

ADULT COMMISSIONING COMMITTEE
11 MAY 2022
AGENDA ITEM NO 9: LOCALITY GOVERNANCE ARRANGEMENTS

Item for: Information (Please delete as appropriate)

Report of:	Director of Commissioning	
Date of Paper:	28 April 2022	
In case of query, please contact:	Jenny Noble Head of Governance and Policy	
Strategic Priorities: (Please tick as appropriate)	Quality, Safety, Innovation and Research	
	Adult Services	
	Children's and Maternity Services	
	All Age Mental Health	
	Primary Care	
	Enabling Transformation	X
Mayoral Priorities: (Please tick as appropriate)	Tackling poverty and inequality	
	Reducing Health Inequalities	
	Skills and Education (A Learning City)	
	Affordable Housing	
	Transport and Digital Connectivity	
	Tackling the Climate Change Emergency	
	Vibrant Place and Spaces	
Creating an Economy for All		
Purpose of Paper:	To provide an update on locality governance arrangements from 1 July 2022.	

Further information

How will this benefit the health and wellbeing of Salford residents, or the CCG or City Council?	The main aim of the national establishment of statutory Integrated Care Systems is to provide opportunities to improve people's outcomes and experiences of care, particularly for those in contact with different services, through better integrating services both within the NHS and across the health and social care system. GM and Salford's plans aim to achieve this.
How does this paper address health inequalities and promote inclusion?	This focus on integration has the potential to help services to have an impact on health inequalities. These inequalities cannot be addressed by the NHS alone because many drivers of health lie outside health care. The ICS model of partnership working across NHS organisations, local government and VCS organisations has the potential to make a tangible difference.
What risks may arise as a result of this paper and how will they be mitigated?	The main risks to the ICS Transition are associated with distraction from delivering on-going objectives and staff retention. These are being mitigated by a strong staff communication and engagement programme.
Does this address any existing high risks facing the organisation and how does it reduce them?	The aim of the ICS changes is to address risks associated with health inequalities and sustainable services.
Are there any possible conflicts of interest associated with this paper?	Conflicts of interests exist for all provider organisations in the system which are managed through conflicts of interest policies. Specific conflicts also exist for Governing Body and Executive Team whose roles are directly impacted by these changes.
Will any current services or roles be affected by issues within this paper and what are they?	CCG staff will be impacted by these changes.

Note: Where appropriate, please ensure detail is provided.

Document Development

Has there been Public Engagement?	Via the involvement of Healthwatch on the Shadow Locality Board.
Has there been Clinical Engagement?	Yes, via the Shadow Locality Board.

Has the impact on Salford socially, economically and environmentally been considered?	Not yet.
Has there been an analysis of any impacts on equality?	This work has commenced with regard to HR changes.
Has legal advice been obtained?	Through Salford City Council (the shared legal service between Manchester and Salford City Councils) and NHS routes (through the GM secured legal support for the ICS establishment with Browne Jacobson).
Has this been to any groups or committees for engagement, comments, or approval?	The content of this report has been to the Salford Shadow Locality Board, though not this report in its totality.

Note: Where relevant, please provide detail and ensure that it is clear how and when particular stakeholders were involved in this work, that there is clarity of what the key message/decision was, and whether amendments were requested about any part of the work.

Locality Governance Arrangements

1. Executive Summary

This paper provides an update on locality governance arrangements from 1 July 2022 following the disestablishment of the CCG/formation of the GM Integrated Care Board (ICB), Salford Locality Board and Salford Provider Collaborative Board.

