

Scrutiny Review – Cabinet Response Template

Scrutiny Committee:	CRMG and Adult Social Care and Health Panel Members;	
	Councillor Carole McCann (Chair)	Councillor Angie Clark
	Councillor Dickie Davies	Councillor Carole McCann
	Councillor John McGahan	Councillor Lisa Smart
	Councillor Wendy Wild	Councillor John Wright
Review title:	The Council's Relationship with Health Partners	
Date completed:	April 2021	
Officer responsible for response:	Kathryn Rees	
Date response(s) agreed:	1 March 2022	

The Final Report and Recommendations from the review were considered by CRMG and Adult Social Care and Health Scrutiny on 13th and 15th April 2021 respectively and approved for submission to Cabinet.

Minutes from CRMG Scrutiny on 13th April were as follows;

The Lead Councillor, Councillor Carole McCann, submitted the final report (copies of which had been circulated) outlining the findings and recommendations of the joint Scrutiny Review Panel on the Council's Relationship with its Health Partners.

The Scrutiny Review had been commissioned by this Scrutiny Committee and the Adult Social Care and Health Scrutiny Committee. The Panel had considered a range of information from health partners, notably from the Greater Manchester Health & Social Care Partnership and Stockport Clinical Commissioning Group, alongside proposals for Integrated Care Systems contained within the recent Health and Care White Paper.

The Final Report had been agreed at the final Review Panel Meeting on 25 March 2021.

The following comments were made/issues raised:-

- Reference was made to the section of the report highlighting Early Years as an example of good practice in how decisions

were made and a Member felt that this could be highlighted in the recommendations.

- With regard to recommendation 1 requesting that data sharing and information governance arrangements be reviewed across partners, it was acknowledged that the confidentiality and security of people's personal data was likely to be a barrier.
- Support was given to the strengthening of the approach identified in recommendation 3 – ie a 'named individual or keyworker' approach which put the resident first

RESOLVED – That the draft Final Report be approved for submission to the Cabinet.

Additional comments were noted from Adult Social Care and Health Scrutiny on 15th April;

- The Committee welcomed the report and the recommendations that were included in the final report.
- It was commented that communication was at the heart of the initiative and between partners and this gap had been identified during the review process. In response, it was noted that great strides are being made with digital communication and sharing information, resources and intelligence and that it was part of the NHS's long term plan and its priorities.
- Data sharing has been ongoing in the NHs for some years between private companies e.g. Boots and Virgin Health Care with information relating to diabetes and opticians. In response, it was stated that reviewing data sharing was one of the recommendations in the report and that it was about balancing the amount of information people would want to be shared and the sensitivities around that and the report was requesting that it be reviewed.
- The Cabinet Member for Adult Care and Health (Councillor Jude Wells) welcomed the final report and the recommendations by the Scrutiny Review Panel and commented that the partnership arrangements with the health and third sector has been working well but there were some barriers and due to the pandemic things have improved in a short period of time.

RESOLVED – That the draft Final Report be approved for submission to the Cabinet.

The Final Report and Recommendations were then submitted for consideration by Cabinet on 27th April 2021.

The minutes from the Cabinet meeting were as follows;

The Lead Councillor for the Review (Councillor Carole McCann) attended the meeting to present the final report of the Scrutiny Review Panel – 'Council's relationship with Health Partners' (copies of which had been circulated) and to answer questions from the Cabinet.

The Leader of the Council stated that she agreed with the conclusions of the review in relation to the need to remove bureaucracy through mechanisms such as data sharing. It was further stated that the recommendations aligned well with planned work already due to take place.

RESOLVED - (1) That the Corporate Director for Corporate & Support Services and the Director of Public Health be requested to prepare a response to the "Council's relationship with Health Partners" Scrutiny Review and the recommendations contained therein for consideration by the Cabinet at a future meeting.

(2) That the gratitude of the Cabinet be recorded for the excellent work undertaken by the Scrutiny Review Panel 'The Council's relationship with Health Partners' and others involved in the Review.

The following Cabinet response has been prepared and incorporates an update on implementing the seven recommendations from the review.

