## **Key Points (Executive Summary):**

The One Health and Care Board Forward Plan schedules regular updates and decision required of the Board. This report highlights areas discussed in July and August and acknowledges that work on the other priorities, though not outlined in this report, continues.

Over the last few months, the Board has received a number of reports and inputs from GM including an independent review of Leadership and Governance, the 5-year Partnership Plan, the Joint Forward Plan and is currently considering the new draft Greater Manchester (GM) System Operating Model. The Board contributed views as each was in their development phase. We are pleased to see the draft Operating Model as this provides a level of clarity, which will help us shape our next iteration of the One Stockport Health and Care Plan.

The refresh of the One Health and Care Plan for Stockport will consider the GM Partnership Strategy and delivery plan and outline Stockport's expected role as described in the draft GM System Operating Model. The refreshed One Health and Care Plan will be presented to the Health and Wellbeing Board in the November meeting.

As GM Integrated Care (GM IC) experiences challenges to financial and operational performance so does our Stockport system. The current and projected financial position is a standing item for all meetings. Stockport has been given an efficiency target of £3.582M for the delegated Integrated Care Board funds. The Finance Recovery Committee oversees the work to reduce budgets as well as manage the current deficit position.

We continue to focus on Urgent Care and Intermediate tier provision and the flow of our system to ensure that people are not in hospital unnecessarily when they are fit for discharge. We do this alongside longer-term work to design future models.

Mental Health has been the focus of both July and August Board meetings with substantive items on Mental Health, Learning Disability and Autism work programmes.

The Mental Health strategy was signed off in July 2023, as was the new governance arrangements for Mental Health, Learning Disability and Autism work. This includes a partnership for each discipline, co-chaired by a person with lived experience to ensure user voice underpins the plans and strategies being proposed. Listening and learning from lived experience is highlighted as the key to the effective improvement of services to support and reduce inequalities.

The August Board's development session will focus on the Right Care, Right Person initiative which is a national programme to ensure that vulnerable people get the right support from the right emergency services.

Strengthening the position of the Voluntary, Community, Faith, Social Enterprise (VCFSE), as equal partners supporting reduction of health inequality, was a dedicated development session discussion in July 2023, focusing on financial

resilience of the sector. The proposed VCFSE Alliance will help strengthen our partnership arrangements and establish the sector within the health and care system.

Demand for services over the winter period tends to increase significantly with the onset of the cold weather. Work progresses to outline and agree a system-wide allage winter resilience plan which incorporates high-impact interventions and actions for local health and care services.

A key area of continued focus for the Board is the Neighbourhoods and Prevention Programme articulated through four pillars of work, each connected to the other with clear focus on delivering the overarching vision of the programme. Pillars are:

- One Neighbourhoods Model
- Thriving Places
- Connected Communities
- Collaborative Health & Care.

A Steering Group has been set up comprised of the Senior Responsible Officers (SROs) of each of the four areas, chaired by the Executive Director of People and Integration. The Programme Board will meet following the third Neighbourhoods and Prevention Workshop in early November.

An update on SEND is due at the October Board, however it is worth noting that discussions have taken place with parents and carers who continue to express concerns over the long waiting times for neurodevelopmental assessments. The team continue to work with partners in GM and Pennine Care to bring a position forward including the approach to supporting the Right to Choose.

#### Introduction

Integrated Care System arrangements have created the opportunity to bring all partners across the NHS, the voluntary sector and local government together to take co-ordinated action to improving population health and reducing health inequalities (NHS England 2020). Stockport has welcomed this opportunity and created a locality structure that will respond to these challenges. Appendix 1 illustrates the evolving locality arrangements considering links with the Greater Manchester system Boards, Committees, Groups and Partnerships.

Whilst recognising that by working together we can improve health and wellbeing, it has to be noted that the current position of budget reductions, inflation, waiting lists, staff shortages and industrial action is making this aim difficult to achieve in the short term.

# **Areas of Focus July to August 2023**

#### **Finance**

Finances continue to be an area of priority. The budget deficit for the year has ranged from £0.4M to a forecast of £1.1M by year end. The deficit is largely due to a

high-cost mental health placement, high-cost Continuing Healthcare personal health budgets, Inflationary pressures and activity growth. Stockport has a GM Integrated Care Board efficiency target of £3.582 applied to delegated funds. The Finance Recovery Group are managing the financial reductions exercise which are expected to deliver the target by year end. The prescribing target is the most significant at £2.8m, and this is currently at risk. We have secured support from GM medicines optimisation team to review and support our plans.

## Mental Health, Learning Disability and Autism

Mental Health, Learning Disability and Autism was the focus of the July meeting. The Mental Health and Wellbeing Strategy, Healthwatch report on user experience and proposals for governance of this key area were all presented to board for agreement.

# **Mental Health and Wellbeing Strategy**

The Mental Health and Wellbeing Strategy outlined 5 ambitions for mental health to reduce inequalities are outlined in the graphic below.