2. Background

- 2.1 In July 2021, Her Majesty's (HM) Government formally presented a 'Health and Care Bill' to Parliament, setting out how it intends to reform the delivery of health and care services in England through the establishment of 'Integrated Care Systems' (ICS). These new, regional-level, statutory bodies will replace the functions and responsibilities of Clinical Commissioning Groups (CCGs) and are to be in place and active by a target date of 1 July 2022. Following agreement by both Houses on the text of the Bill it received Royal Assent on 28 April. The Bill is now an act of Parliament (law).
- 2.2 An NHS England and NHS Improvement (together known as NHSEI) ICS Implementation Programme is leading national efforts to implement the Health and Care Bill through legislation and issuing guidance, standards and frameworks for the design of these new systems. A Greater Manchester (GM) ICS Transition programme has been established to oversee the transition of the existing Greater Manchester Health and Social Care Partnership (GMHSCP) to a statutory ICS. At a local level, a Salford Locality ICS Transition Programme has been established, responsible for the design and implementation of new locality-level ('place-based') structures, the winding-down and closure of existing CCG structures and the transfer of staff and assets to the new ICS model and design and implementation of new locality integrated care governance.
- 2.3 This paper provides an update on activities and progress within the Salford Locality ICS Transition Programme in particular. In addition, the latest stakeholder briefing for the Greater Manchester Statutory Integrated Care System (ICS) is attached for information.

3. Salford Locality ICS Transition Programme

- 3.1 The Salford Locality ICS Transition Programme continues to respond to National and Regional developments, while making good progress towards the establishment of the Locality Operating Model, which has begun functioning in shadow form from January 2022.
- 3.2 We are continuing to review Salford's transition plans in light of the changed establishment timescales (delayed from April to July 2022). Salford's work in this area has involved the whole system locality, including the CCG, SCC, Salford Care Organisation (as part of the Northern Care Alliance), Greater Manchester Mental Health, the VCSE sector, primary care and Healthwatch. A commitment remains to establishing local structures as soon as is practicable to reduce risk and provide stability to our people. To this end, Salford's ICS Transition Programme is now moving

towards stepping down workstreams as their objectives are achieved and 'business as usual' is integrated into shadow structures.

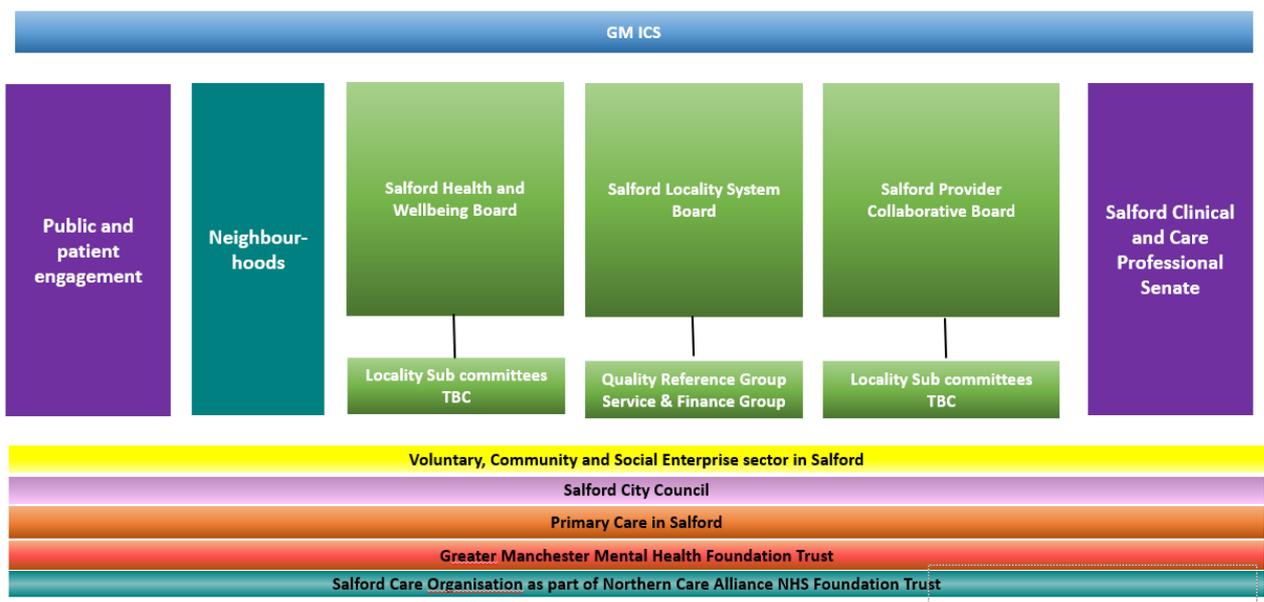
3.3 At present, the programme is led by a Transition Board (now merged with the Health and Care Commissioning Board) to lead on transition and business as usual work. The programme has been organised in five workstreams including governance, though workstream 4 has now ceased as the Provider Collaborative Board is established. High-level updates are provided for Workstream 1 below:

