

UPDATE ON STOCKPORT INTEGRATED HEALTH AND CARE

Joint report of the Director of Strategy and the Deputy Place Based Lead

1. EXECUTIVE SUMMARY

- 1.1 This report is an update on the work of Stockport health and care system to deliver local as well as regional aspirations to improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience, and access; enhance productivity and value for money and help the NHS to support broader social and economic development. This was facilitated by legislation as outlined in the Health and Care Act 2022.
- 1.2 The Health and Care Act 2022 established Integrated Care Systems (ICS) to deliver joined-up place-based working across health and care providers.

Integrated Care Systems are working at three levels:



System

Greater Manchester (GM) is an Integrated Care System 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. The work is governed by the Integrated Care Partnership (ICP), the NHS Integrated Care Board (ICB) together known as [GM Integrated Care \(GM IC\)](#) and links to Greater Manchester Combined Authority (GMCA)

Place

Stockport Borough, bringing together health and care teams to understand local needs and prioritise service delivery to improve health and wellbeing for everyone in Stockport. The work is governed by the One Health and Care Board with links back to GM IC through the Place Lead, Deputy Place Lead and Stockport colleagues representing the borough on System Boards, Committees, Groups and Forums.

Neighbourhood

Local neighbourhoods served by integrated health and care teams to deliver more coordinated and proactive services that keep people happy, healthy & independent. Working together to deliver the One Health and Care Plan, this work is overseen by a number of sub-groups reporting into the One Health and Care Board.



- 1.3 The report does not outline all aspects of the work being undertaken across Stockport's locality partnerships but highlights some of the work over the last few months. This includes a number of reports and inputs from Greater Manchester (GM) including an independent review of Leadership and Governance, the 5-year Partnership Plan, the Joint Forward Plan and the new draft [Greater Manchester \(GM\) System Operating Model](#) (see pages 33-79). The One Health and Care board which is Stockport's Locality Board has contributed views through the development phases of these key areas of work. The draft GM Operating Model will provide a further level of clarity on the what elements will be delivered at a Greater Manchester level and what decision making and responsibilities sit at a Stockport (locality) level.
- 1.4 The One Health and Care Plan is the overarching strategy for health and care in Stockport. This is being refreshed and will take into consideration the GM Partnership Strategy and delivery plan. It will also 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.
- 1.5 GM Integrated Care (GM IC) have significant challenges to financial and operational performance, as does our Stockport system. The current and projected financial position is a standing item at Executive meetings and the One Health and Care Board. 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 which currently stands at £2.215M.
- 1.5 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.
- 1.6 Mental Health has been the key focus with substantive items at the One Health and Care Board 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.
- 1.7 In August the One Health and Care Board hosted a development session 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. This will be followed up by a multi-agency workshop to plan Stockport's response.

- 1.8 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.
- 1.9 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 all-age winter resilience plan which incorporates high-impact interventions and actions for local health and care services. A Winter Planning Summit will take place on 21st September and enable agreed action 23/24.
- 1.10 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.
- 1.11 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.
- 1.12 An update on SEND and Mental Health, Learning Disability and Autism 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.

2. INTRODUCTION

- 2.1 In line with national expectations, 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. The term “Locality” is used to refer to Stockport. Appendix 1 illustrates the evolving locality arrangements considering links with the Greater Manchester System Boards, Committees, Groups and Partnerships.
- 2.2 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.

3. Finance

- 3.1 Finances continue to be an area of priority. The NHS delegated funds have a budget deficit for the which year has ranged from £0.4M to a forecast of £2.205M 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.
- 3.2 The Better Care Fund is one of the government's national vehicles for driving health and social care integration. The Better Care Fund Policy Framework and National Conditions of funding require that the NHS GM and the Council agree a joint plan for using pooled budgets to be governed by a partnership agreement made under section 75 of the National Health Service Act 2006. Stockport's section 75 pooled budget consists of Better Care Fund, the Improved Better Care Fund and the Disabled Facilities Grant currently; however, Stockport is ambitious to pool further funds where appropriate as well as align system finances to ensure we understand, take joint stewardship and maximise the potential of resources at locality level. The Better Care Fund Plan is owned by the Health and Wellbeing Board.

