Meeting:

INTEGRATED CARE SYSTEM-UPDATE

Report of the Director of Strategy

1. INTRODUCTION AND PURPOSE OF REPORT

1.1 This report will cover the following:

- Background and context information relating to Integrated Care Systems (ICS), including the opportunities for Stockport
- The Greater Manchester ICS model
- Stockport's transition work
- The emerging Stockport integrated health and care model

1.2 In September 2021 and March 2022 both the Cabinet and Scrutiny Committees received a report which outlined the expectations of Integrated Care Systems and local progress in Stockport.

1.3 This report provides a further update and describes the opportunities afforded by the new legislation; highlights the progress and recommendations made by the Shadow Locality Board and its constituent working groups; highlights the progress made at Greater Manchester level; and provides an overview of the future direction of Stockport's Locality arrangements.

1.4 The report recognises that further changes may need to be made to governance arrangements for the Stockport Locality Board once the GM Integrated Care System has been established and a finalised Scheme of Reservation and Delegation is available for the 10 Localities Boards (see further below). It is therefore anticipated that a further update will be brought to the scrutiny committee meetings in September.

2. BACKGROUND AND CONTEXT

2.1 The Health and Care Act 2022 will introduce Integrated Care Systems from 1st July 2022. Integrated Care Systems (ICSs) are partnerships of health and care organisations that bring together NHS, local authority and third sector bodies to take the responsibility and resources of health and care in an area or 'system'. Their aim is to deliver better, more integrated care for people.

2.2 There are 42 ICSs covering every area in England with Greater Manchester being one of the 42. Whilst some ICSs already existed informally (this is true of Greater Manchester), the Health and Care Act enshrines ICSs as statutory bodies.

2.3 The Health and Care Act (2022) has four key objectives, which form the core purpose of Integrated Care Systems:

- Tackling unequal outcomes
- Enhancing productivity and value for money
- Helping the NHS to support broader social and economic development

AGENDA ITEM

- Improving population health

2.4 The legislation establishes two new formal entities 'ICS NHS Integrated Care Boards (ICB)' and an 'ICS Integrated Care Partnership (ICP)'. Under the changes all Clinical Commissioning Groups (CCG)s will be disestablished. In Greater Manchester, all 10 CCG functions and duties, including Stockport CCG will transfer to the Integrated Care Board from 1st July.

2.5 We are operating in the wake of the COVID-19 pandemic, a cost-of-living crisis and an aging population. People are living longer and as a result, needs are becoming more complex. Similarly, there are more children with SEND and other complex needs, more children looked after and more children with long term conditions such as asthma and diabetes. Stockport is one of the most polarised boroughs in the country, with stark differences in health outcomes for the most and least deprived neighbourhoods. There is a national shortage of health and care staff.

2.6 Whilst these are undoubtedly challenging times, the legislation recognises that more positive outcomes can be achieved by promoting integration, encouraging collaboration and moving away from competition. It presents an opportunity to build on previous integration efforts and seek to align the health and care providers of Stockport towards greater partnership working.

2.7 This gives Stockport a fantastic opportunity to build further on successful integrated programmes such as the Stockport family partnership, the COVID vaccination programme and the recent improvements we have made in our urgent and emergency services.

2.8 The Council has already played a key role in driving forward this work and will continue to do so. The Chief Executive has been nominated as the Place Lead for Stockport and the Leader of the Council will be the Chair of the Locality Board. This puts us in an excellent position to influence where local resources are invested and ensure we work with our partners to focus on addressing our health inequalities through a whole system lens. The new arrangements encourage consideration of the wider determinants of health with a particular focus on early intervention and prevention, which means that stakeholders from education, housing, local businesses and criminal justice will be crucial in shaping that work.

2.9 The legislation gives us the best chance to realise the aim that we have been striving for in for many years in Greater Manchester (GM): to move away from a system that is still too orientated to reactive care with far too many people in caught in a cycle of chronic illness, followed by exacerbation and emergency admission. And towards one focused on models to keep people well at home and in their communities. In doing so, we can improve outcomes and create a more sustainable system through reduction in avoidable cost in the NHS and care services.

2.10 Work has been progressing since the publication of the white paper in February 2021 (***'Integration and innovation: working together to improve health and social care for all'***), with colleagues both within Stockport and across Greater Manchester to ensure the Greater Manchester ICS arrangements will be fit for purpose within the appropriate timescales.

2.11 Locality governance arrangements are in the process of being developed and will be finalised following the sign off of the Greater Manchester governance arrangements.