Original Recommendation	Agreed response and update
<p>Recommendation 1 To review data sharing and information governance arrangements across partners, ensuring that this operates in the best interests of residents as the owners of their personal data and continues to improve.</p>	<p>Cabinet accepts and fully supports this recommendation. Over the last 12 months we have further developed our partnership working across health and social care to make the most of our collective data assets, improving our service offer and citizen outcomes. This has required a continued focus on information governance arrangements including new data sharing, such as:</p> <ul style="list-style-type: none"> • Pennine Care – in-house mental health services able to access the necessary patient data • Stockport Council, CCG & FT – improved understanding of the discharge pathways as part of the discharge to assess project and ongoing focus on integrated care • Stockport FT – new data available on health visitor assessments to help determine school readiness and intervene earlier, if necessary • GM – Minimum ASC dataset (MinASC) – ongoing work to bring together a comparative dataset across GM to support ASC benchmarking and early intervention • GM - GM Care Record – collating patient information into a single place for health and social workers to access, reducing duplication, empowering staff to plan care needs more effectively • GM – Virtual Workforce Information System – ongoing work to better understand the GM health & social care workforce needs to enable improved planning and earlier intervention • Stockport CCG - Access to LiquidLogic for CCG Continuing Health team to aid risk mitigation, improve collaboration, avoid duplication and provide efficiencies in service delivery • Stockport CCG - commissioning dataset, enabling shared access to datasets between the CCG and council, supporting locality working in future e.g. population health management, understanding inequalities and locality commissioning requirements <p>We also have three key roles currently overseeing data sharing and information governance across both the Council and CCG, including:</p> <ul style="list-style-type: none"> • Interim Chief Finance Officer • Data Protection Officer • Interim Head of Data

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	<p>This is helping to align priorities and we continue to explore how we can make the most of the data we hold across Stockport, making sure we adhere to the necessary information governance protocols whilst also considering the ethics of new sharing.</p>
<p>Recommendation 2 To develop a locality approach within new ICS structures, ensuring that the needs of local communities can be met, and they remain accountable to local people and elected representatives.</p>	<p>Cabinet accepts and fully supports this recommendation. Integrated Care Systems (ICSs) are partnerships that bring together local authorities, providers, and commissioners of NHS services across a geographical area with 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 delivered to all ages across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care. There are distinct levels within this system: ICS (Greater Manchester), Locality (Stockport and the 9 other GM Districts) and Neighbourhood (smaller footprints within the locality where teams work together in the community).</p> <p>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. 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.</p> <p>ICSs are part of a fundamental shift in the way the health and care system is organised with a clear focus on collaboration in Localities to improve outcomes for the local populations. There is a strong focus on place-based partnerships between the NHS, local councils and voluntary organisations, local residents, people who access services, their carers and families - leading the detailed design and delivery of integrated services within specific localities.</p> <p>ICSs will become statute in the Health and Care Bill, with expectation of delivery from June 2022. Stockport is preparing to deliver the proposals set out Bill and we have started to meet</p>

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	<p>as system leaders to agree our priorities (as set out in the Stockport One Health and Care Plan), how our Locality will be organised, how the money will fund the system and where decisions will be made. Stockport’s shadow arrangements were endorsed by the Health and Wellbeing Board in September 2021 and received by the governing bodies of our partner organisations.</p> <p>We are committed to ensuring that the new ICS arrangements meet the needs of local communities and remain accountable to local residents. Our shadow arrangements include a strong focus on listening to the community through the People and Community Voice sub-group (one of five sub-groups set up to oversee the development of locality arrangements in Stockport). The sub-group is meeting on a fortnightly basis and is working to achieve the following key objectives: -</p> <ul style="list-style-type: none"> i. To ensure all our stakeholders feel informed and appropriately involved in the work of the sub-group and wider ICS development. ii. 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. iii. To have a clear and accountable governance structure in place that meets the requirements of the Greater Manchester Integrated Care Board, that is in line with the requirements from the Greater Manchester Integrated Care Partnership and from national guidance. <p>A comprehensive update on progress in delivering Integrated Care Systems was considered at CRMG Scrutiny Committee on 1st March – this report can be accessed here.</p>
<p>Recommendation 3 To improve navigation of care pathways for residents, including consideration of a ‘named individual or keyworker’ approach which puts</p>	<p>Cabinet accepts and fully supports this recommendation. The response to Rec 1 outlines a number of areas where improved access to records and data sharing is key to improved health and care pathways for residents.</p> <p>Stockport Family have a key worker approach embedded within much of their work and are</p>