4. Mental Health, Learning Disability and Autism

- 4.1 Mental Health, Learning Disability and Autism was the focus of the July Board 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.

5. Mental Health and Wellbeing Strategy

- 5.1 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



6.

Serious Mental Health Engagement Review

6.1 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.

6.2 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 mental health responses through Care Act Assessments and Mental Health Act Section 117 aftercare services legislation.

7. **Mental Health, Learning Disability and Autism Governance**

7.1 To support delivery of the programme of work, the 3 areas of Mental Health, Learning Disability and Autism will be supported by a single 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 One Health and Care Board will receive further detailed reports in October on waiting time pressures. Senior leaders are listening to the voices of parents, carers and their representatives to ensure the Board understand the impact of significant waits for assessments on children, young people and their families.

7.2 The Mental Health Board, Learning Disability Board and Autism Board will be co-chaired by someone with lived experience and report directly to the One Health and Care Board on a regular basis.

8. Joint Strategic Needs Assessment

8.1 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.

9. Voluntary, Community, Faith, Social Enterprise (VCFSE)

9.1 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.

9.2 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.

9.3 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 from.

9.4 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.

10. Winter Resilience Planning

10.1 The Winter Planning Summit will be attended by all key stakeholder on 21st September. The Summit will inform 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.

11. Neighbourhoods and Prevention

- 11.1 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.
- 11.2 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.
- 11.3 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
- 11.4 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 style="list-style-type: none"> • Interactive data profiles for each of the seven neighbourhoods • Further development of overarching narrative and framework • Workforce Culture change - to further improve collaborative working and adopt a neighbourhood approach, • Review of boroughwide service access points – digital, telephony and physical • Digital - shared health and care record and connectivity • Communication and engagement – embedding co-production and participation • Estates – identifying opportunities for workforce co-location and touch down bases.
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 style="list-style-type: none"> • Animation of public spaces and district centres - action plans • Connected parks and greenspaces, nature rich, increasing active travel, improving physical and mental wellbeing • Review of physical assets including system-wide public estate, businesses and community assets/ buildings • Planning and designing safe, clean community spaces • Understanding how communities connect with places, facilitating community action to improve local environment.
Connected Communities	<p>A collaborative dynamic system that means all relevant sectors are aligned and connected in the support that is available responding to need.</p> <p>Within each sector there is improved connection as well as between sectors, to build on strengths and solve problems together.</p>	<ul style="list-style-type: none"> • 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 • Supporting Families – Placing a special emphasis on children, young people and their families • 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

		<ul style="list-style-type: none"> • Diversity and Inclusion - Supporting marginalized groups, promoting equal access to education, healthcare, and employment, and fostering an environment that celebrates diversity. • Multiple Disadvantage – Viewing Multiple Disadvantage through a broad lens rather than through single or limited lenses to respond more effectively as a system • Digital Inclusion - Working with the DigiKnow programme to ensure that residents can get online
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11.5 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.

11.6 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.

11.7 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.

11.8 Risks are presently owned and managed by the Neighbourhoods Programme SRO Steering Group, work is underway to ensure that these are reported into the Performance, Improvement and Assurance Group as per locality governance arrangements.

12. Greater Manchester

5 Year Strategy, Joint Forward Plan and Operating Model

12.1 The One Health and Care 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 Greater 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.

12.2 The strategy sets out 6 missions in response to the current challenges:

- **Strengthening our communities**

We will help people, families and communities feel more confident in managing their own health and wellbeing. We will act on this with a range of programmes, including working across Greater Manchester to support communities through social prescribing, closer working with the VCSE and co-ordinated approaches for those experiencing multiple disadvantages.

- **Helping people stay well and detecting illness earlier**

We will collaborate to reduce smoking rates, increase physical activity, tackle obesity and alcohol dependency. We also want to do more to identify and treat high blood pressure, high cholesterol, diabetes, and other conditions which are risk factors for poor health. Working in partnership and with targeted interventions, we will embed a comprehensive approach to reducing health inequalities.