3. SHADOW ARRANGEMENTS

3.1 As set out in the reports that were presented to Members in September 2021, the Shadow Locality governance arrangements have been in operation since October 2021. The Shadow Locality Board and the Executive Steering Group have overseen the work of five subgroups, each of which was established to oversee key elements of the transition programme.

3.2 PEOPLE AND COMMUNITY VOICE SUBGROUP

3.2.1 The purpose of the People and Community Voice Group was to ensure that people and community voices are at the heart of everything we do. The group was chaired by the Chief Executive of Healthwatch, with a wide membership from across our VCSFE, clinical and public sector. The group has worked extremely hard to develop a series of strong recommendations, which will ensure that voices are heard and listened to and continue to be a key driver in the new arrangements. The proposals, including the report on which they are based, can be found at Appendix 1.

3.3 INTEGRATED SYSTEM DESIGN SUBGROUP

3.3.1 The Integrated Design Subgroup was responsible for designing the local governance and architecture through a number of key pieces of work:

3.3.2 Accountability, Decision Making and Funding Flows

3.3.3 The Locality will gain further clarity regarding accountability, decision making and funding flows when the arrangements at a national and Greater Manchester level become clearer. This includes an Accountability Agreement, Scheme of Reservation and Delegation (SORD) and GM ICB delegated budgets are published.

3.3.4 While waiting for further clarity from Greater Manchester, Stockport has utilised national guidance to review its Section 75 arrangements. As agreed at the Executive Group on 27th April 2022, Stockport will vary the pooled budget to the “minimum legal requirement” from 2022/23.

3.3.5 The Locality Board will have joint stewardship of delegated, aligned and the Section 75 Pooled Budgets and receive recommendations from the Directors of Finance to agree the content and regularity of financial analysis and budget reports.

3.3.6 ICSs will be held to account by the Care Quality Commission (CQC) Integrated Care System inspection framework, which will be used from 2023. Frameworks have not yet been finalised; however, health and social care partners are likely to be asked to consider:

- Leadership
- Integration of services and effective and robust care pathways
- Quality and safety

3.3.7 There are separate proposals in the Heath and Care Act 2022 regarding assurance of how local authorities continue to deliver their duties under the Care Act.

3.3.8 **Outcomes Framework, Shared Intelligence and Measuring Impact**

3.3.9 The Outcomes Framework is crucial to us understanding the true impact of the ICS and ensure that the new arrangements are making a difference to patients, residents and communities by looking at tangible measures. The framework has been developed aligned to the 4 high level strategic ambitions of the One Health and Care Plan. The framework has been reviewed and revised to ensure both national and regional performance frameworks are understood, tracked and Stockport's performance monitored and benchmarked.

3.3.10 The Stockport Analytics Forum will continue to meet to develop and build relationships across the Business Intelligence teams in the health and care system. This will enable teams to showcase their work and identify how Stockport can work together on shared problems by pooling capacity and specialist capabilities to ensure that data, intelligence, research, and insight is integral to measuring impact, driving improvements in outcomes and reducing inequalities.

3.3.11 **Organisational Development (OD)**

3.3.12 Senior Human Resources (HR) and OD partner colleagues across the health and care sector including Stockport NHS Foundation Trust, Stockport Council, Stockport CCG, Stockport Pennine Care and Viaduct Care have met to start to discuss the vision for 'One Workforce, One Model'. A project manager is currently being recruited to create the capacity needed to support senior HR and OD colleagues to develop the system workforce strategy and development plan. A key priority will be working together to address workforce shortages.

3.4 PROVIDER PARTNERSHIP

3.4.1 The purpose of the Local Provider Partnership is to bring together all partners involved in the delivery of care in the Place to:

- Support improved delivery of services to the population
- Coordinate care and plan services around needs
- Improve quality, coordination and accessibility of care
- Improve health and wellbeing outcomes for the shared population
- Reduce health and care inequalities, addressing wider determinants
- Understand and work with people and communities

3.4.2 This subgroup has been led by the Chief Executive of the Foundation Trust and a series of stakeholder working groups have been held to develop a draft Terms of Reference for the group and an operating model. The provider partnership will be the engine room for integration and delivery.

3.5 CLINICAL AND PROFESSIONAL FORUM

3.5.1 The Clinical and Professional Forum was established to determine mechanisms for clinical and professional oversight into the local ICS architecture and has been led by the CCG Interim Accountable Officer/Executive Nurse. This is a core component of the Integrated Care System model.

