to commission health and care services on behalf of patients registered with Stockport GPs.

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 and 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). 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.

Appendix 2 – GREATER MANCHESTER ICS OVERVIEW

	ACCOUNTABILITIES	GOVERNANCE	DELIVERY FUNCTIONS	TEAMS
NEIGHBOURHOOD	• Delivery of local priorities through integrated teams • Population health management • Links across neighbourhood services and community • Primary Care Network requirements	• Neighbourhood governance as determined in each locality, working with the Locality Boards and Primary Care Networks	• Public Service integrated MDTs/Networks • Primary Care Networks • Neighbourhood delivery of e.g. prevention, early intervention and integrated community urgent care	• MDT Staff – inc. primary care; social care; community mental health; VCSE and others. • Neighbourhood management capacity
LOCALITY	• Local strategy and priority setting • Oversight of neighbourhood delivery • Oversight of pooled budgets • Link with local authority and wider partners • Delegations from NHS ICS Body	• Locality Board	• Place-Based Provider Collaborative/Alliance/LCO • Locality level clinical and care professional leadership • Locality level delivery for specific functions and programmed e.g. population health, finance, people, comms and engagement	• Place-Based Lead • Locally deployed dedicated teams
GM	• GM wide strategy and priority setting • Delivery of nationally set statutory functions • System oversight and liaison with NHS NW • Delivery of National Standards • Direct commissioning – transferred from NHSE/I • Link with GMCA and Mayor, wider city region and national partners, including NHSEI • Resource allocation to enable place based working and provider collaboration	• Integrated Partnership Board • Integrated Care Board • Joint Planning and Delivery Committee	• GM Provider Collaboratives • GM level clinical and care professional leadership • GM level delivery for specific functions and programmes – e.g. population health, finance, people, comms & engagement	• ICS chief officer and senior ICS team • GM level deployed dedicated teams

AGENDA ITEM