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<p>the resident first, and ensuring access to records is linked into digital inclusion.</p>	<p>looking to strengthen this with a recent pilot for children with SEND. Between May and Dec 2021, six families with children with SEND agreed to be part of a keyworker pilot. Baseline assessments were completed to capture information about the needs in the family and their previous experience of services. During the pilot, keyworkers developed relationships with the families and were their key point of contact providing support and helping them to navigate systems and processes to access the help their families needed. Although the pilot phase has ended many of the families are still accessing support from their keyworker. Throughout the pilot we gathered feedback from families and met fortnightly with keyworkers to problem solve and share learning with the group.</p> <p>During January and February 2022 families are involved in evaluating the support they received, and this is being done independently with support of PACTS to ensure that families feel able to give a true reflection of their experience. This information along with feedback from keyworkers and learning over the course of the pilot will form a report to SEND Board March / April 2022 with recommendations to the Board.</p> <p>Adult Social Care continue to develop and implement the operating model which is underpinned by the principals in the Borough Plan and One Health and Care Plan. Our model promotes reablement and a home first approach to enable individuals to remain as independent and connected to their communities as possible. There are a number of areas where a multidisciplinary team (MDT) approach is already in place. Examples include; our Discharge to Assess model, our Neighbourhood teams and at the Adult Social Care 'Front Door'. In 2022/23 we will continue to further refine and develop our MDT approach to ensure that the individual receives the right support, at the right time, from the most appropriate professional to meet their assessed needs.</p> <p>The roll out of the GM shared care record via Graphnet already allows for practitioners to view shared health & care records. We will continue to develop this capability as we move throughout 2022/23.</p> <p>A programme to develop all age working across Adult Social Care and Children and Family</p>

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	<p>Services was launched in autumn 2021. Through this programme we will explore and test opportunities to work in a more joined up and collaborative way across our services. This will help us to improve the outcomes and resident experience. The programme is split into three key workstreams:-</p> <ol style="list-style-type: none"> 1) All Age Front Door 2) All Age Transitions and Disability 3) All Age Drug & Alcohol Approaches <p>The Multi-Agency Safeguarding and Support Hub (MASSH) Early Help Pathway is the single point of access for families and professionals to request advice, support and referral into services for early help, Special Education Needs and Disabilities (SEND) and non-urgent mental health support. The team providing this initiative is multi-agency and multi-disciplinary involving professionals from CAMHS and Stockport Family.</p> <p>The Service offer commenced in April 2021. Information from Quarter 3 (2021/22) shows 1168 children and young people were reviewed by the Early Help Team and 84.4% of enquiries were completed within 5 days. Having a full team has led to a reduction in virtual hubs and all contacts and enquiries come through triage led by an Early Help Adviser and/or mental health practitioners.</p> <p>A Key Worker Model to support children, young people and families with a learning disability and autism who are at risk of hospital admission or residential placements is to be rolled out across Greater Manchester by Barnardo's. An integral part of this model is assignment of a keyworker to ensure families get the help they need to navigate complex systems, supported by someone that they have built a trusting rapport with. This service, which is separate from the Stockport Family SEND pilot outlined above, is commissioned by Stockport CCG and aims to complement the NHS Long Term Plan and Transforming Care Agenda.</p>
<p>Recommendation 4 To embed a person centred and</p>	<p>Cabinet accepts and fully supports this recommendation. Adult Social Care are working to embed a strength and asset-based approach across all practice, this will help us to ensure we</p>