3.5.2 There has been significant development of the pre-established Patient Safety Group (PSG) to enable the formation of the Stockport Quality Collaborative (SQC). There has been a refresh of the terms of reference of the PSG as well as widening of the membership to reflect the new approach needed with the SQC. The membership of this group is multi professional and multi organisational and is truly inclusive of all the clinical and care professionals across Stockport.

3.5.3 AQUA, an NHS health and care quality improvement organisation, has supported the development of this work bringing in external expertise and challenge. The Stockport model has been identified as a practice exemplar by the NHS England regional medical director due to the maturity of the discussions at this meeting. Greater Manchester Health and Social Care Partnership (GMHSCP) have undertaken the quarter 1 assurance visit, with a focus on preparation for the ICS and have confirmed that the arrangements are robust and will meet the expectations for 1st July arrangements.

3.6 TRANSITION WORKING GROUP

3.6.1 The transition working group was established to ensure the safe and legal transfer of CCG staff and assets to the ICB. The CCG closedown due diligence process has now been completed and the final due diligence submission was approved by the CCG Governing Body on the 23rd May 2022. This process allows for statutory functions such as NHS responsibility for Safeguarding, and the National Framework for NHS Continuing Health Care and NHS Finance etc. to be ‘handed’ to the ICB.

3.6.2 From July 1st, all CCG staff will transfer to the Greater Manchester ICB. Many of them will be deployed locally to continue their work in Stockport. This is called the NHS People Promise. The workforce transfer work is underpinned by a project plan and a communications plan which includes a weekly floor brief led by the Chief Accountable Officer, a weekly staff bulletin to further disseminate key information, monthly staff side meetings and a monthly staff forum, as well as NHS GM monthly communications and resources.

3.6.3 An engagement action plan has also been developed and in place for the last 18 months showing how the NHS People Promise is being delivered locally.

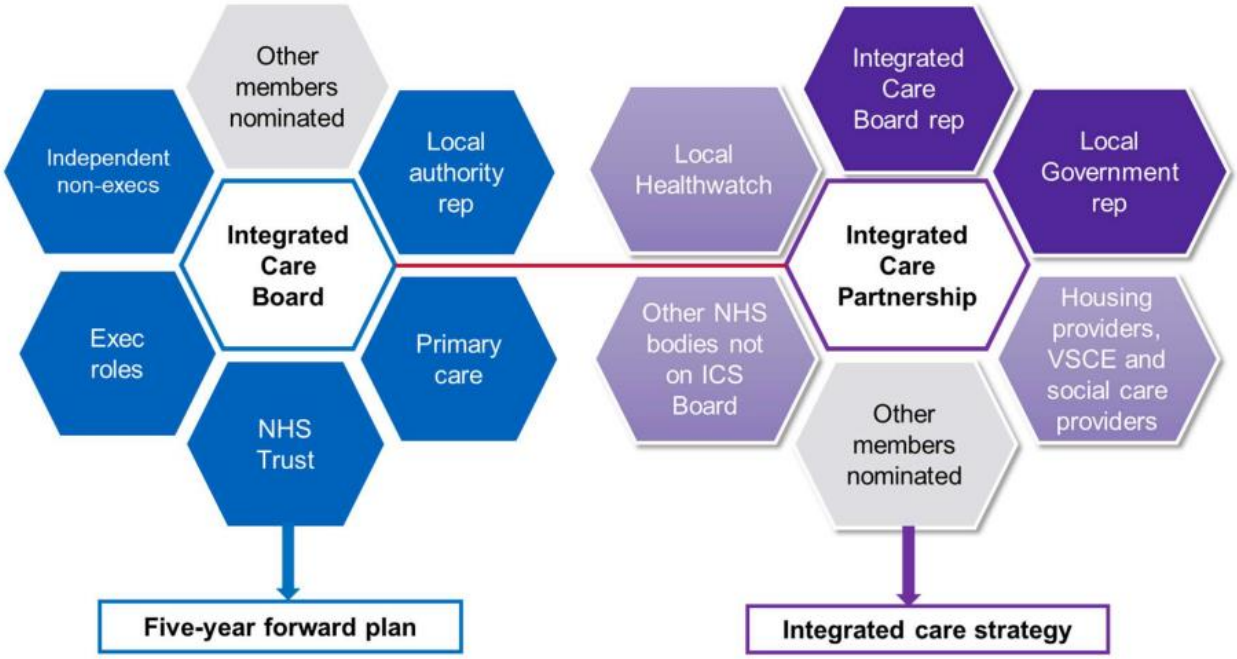
3.6.4 NHS GM ICB will be legally and operationally established on the 1st July 2022 with all staff (below board level) transferring through a “lift and shift” to the new entity.