- **Helping people get into, and stay in, good work**

One of the purposes of Integrated Care Systems is to support wider social and economic benefits from NHS investment. We will act on this by expanding our Work and Health programmes, working with employers on employee wellbeing, through the Greater Manchester Good Employment Charter¹ and developing social value through a network of anchor institutions².

- **Recovering core NHS and care services**

We will work to improve ambulance response and A&E waiting times, reduce elective long waits and cancer backlogs, improve access to primary care services and core mental health services, improve quality and reduce unwarranted variation for adults and children alike.

- **Supporting our workforce and our carers**

We will promote integration, better partnership working and good employment practices, as well as supporting our workforce to be well and addressing inequalities faced in the workplace. We want more people choosing health and care as a career and feeling supported to develop and stay in the sector. We will consistently identify and support Greater Manchester's unwaged carers.

- **Achieving financial sustainability**

Financial sustainability - 'living within our means' - requires an initial focus on financial recovery of the health system, to achieve a balanced position. We will identify the main reasons for financial challenges in the Greater Manchester health system, and implement a system wide programme of cost improvement, productivity, demand reduction and service transformation.

12.3 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

¹ <https://www.gmgoodemploymentcharter.co.uk/>

² <https://www.health.org.uk/publications/reports/building-healthier-communities-role-of-nhs-as-anchor-institution>

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.

13. External Assurance and Regulation

- 13.1 The approach to performance in GM uses data to identify variation and drive forward improvement in collaboration with partners across the system. The external assurance and regulation framework under which NHS GM operates is governed by NHS England and NHS Improvement (NHSE/I) who assess all ICSs and Providers against a national framework and placed each ICS and providers into a “segment”. These segments were on a scale of 1 to 4, based on the nature and intensity of support needs. Segment 1 indicated no specific support needs through to segment 4 which triggered mandated intensive support from the national and regional teams.
- 13.2 A range of factors has led to increased scrutiny by NHS England and a decision made by NHS England to move NHS GM from Segment 2 (SOF 2) to Segment 3 (SOF 3) in line with the requirements set out in the NHS Oversight Framework 2022/23. This is due to GMs deficit financial position which is underlined by a shortfall in efficiency delivery within providers, the effects of industrial action and agency and bank costs being above plan. ICBs in segments 3 are subject to enhanced direct oversight and specific mandated support by NHS England. As part of this, a Turnaround Director has been appointed for NHS GM who will work with NHS GM's executive team to provide additional assurance to NHS England as measures are put in place to deliver financial plans.

14. One Health and Care Board (Locality Board)

- 14.1 Stockport's One Health and Care Board was officially constituted by NHS Greater Manchester Integrated Care Board (GM ICB) in May 2023. The Board has been established as two committees operating under hybrid arrangements to discharge delegated functions on behalf of GM ICB and to be a forum through which relevant section 75 pooled budget is managed. This will allow the Board authority to take its own decisions.
- 14.2 The One Health and Care Board meets monthly and has senior leadership representation from NHS (primary, secondary, community and mental health), Local Authority (including the Leader of the Council), Greater Manchester Police, Housing and the Voluntary, Community, Faith & Social Enterprise (VCFSE). Board members bring 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. The Board's forward plan outlines scheduled updates on the work of the board sub-groups to deliver of the One Health and Care Plan.
- 14.2 In addition to locally specified priorities and sub-groups accountable for thematic transform and improvement, we have a number of designated locality sub-groups governed by GM system level boards who oversee their service specific areas of work. These groups include Cancer, Urgent Care and Elected Care we well as Mental Health.

14.3 The following Schema provides an overview of how the system is currently governed.

15. RECOMMENDATION

The Scrutiny Committee is recommended to comment on and note the report.

BACKGROUND PAPERS

There are none.

Anyone wishing to inspect the above background papers or requiring further information should contact Kathryn Rees on 0161 474 3174 or alternatively email kathryn.rees@stockport.gov.uk