# Our ambitions for mental health and wellbeing



#### **Serious Mental Health Engagement Review**

The People and Community Voice sub-group presented the first of their focused pieces of work designed to prompt learning, develop services and co-design the local offer based on lived experience. The joint Serious Mental Health Engagement Review from Healthwatch Stockport and Mental Health Carers Group Stockport outlined the correlation between poverty and mental illness and the experience of significant inequalities in housing, employment, social isolation and increased physical health risks. The Mental Health Strategy has been influenced by these findings, in particular the need for coordinated health and care, support for carers and help with housing and employment.

3 key areas were agreed for initial action:

- 1. Communication with patients and carers.
- 2. Recognising and raising awareness that serious mental illness is a long-term fluctuating condition.
- 3. Reviewing the Adult Social Care metal health responses through Care Act Assessments and Mental Health Act Section 117 aftercare services legislation.

## Mental Health, Learning Disability and Autism Governance

To oversee the programme of work, the 3 areas of Mental Health, Learning Disability and Autism will be supported by a single programme delivery board. This group will be responsible for overseeing the delivery of national, Greater Manchester and locality strategy and plans with an agreed performance framework.

The Mental Health Board, Learning Disability Board and Autism Board will be cochaired by someone with lived experience and report directly to the Locality Board on a regular basis.

#### **Joint Strategic Needs Assessment**

The Board welcomed an overview of the work on the Joint Strategic Needs Assessment through 2022/23 and were supportive of the proposals for 2023/24. Work includes refresh of the SEND datasets, develop assessments to inform the One Health and Care Plan and providing baseline and projection information to inform sub-groups who will be responsible for delivery of the Plan.

#### **Voluntary, Community, Faith, Social Enterprise (VCFSE)**

The July Board development session focused on building a financially resilient Voluntary, Community, Faith, Social Enterprise (VCFSE) sector that is resourced to address the priorities identified in our locality.

3 key areas needing further consideration were identified which would enable the VCFSE to thrive:

- 1. Commissioning and strategic planning the VCFSE included in service design and delivery.
- 2. Sharing of data, intelligence, and insight the VCFSE inform population health management and social prescribing.
- 3. Funding, sustainability, and investment in the VCFSE sector.

The presentation evidenced, through links to best practice, how other areas have overcome some of these barriers. Members of the Board were asked to consider what we can do individually and collectively to reduce barriers including quick wins and whether there are existing models of best practice locally we can learn form.

Solutions including payment based on partnership working rather than attending meetings, allocating a percentage of funding for investment in the VCFSE sector,

develop a framework for commissioning that included measures of social value and long-term contracting were discussed. It was noted that a VCFSE Alliance was being developed which would help strengthen our partnerships arrangements and establish the sector within the health and care system.

# Winter Resilience Planning

The Locality will agree the all-age winter resilience plan which incorporates high-impact interventions and actions for local health and care services. This includes specific actions for partners across acute, community, mental health, primary care as well as local authority services. Key areas of focus include:

- Better support people in the community reducing pressures on general practice and social care, and reducing admissions to hospital
- Maximise physical and virtual ward capacity to increase resilience and reduce delays elsewhere in the system and support ambulance services
- Ensure timely discharge and support people to leave hospital when clinically appropriate.

#### **Neighbourhoods and Prevention**

The Neighbourhoods and Prevention Programme is recognised as key to unlocking the potential of integrated working to deliver the One Health and Care Plan. We recognise that we have increased complexity of need at an earlier age and as our population grows and ages, more people are developing complex care needs and requiring support from multiple health and care services. Partners in Stockport recognise that people are more than just their health conditions or care needs and require an individual personalised and asset-based approach to respond to emerging needs.

The ambition of the programme sees us working together as ONE System through a new neighbourhood model that recognises wider factors such as education, housing, employment, environment, and social connectedness to put people at the heart of our services and tailor care to their individual needs by creating the conditions for individuals, communities, services and professionals to work together. Focusing on creating the conditions for good lives, empowering people to stay healthy and supporting people to return to health in their neighbourhoods.

The vision for the programme is to bring services from across the borough together to enable a Healthy and Happy Stockport. The Programme is comprised of four pillars of work, each dependent on the other with distinct focus aligned to the overarching vision of the programme.