4. GREATER MANCHESTER MODEL

4.1 The Greater Manchester Health and Social Care Partnership was established in 2016, to ensure oversight of the region’s £6bn health budget. The driver for devolution was the understanding that poor health was acting as a barrier to people in GM, and the places within it, accessing economic and social opportunity. The way we work in localities gives us the unique opportunity to bring the NHS, other public services, and the wider community together to tackle those barriers that prevent people from fulfilling their potential. This was recognised to be core to the financial sustainability of the health and care system.

4.2 All localities have been working towards, and invested in, closing the gaps that have existed since the start of the NHS between general practice, community-based services and social care. It is only by working where people live – in streets, neighbourhoods and towns – that we can truly understand and act on the historically fragmented nature of community-based services.

4.3 The Health and Social Care Act puts these existing collaborative arrangements onto a formal footing, with the introduction of Integrated Care Systems. As such, the Greater Manchester Integrated Care System, will be made up of two component parts; the Integrated Care Board (ICB) and the Integrated Care Partnership (ICP), each will have a distinct role, as outlined in the diagram below.



4.4 These bodies will work alongside each other and the ten Greater Manchester Locality Boards, to ensure the agreed Greater Manchester priorities for health and social care are achieved.

4.5 The ICB is currently preparing the governance arrangements and the CCG Governing Body gave approval to the Interim Accountable Officer to confirm agreement of the proposed ICB constitution at the Commissioning Leaders Group on 11th May 2022. All GM CCGs approved the proposed ICB constitution at this meeting. The constitution also includes a governance handbook that provides detailed advice on the implementation and implications of the governance arrangements.

4.6 There is an intense piece of work underway at a GM level, to ensure that critical pieces of work are completed in time for the 1st July 2022, including for example, the confirmation of safeguarding arrangements.

4.7 The ICB HR processes are formalising the appointments of the Stockport Place Lead for Health and Care Integration along with the distributed leadership model that will support the Place Lead to ensure the greatest benefits of integration. Further detail is in section 7.

4.8 The ICB are continuing with the senior appointments to the GM Integrated Care Board throughout May and June. Sir Richard Leese has been appointed as chair and Mark Fisher has been appointed as the Chief Executive.

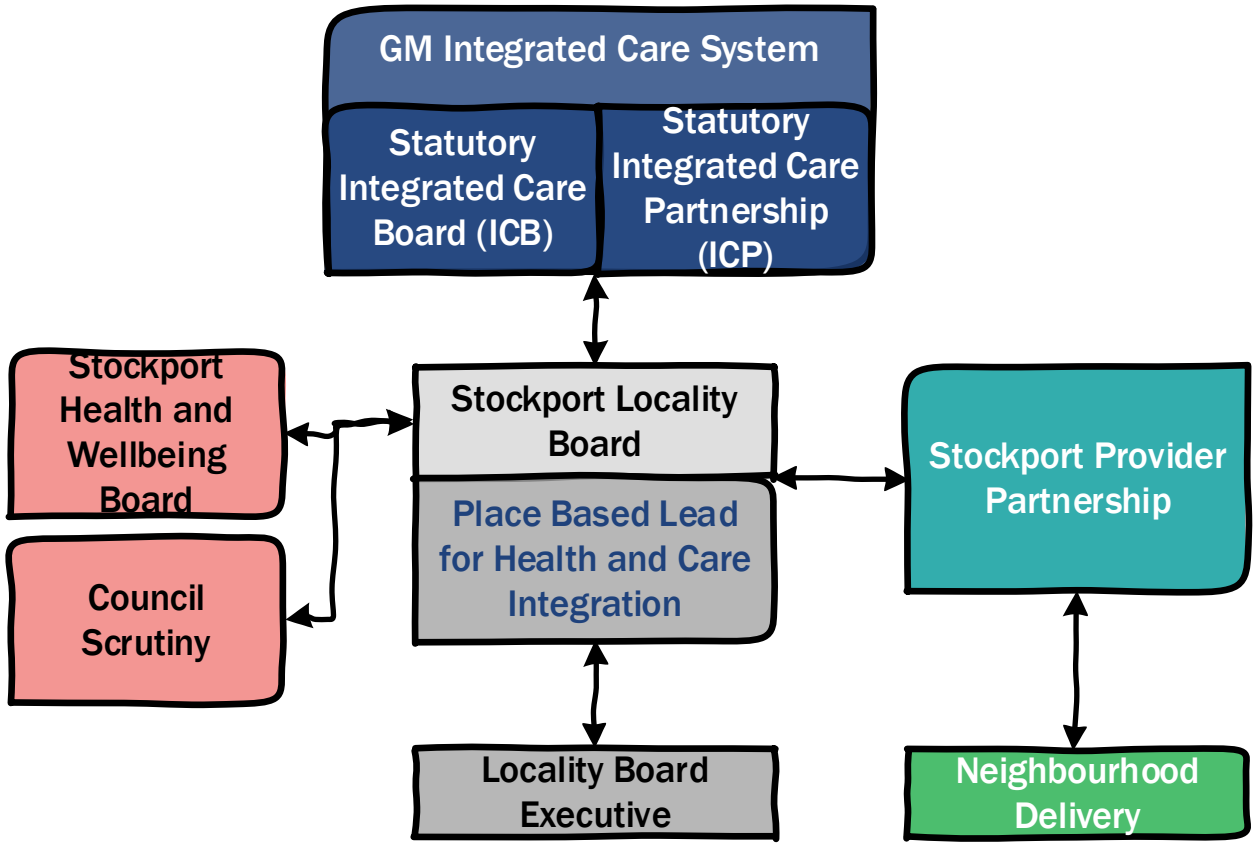
4.9 Whilst the detail is still emerging the Greater Manchester ICB will delegate some funding and responsibilities to localities (Stockport). These are for NHS services that make sense to be designed at a local level, close to communities, for example community healthcare such as district nursing.