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<p>asset-based approach into organisational culture and decision making.</p>	<p>provide high-quality person-centred services.</p> <p>During the summer of 2021 practitioners from across Adult Social Care took part in a diagnostic programme. A sample of cases were selected across all Social Work Teams and Peopletoo met with team managers and employees to discuss current practice and culture. This helped to identify where strengths-based practice was already being used, areas for development and the next steps.</p> <p>Since then a training and workforce development programme has been designed, with training for colleagues taking place in February and March 2022. New assessment documentation to reflect strengths-based practice will be launched in April 2022. Throughout 2022/23 we will continue to embed this approach across teams.</p> <p>Stockport Family have led the way on this approach and embedded restorative practice across their services. This focusses on relationships and is person centred, within a 'high support, high challenge' environment.</p>
<p>Recommendation 5 To develop and embed a preventative and early help approach to reduce health and related inequalities.</p>	<p>Cabinet accepts and fully supports this recommendation. Prevention and early help are central to our approach to reducing inequality set out within our partnership One Stockport Health and Care Plan, published in October 2021. The Plan takes the key themes from the One Stockport Borough Plan, outlining a single, system-wide plan for health and care over the next 5 years. Key to the Plan is a collective, proactive, all-age approach to prevention and early intervention from a physical, mental and social wellbeing perspective to enable people to live healthy, happy lives.</p> <p>The Plan also recognises the 'social determinants' of poor health outcomes, ranging from poor housing to unemployment and low educational attainment, along with the positive impact on health and wellbeing that can come from targeting improvements these areas. The wider impact of Covid-19 has been seen disproportionately across many of our neighbourhoods and disadvantaged groups and has been evidenced by our Joint Strategic Needs Assessments.</p>

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	<p>Working closely with our VCFSE partners to build capacity and resilience has been crucial to our approach to reducing long-term inequalities. This was a key theme of our 'Fair and Inclusive Stockport' summit held in December, which helped shape our wider strategic approach. This was set out in a recent discussion paper presented to Scrutiny in January, providing an overview of the actions being taken by the Council and partners to tackle inequality, including where this has been exacerbated by Covid.</p> <p>Prevention and Early Help Services are also central to the Council and health partners' support offer to Stockport residents. A range of services have recently been recommissioned by Public Health, Stockport CCG, Adult Social Care and Children's Services. Person and community-centred approaches are at the heart of these services and the tender reflected the current strategic direction, ensuring that the new services are able to alleviate pressure on the wider health and care system, and on demand for acute services. The total contract value is £4.5m per year, with the new contracts due to start in April 2022. These are for an initial five years, with an option to extend to seven years. These are very much building on the success of the current contracts and excellent collaborative working of the current providers, whilst also building on new learning from the pandemic.</p> <p>The contracts cover a wider range of preventative services and providers, including substance misuse (Pennine Care), smoking cessation and weight management (ABL), IAG and 'front door' services (Prevention Alliance - TPA), Community Hub (Pure Innovations), Community Transport (Stockport Car Schemes), Help in the Home (Age UK), carers support (Signpost Stockport) and domestic abuse (Talk, Listen, Change). These will be brought together through a Prevention Forum.</p>
<p>Recommendation 6 To ensure a strong, vibrant, thriving and skilled workforce through regular and clear communication supported by joint culture, values,</p>	<p>Cabinet accepts and fully supports this recommendation. The Council and the CCG share a Head of HR and Organisational Development. Both organisations have developed a 'People Plan' over the last year outlining key priorities for cultural change and improving the employee experience. There are a number of examples of joint working in place such as in the Special Educational Needs and Disabilities (SEND) improvement programme where there is a joint</p>

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<p>training and development opportunities across partner organisations.</p>	<p>workforce development group looking at all areas of training specifically focussed on SEND at present but with a remit to work more broadly.</p> <p>Workshops for the One Health and Care plan were held in July and from a workforce perspective, key areas of focus and opportunities were identified. The Council, CCG, Foundation Trust and Viaduct Care have just set up a One Stockport Workforce Group working towards developing a shared workforce plan. The first meeting has taken place to identify areas for collaboration and learning. Funding for a project manager to lead this important workstream has been applied for.</p>
<p>Recommendation 7 To review and commission further research on evaluating and quantifying value for money and impact of early help and prevention in reducing spend on acute services and improving outcomes for individuals answering the question of ‘so what impact has the intervention made’.</p>	<p>Cabinet accepts and fully supports this recommendation. A range of measures were agreed as part of an outcomes framework to support the One Health and Care Plan, launched in October 2021. These will reflect the impact of prevention and early help services on reducing wider pressures and costs across Stockport’s health and care system. Work is currently underway to map out key indicators, outcome and financial measures, which will include Social Value measures. These will be embedded within existing reporting cycles and contract monitoring, along with the new Borough Plan outcomes framework to quantify value for money and track the long-term impact of these interventions.</p>