- One Neighbourhood Model
- Thriving Places
- Connected Communities
- Collaborative Health and Care

Each of the four pillars are making strong progress, as outlined below:

Pillar	Ambition	High-level Deliverables
One Neighbourhood Model	There is a consistent narrative and united approach to neighbourhood working bringing together work across the 3 pillars - thriving places, collaborative health and care and connected communities.	<ul> <li>Interactive data profiles for each of the seven neighbourhoods</li> <li>Further development of overarching narrative and framework</li> <li>Workforce Culture change - to further improve collaborative working and adopt a neighbourhood approach,</li> <li>Review of boroughwide service access points – digital, telephony and physical</li> <li>Digital - shared health and care record and connectivity</li> <li>Communication and engagement – embedding co-production and participation</li> <li>Estates – identifying opportunities for workforce co-location and touch down bases.</li> </ul>
Thriving Places	Delivering exciting and safe places to live, work and socialise with vibrant public spaces across Stockport, thriving local businesses, enabling cohesive and connected communities as well as providing an environment where people thrive and positively impacting their health in the future	<ul> <li>Animation of public spaces and district centres - action plans</li> <li>Connected parks and greenspaces, nature rich, increasing active travel, improving physical and mental wellbeing</li> <li>Review of physical assets including system-wide public estate, businesses and community assets/ buildings</li> <li>Planning and designing safe, clean community spaces</li> <li>Understanding how communities connect with places, facilitating community action to improve local environment.</li> </ul>
Connected Communities	A collaborative dynamic system that means all relevant sectors are aligned and connected in the support that is available responding to need.  Within each sector there is improved connection as well as between sectors, to build on strengths and solve problems together.	<ul> <li>One Neighbourhood Network - Providing better coordinated support to address a range of needs catalysed through Team Around the Place, Family Hubs, Team Around the School/Team Around the early Years, Resident Advice Service, VCFSE strategy</li> <li>Supporting Families – Placing a special emphasis on children, young people and their families</li> <li>Financial and Social Inclusion - Embedding our existing approach to social and financial inclusion into our neighbourhood offer, with a specific focus on Information, Advice and Guidance redesign, adult learning libraries, food network partners, social prescribing</li> <li>Diversity and Inclusion - Supporting marginalized groups, promoting equal access to education, healthcare, and employment, and fostering an environment that celebrates diversity.</li> <li>Multiple Disadvantage – Viewing Multiple Disadvantage through a broad lens rather than through single or limited lenses to respond more effectively as a system</li> <li>Digital Inclusion - Working with the DigiKnow programme to ensure that residents can get online</li> </ul>
Collaborative Health and Care	A collaborative dynamic system that means all relevant sectors are aligned and connected in the support that is available responding to need. Within each sector there is improved connection as well as between sectors, to build on strengths and solve problems together.	<ul> <li>Integrating our pathways – Focusing on particular conditions, improving continuity of care and collaboration Starting with Frailty, Diabetes, Alcohol-related harm, Cardiovascular Disease</li> <li>Team Around the Practice - Developing Multi-Disciplinary Teams in each GP practice that focuses on collaborative case holding and case finding</li> <li>Primary Care Network (PCN) Population Health Plans - Practices will work at a PCN level with a preventative approach to develop population health improvement plans for their PCN population as per the Local Commissioned Service Framework.</li> <li>Whole System Urgent Community / Neighbourhood Response and Directory of Service - Enhancing and integrating our urgent /</li> </ul>

	<ul> <li>same day offer to provide urgent care to people in their home or the community</li> <li>Enablers (Delivering in conjunction with One Neighbourhood Approach Pillar) – GM Health and Care Record / Integrated Care Plans, Use of estates, Integrated Information, Advice and Guidance service, A focus on integrated commissioning, Workforce development</li> </ul>
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Two whole system workshops have taken place in January and June. A third is planned for Friday 10th November 2023 which will move us from agreeing our vision, defining and developing our programme and our pillars to implementation. We will move from principles to practice; the third workshop will focus on delivery and how we can accelerate progress.

The programme reporting approach across the locality is developing. We are using the Neighbourhoods & Prevention Programme to pilot that approach with programme launch documents for each of the four pillars. Running concurrently is the development of the Programme Management tool (Smartsheets) which will enable monitoring, tracking and reporting on progress.

The Neighbourhoods & Prevention Programme is presently governed by the Neighbourhoods Programme SRO Steering Group which meets monthly. Work is progressed by various sub-groups linked to the pillars. A more formal Board with senior leaders from across the system will be set up following the next workshop in November.

Risks are presently owned and managed by the Neighbourhoods Programme SRO Steering Group, these are reported into the Performance, Improvement and Assurance Group as per locality governance arrangements.

#### Greater Manchester 5 Year Strategy, Joint Forward Plan and Operating Model

The Locality Board have received papers and presentations outlining Greater Manchester ambitions expressed through the Integrated Care Partnership 5-year Plan, the associated Joint Forward Plan (outlining delivery) and the more recent draft Operating Model. All focus on the harnessing the benefits of integrated care to improve outcomes for all people living on Grater Manchester:

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

The ambitions for Greater Manchester are shared by Stockport and will be considered for inclusion in the refresh of the shared One Health and Care Plan due to be presented to One Health and Care Board in October and received by the Health and Wellbeing Board at the November 2023 meeting.

# Flash Reports

Regular reports to the Board include information items from the Stockport Provider Partnership, Stockport Quality Improvement Collaborative and Stockport Primary Care Commissioning Committee.