4.10 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** that will form a single entity that can deliver accountability for decisions and budgets at place level.
- **Place-Based lead for Integration** who will take formal responsibility for a range of functions in the locality and have a contractual relationship with the Integrated Care Board
- **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

5. STOCKPORT LOCALITY ARRANGEMENTS

5.1 A great deal of work has been taking place in Stockport, to establish local governance arrangements, however, whilst proposals have been developed, the final arrangements will be dependent on the Greater Manchester governance arrangements and delegations. The diagram below describes the proposed Stockport model for health and care integration.



5.2 Stockport Locality Board

5.2.1 The Locality Board will be chaired by the leader of the council and will bring together senior leaders from Stockport including NHS (primary, secondary, community and mental health), local authority, the VCFSE (Voluntary, Community, Faith & Social Enterprise), housing and police to focus on the shared priorities within the One Health and Care Plan which is Stockport's combined Locality Plan, Population Health Plan and Health and Wellbeing Strategy.

5.2.2 The Plan outlines that by working together, we will achieve the Triple Aim duty to improve the health and wellbeing of people, the quality of services provided, and the sustainable and efficient use of resources for the population of Stockport.

5.2.3 The Board members will be responsible for bringing their organisation's workforce, capacity and financial resources to align or pool together so that the Board can jointly plan and make decisions with the totality of resources at locality level.

5.2.4 The Place Based Lead will be accountable for the delivery of shared outcomes and plans, working with local partners and be responsible to the ICB for delivery of Greater Manchester objectives.

5.2.5 The Board will have a focus on the wider determinants of health, to identifying and recognising the impact that factors outside of health and social care can have on the outcomes that people achieve. This will include an understanding of people's living circumstances and environments – for example, homelessness, debt or social isolation.

5.2.6 Key to these arrangements are the functions of the Locality Board, the Provider Partnership and existing groups such as the Council Scrutiny Committees and the Health and Wellbeing Board.

5.3 Place Based Lead for Health and Care Integration

5.3.1 Local Areas must nominate a Place Lead for Health and Care Integration. This post will:

- Have a contractual relationship with the Greater Manchester Integrated Care Board
- Convene 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)

5.3.2 The consensus across senior stakeholders in Stockport has been that the Council Chief Executive should be nominated as Place Lead for Health Care and Integration. This proposal is in keeping with the Council's role as the place leader and the ambition to focus on the wider determinants of health. This proposal was presented to the shadow Locality Board on 29th March 2022 and agreed by all board members.