3.4 **Workstream 1: Place-based Governance, Accountability & Strategic Planning**

3.4.1 From January 2022 the Salford Locality ICS Transition Programme Board together with the Health and Care Commissioning Board have been meeting together as a Shadow Locality Board. Draft Terms of Reference are currently being followed, which will be reviewed and updated as more information is released from the GM ICB, for example on locality delegations and financial arrangements.

3.4.2 Throughout this governance design and development work, legal advice has been sought through Salford City Council (the shared legal service between Manchester and Salford City Councils) and NHS routes (through the GM secured legal support for the ICS establishment with Browne Jacobson) to ensure the appropriateness and validity of the proposed structures which emerge. Additionally, key system stakeholders have been consulted and informed throughout via active engagement, information sharing and facilitated briefing sessions.

3.4.3 The governance arrangements will retain the role of the Health and Wellbeing Board, alongside two new boards: The Locality Board and the Provider Collaborative Board. This diagram will be updated over time, for example adding in sub-groups as the Service and Finance Group and the Quality Reference Group for the Locality Board but this is still work in progress.



3.4.5 The interaction between Greater Manchester and Localities is outlined in the GM ICB Functional Decision Map diagram below:



Work remains ongoing by a city-wide planning leads group on production of an approach to system wide annual planning.

3.4.6 A proposal in relation to the requirements for Clinical and Care Professional Leadership (CCPL) was presented to the Shadow Locality Board in January 2022, recommending the formation of a Clinical and Care Professional Senate. These recommendations were supported but remain subject to change pending information being released by GM ICB around locality delegation and funding.

4. Shadow Locality Board

4.1 The Shadow Locality Board will continue to meet until the end of June and there is a proposal going to the next meeting regarding Locality Board dates. As summary of the proposed principles, role and membership for the Locality Board is provided below and further detail is available in the Salford Locality ICS Transition Programme Board papers on request.

4.2 The updated **proposed principles for the Locality Board** are provided below:

We will:

1. Act in the best interests of the people of Salford
2. Commit to our shared vision and agreed strategic priorities

3. Prioritise approaches which are asset based, neighbourhood focused and integrated, promoting independence, self-care, prevention, early intervention and service integration
4. Focus relentlessly on improving population health and reducing inequalities
5. Embrace innovation, social value and environmental sustainability
6. Keep focused on improving outcomes and delivering safe, effective and efficient services
7. Listen to the needs and voices of all local communities
8. Listen to the views of staff and of clinical, professional and political leaders
9. Work in an actively inclusive way to create a culture of equals, recognising the unique contribution each partner brings
10. Make decisions transparently, recognising organisational interests and openly managing conflicts of interest
11. Collectively manage risks and share benefits, financial and otherwise
12. Uphold a positive culture through appropriate behaviours which build collaboration
13. Respect the tension and the complexity of system working, recognising that each organisation remains sovereign: whilst decision-making responsibilities can be shared, accountability cannot.