5.3.3 To ensure the greatest benefits of integration it is suggested that the Local Authority Chief Executive is supported through a distributed leadership model that builds on existing posts within the Council. It is also proposed that a new NHS role is established, Director of Health Quality and Improvement and that this will be undertaken by the current Executive Nurse and Acting Accountable Officer in Stockport Clinical Commissioning Group subject to the relevant Human Resource processes. This post will be employed by the Greater Manchester Integrated Care Board but will be deployed to Stockport and sit as part of the Council's Corporate Leadership Team.

5.4 Stockport Provider Partnership

5.4.1 The aim of the Stockport Provider Partnership (SPP) is to strengthen integrated, collaborative, partnership working between providers within Stockport, from 'place' level through to neighbourhoods. It will work proactively to blur the delineation between providers, creating a health and care environment which is integrated, and can support all members of the population in achieving positive health outcomes at all stages of life.

5.4.2 Members of the SPP will work together to implement the health and care strategy in Stockport, as set by the Stockport Locality Board. It has been assumed that the Stockport Locality Board will engage the SPP as a collective body to inform the health and care strategy of Stockport and will work with the SPP to deliver this strategy. It has also been assumed that both entities will work in partnership to deliver existing plans (i.e. One Stockport Health and Care Plan, NHS Long Term Plan).

5.4.3 The information below has been taken from a draft Terms of Reference and gives an indication of the aims and role of the group.

Aims

- Strengthen integrated collaborative, partnership working

- Blur the delineation between providers
- Create a health and care environment which is integrated
- Support all members of the population in achieving positive health outcomes at all stages of life

Role

- Implement the health and care strategy in Stockport, as set by the Stockport Locality Board
- Represent a singular view of Stockport health and care providers
- Create a singular culture across the health and care providers of Stockport, encouraging open collaboration
- Work with the Stockport Locality Board to create a unified view of system-wide provider performance
- Support other members in addressing system-wide issues
- Work collaboratively to deliver system-wide efficiencies and reductions in unwarranted variation

5.4.4 It is intended that the partnership will meet monthly, in private and report into the Stockport Locality Board.

5.5 Scrutiny Committees

5.1 The Council Scrutiny Committees are responsible for monitoring the activities of and liaising with relevant external and partnership organisations operating in Stockport, to ensure that the interests of local people are enhanced by collaborative working. The Council Scrutiny Committees will continue to operate in this role and will be engaged in the discussions in relation to the progress of the Integrated Care System work. In addition to this, the Scrutiny Committees will also have an important check and challenge role to play within the new Locality arrangements. Alongside "business as usual" commitments, it is important that Scrutiny members have a continuous input into the development of the new system, including reflecting the views of Stockport's residents and ensuring that the ambitions described in the One Health and Care Plan are realised.

6 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 As mentioned above, the Greater Manchester Health and Social Care System operating model is still being developed and consequently there will be a period of time needed for the Greater Manchester operating model to mature and a period of time for the Stockport Locality Board to implement the delegations and changes.

6.2 In addition, the government has published the "Health and social care integration: joining up care for people, places and populations" policy paper in which it is recognised that to enable improved integration existing pooling arrangements (such as Section 75, NHS Act 2006) will need to be reviewed with a view to simplifying the regulations for commissioners and providers across the NHS and local government to pool their budgets.

6.3 In preparation for the transfer of contracts to the GM IC a set of contracting principles were approved in September 2021 by GM Chief Finance Officers and Directors of Commissioning. These principles were established and adopted across GM in order to:

- Provide a level of assurance to parts of health and care system who are worried about the commissioning landscape
- Reduce the burden on the new statutory GM IC organisation having to make significant number of decisions in regard to contract extensions or contract awards whilst the system matures working to new governance arrangements.
- Ensure consistency of decisions making at locality level and therefore consistency within the GM IC from 1 June 2022.
- For NHS and acute independent sector providers, move to consolidate to a single GM contract and financial payment for each provider.
- Other Independent sector providers, contract can be extended or direct award for up to a maximum period of 2 years (to 31/03/24) to provide stability and certainty for the sector.
- Continuing Healthcare – no change to existing contracting arrangements which are annual contracts or spot purchase placements.
- Primary Care (GMS/PMS Contract) – non change as a national contract held with NHSE
- Primary Care Locally Commissioned Services - no change to existing contracting arrangements which are annual contracts.
- VCSE, contract can be extended or direct award for up to a maximum period of 3 years (to 31/03/25) to provide stability and certainty for the sector.

6.4 Following on from this, work has also been undertaken at a GM level to:

- Establish a GM Contract Review Group with representation from each of the 10 GM localities
- Review and update of contract database (Health and Non-Health Care)
- Define the responsibilities of the GM IC contract management function
- Identify contacts that could be consolidated

6.5 To ensure business continuity, under the present circumstances, it is therefore proposed that a variation to the existing Section 75 agreement between NHS Stockport CCG (the CCG) and Stockport Metropolitan Borough Council (SMBC) be agreed to pool only the Better Care Fund (BCF), Improved Better Care Fund (iBCF) and Disabled Facilities Grant (DFG) which is the “minimum legal requirement”.

6.6 It is also proposed that the CCG and SMBC enter into a memorandum of understanding (MoU) at the same time that the proposed variation to the existing Section 75 to is signed. The purpose of the MoU is to formally document resources and funding contributions transacted between the CCG and SMBC which are pooled under the existing Section 75 agreement but will not be pooled if only BCF, iBCF and DFG resources are pooled.

6.7 The pooling of the “minimum legal requirement” from 2022/23 should not be viewed as reducing the locality’s ambition to pool maximum resources and full integration but rather developing a foundation to grow in parallel as the GM ICS evolves and matures with the Stockport locality demonstrating its ambition by jointly considering aligned budgets linked to the ONE Health and Care system principles of:

- Person-Centred

- Place-Based
- Outcomes-Focused
- Strengths and Asset-Based
- Fair
- Sustainable

7 LEGAL CONSIDERATIONS

7.1 In line with the guidance issued to date, it is anticipated that the GM Integrated Care Board ("the ICB") will make arrangements via its constitution and scheme of delegation for certain functions and resources to be discharged and managed at a locality level. The decisions which might be delegated to locality level and therefore the resources that may follow are currently not confirmed but will be once the scheme of delegation ("SORD") has been publish by the GM ICS. There remains a significant amount of legislative work to be completed, guidance to be issued and organisational change to be undertaken and it is unlikely that all of this will be received from the GM ICB until after July 2022, therefore the proposals in this report are likely to require revisiting and development as and when the GM ICB provide its final SORD, which was envisaged given that 2022/23 is designed to be a transition period.

7.2 There is agreement as to the establishment of the Stockport Locality Board with Terms of Reference to be agreed, which will allow for the joint stewardship of aligned budgets and to facilitate the locality to address the four aims of the integration process referred to above, namely to: -

i. Improve outcomes in population health and healthcare.
ii. Tackle inequalities in outcomes, experience and access.
iii. Enhance productivity and value for money.
iv. Help the NHS support broader social and economic development.

7.3 Whilst ultimately the precise governance arrangements which would apply to the Stockport Locality Board remain to be agreed (and could be subject to change once the GM ICB SORD has been provided), it has been functioning in shadow form since 2021 as a forum for discussion (a consultative forum) with the aim of making collective decisions by reaching consensus.

7.4 It is on that basis that it is proposed that the Stockport Locality Board agrees to adopt a holding position which would enable it to build on the strong and positive position and close working relationships which we have developed to date, and to work together on the development of a model which best suits the needs of Stockport as the situation continues to evolve at both the local and the national level. This would be achieved by utilising the current Section 75 Agreements, albeit subject to variation to deal with the pooling referred to above, and to novate them to apply to the new entities. The variation would need to have been undertaken prior to 30 June 2022. As a result of the passing of the Health and Care Bill all contracts held by the CCG as at 30 June 2022 will transfer to GM IC under the nationally arranged Transfer Schemes provided for in the Bill. There will be no need for the CCG or GM IC to arrange novation of contracts, from CCG to ICB, at a local level.

7.5 As a result of this automatic transfer the Council's health related function which have been delegated to the CCG will flow up to the ICB. The principle of subsidiarity (decisions should be taken closest to where they will have their effect) means that the CCG/ICB will be shortly confirming the way in which these delegations will flow back down to the Council. It has three options:

v. Delegate to the place-based lead until committees can be legally established;

vi. Delegate to a replacement section 75 committee. That committee could sit inside or outside of the locality board but that is to be confirmed. However, this would enable decisions on matters within the scope of the section 75 agreements to be made in a more open and transparent way and allow for consideration of those decisions within the Stockport Locality Board forum.

vii. The Council could exercise the delegated Council functions itself.

7.6 It is anticipated that GM IC will confirm in advance of 1 July 2022 the preferred way forward. Until the legislation is enacted a formal joint committee arrangement whereby all participating members would have full accountability and voting rights is not possible.