4.3 The updated **proposed role of the Locality Board** is provided below:

The Board will:

- Create a system culture that combines high ambition with strong mutual support, fostering collaboration
- Lead the development of locality level strategy for health and care to improve population health and outcomes, and reduce inequalities
- Oversee the co-ordination and transformation of local health and care services at strategic level
- Strategically manage the resource allocation and integrated fund including sharing risk and making investment/disinvestment decisions to shift funding towards prevention and early intervention
- Approve recommendations from provider board in relation to service design, where there is a significant financial impact or service change
- Provide quality and performance oversight and assurance, driving improvement and addressing unwarranted variation to improve outcomes and deliver safe services
- Align whole system clinical, political and organisational leadership across the locality
- Agree the locality view in relation to Greater Manchester level decisions
- Provide dual accountability, from the locality to individual organisations (including the Greater Manchester Integrated Care Board) and vice versa

4.4 The updated **proposed organisational/sector/group level membership of the Locality Board** is provided below:

- Salford City Council (SCC)
- Greater Manchester Integrated Care Board (GM ICB) (from 1 July 2022) [covered by NHS Salford Clinical Commissioning Group (CCG) initially whilst in shadow form]

- Primary Care sector (representing Primary Care Networks (PCNs), Salford Primary Care Together (SPCT) and wider primary care providers including pharmacy, optometry and dental)
- Salford Care Organisation as part of the Northern Care Alliance NHS Foundation Trust (SCO/NCA)
- Greater Manchester Mental Health NHS Foundation Trust (GMMH)
- Voluntary, Community and Social Enterprise (VCSE) sector (representing Salford Community and Voluntary Services (CVS) and VCSE providers)
- Healthwatch Salford (non-voting member)
- Children's representative from Manchester University NHS Foundation Trust (non-voting member)
- Continuing health care provider representative (TBC) (non-voting member)
- Provider Collaborative
- Salford Clinical and Care Professional Senate*

* The term Senate is being used in this report, noting that this may change as more consideration is given to clinical and care professional engagement and the mechanisms for this

5. Salford Provider Collaborative Board

- 5.1 The first meeting of the shadow board took place in April, and it is now considering its proposed priority workstreams and sub-groups. A summary of the role of the Salford Provider Collaborative Board (SPCB) and membership is provided below.
- 5.2 The purpose of the SPCB is to convert the Locality Board strategic intent into co-designed and coordinated delivery, in line with Salford Locality Plan priorities. The programme of work will include oversight of service provision for children's, adult's and all-age services, where there is a benefit of Salford providers working in a collaborative way. The SPCB will contribute to:
- Integrated service planning
 - Population health management
 - Joint service delivery & transformation
 - Connecting and supporting communities
 - Financial sustainability
- 5.3 Membership of the Provider Collaborative Board is provided below:
- Salford City Council
 - Salford Care Organisation
 - GM Mental Health FT
 - PCNs
 - Salford Primary Care Together
 - CVS
 - VCSE Organisations
 - Reps from LMC, LOC, LPC & PDC
 - GM ICB
 - Manchester FT CAMHS

6. Commissioning Committees

- 6.1 Providers have been invited to the Health and Care Commissioning Board (H&CCB) and the Commissioning Committees since April 2021 (part 1) and part 2 since January 2022 as regular attendees. This was to support the move towards Integrated Care Systems, where the traditional roles of providers and commissioners will be blurred, with activity instead split by planning, designing and delivering services.
- 6.2 The current integrated commissioning arrangements including the existing Commissioning Committees i.e. Adults, Children's and Primary Care that report to H&CCB will continue to meet until 30 June 2022. The next Adults Commissioning Committee (ACC) meeting is scheduled to take place on Wednesday 15 June and a further update will be provided at that meeting as this is expected to be the last one although we are committed to engaging with all partners including members of ACC.
- 6.3 The business of ACC will transfer to the Locality Board (in terms of strategic planning) and the Provider Collaborative Board (for design and delivery of health & care services).
- 6.4 On behalf of the CCG and Council, the joint chairs of the Commissioning Committees would like to thank all members of the Commissioning Committees for their contributions to planning and designing health and care services in Salford and for the productive and trusted relationships which have been nurtured.

6. Recommendations

- 6.1 The Adult Commissioning Committee is asked to:
- Note the update provided on locality governance arrangements from 1 July 2022 and that a further update on sub-groups will be provided at the next meeting.

Jenny Noble
Head of Governance and Policy