7.7 The type of governance model which best suits the locality in future and best achieves the aims of the partnership and delivery of the Locality Plan will depend to a great extent on what delegations of functions, resources etc. the locality receives from the ICB. This is a position which is still being developed. The recommendation to continue with a novated and varied Section 75 agreement (together with a section 75 committee) will enable the Locality Board to agree on a holding position to be adopted for the governance arrangements applicable from July 2022, whilst enabling them to be kept under review as the position on governance continues to evolve in GM and nationally.

8 HUMAN RESOURCES IMPACT

8.1 The Place Lead will have a contractual relationship with the Greater Manchester Integrated Care Board. To ensure the greatest benefits of integration, the Place Lead will be supported through a distributed leadership model that builds on existing posts within the council. This includes the Deputy Chief Executive and finance lead, Corporate Director People and Integration, Director of Public Health and Director of Strategy. It is also proposed that a new NHS role is established, Director of Health Quality and Improvement and that this will be undertaken by the current Executive Nurse and Deputy Accountable Officer in Stockport CCG. The relevant HR processes are underway to formalise this.

8.2 The distributed leadership model has been developed with key partners and is the consensus across senior stakeholders in Stockport. The model is in keeping with the Council's role as the place leader and the ambition to focus on the wider determinants of health.

9 EQUALITIES IMPACT

9.1 The impact of COVID-19 on the health inequality gap in Stockport cannot be underestimated and the ONE Health and Care Plan has highlighted the need to address these inequalities as a priority.

9.2 An Equality Impact Assessment has been undertaken and some key cohorts have been identified as needing additional support to access and benefit from health and care services. A dedicated inequalities officer has been recruited within the Council; this post will work closely with the Director of Public Health and other stakeholders across the system, to ensure that this polarisation is targeted.

10 ENVIRONMENTAL IMPACT

10.1 Feedback from regular stakeholder engagement sessions, including the People and Communities Sub Group, specifically points to the importance of green spaces in terms of addressing both social isolation/being part of a local community group or project and as a space to undertake physical activity/exercise. Work will continue to take place across the system to ensure opportunities to maximise the use of green spaces are taken.

10.2 In particular, the Climate Action Now team is already working with planning and housing providers, local businesses and other stakeholders, to ensure that the mental and physical health needs of residents are considered in any infrastructure changes, commissioned services or planning awards.

10.3 An environmental impact assessment will be conducted where any new building, regeneration or renovation is taking place.

11 CONCLUSIONS AND RECOMMENDATIONS

11.1 The new health and care arrangements provide an opportunity to realise the aim that we have been striving for in for many years in Greater Manchester. By moving away from a system that is orientated to reactive care to one which is focused on models that keep people well at home and in their communities, we can improve outcomes and create a more sustainable system. The proposals outlined above put Stockport in a strong position to capitalise on this opportunity.

11.2 Members are asked to:

11.2.1 Accept the recommendations proposed by the People and Communities Subgroup (Appendix 1)

11.2.2 Agree that the Council vary (prior to 1 July 2022) the existing Section 75 agreement between the CCG and SMBC to pool only the Better Care Fund (BCF), Improved Better Care Fund (iBCF) and Disabled Facilities Grant (DFG) in 2022/22 which is the “minimum legal requirement”.

11.2.3 Agree that the Council enter into a MoU to formally document resources and funding contributions transacted between the CCG and SMBC which are

pooled under the existing Section 75 agreement but will not be pooled if only BCF, iBCF and DFG resources are pooled.

11.2.4 Agree that a Section 75 Committee be established to sit within, alongside or outside (to be confirmed) the Locality Board in order to administer and be the decision-making body for the Section 75 agreement from 1 July 2022. This committee could take the form of the existing Health and Care Integrated Commissioning Board (HCICB) subject to arrangements being put in place to amend the name of the committee, its membership (only noting the necessary change that any Members representing the CCG will become Members representing the ICS) and its terms of reference.

11.2.5 Agree that the Locality Board jointly considers aligned budgets as well as the Section 75 Pooled Budgets.

11.2.6 That the Deputy Chief Executive and/or the Director of Strategy and the Strategic Head of Service (Legal and Democratic Governance) be authorised to do such things as are necessary or incidental to the implementation of the above recommendations.

12 BACKGROUND PAPERS

People and Communities report and recommendations (Appendix 1)

Anyone wishing to inspect the above background papers or requiring further information should contact Laura Mercer on Tel: 0161 218 1799 or by email on laura.mercer@stockport.gov.uk