

TRAFFORD COUNCIL

Report to: Executive
Date: 21 March 2022
Report for: Information
Report of: Executive Member for Health, Wellbeing and Equalities

Report Title

FUTURE GOVERNANCE ARRANGEMENTS FOR HEALTH AND SOCIAL CARE

Summary

This report sets out the details of governance arrangements for the Trafford system including: Locality Board (One System Board), Trafford Provider Collaborative Board, Trafford Clinical and Practitioner Senate and other relevant groups, forums and boards.

The report also provides details of current contractual arrangements in respect of health and social care and notes that a further report on this agenda sets out proposals to secure a mechanism which will enable the Council to manage joint working with health, and other partners following the development of the Greater Manchester Integrated Care System (ICS) and disestablishment of Trafford Clinical Commissioning Group (CCG) on 30 June 2022.

Recommendation(s)

It is recommended that the Executive notes the current progress and planned actions to establishing future local governance arrangements for the Trafford health and social care system.

Contact person for access to background papers and further information:

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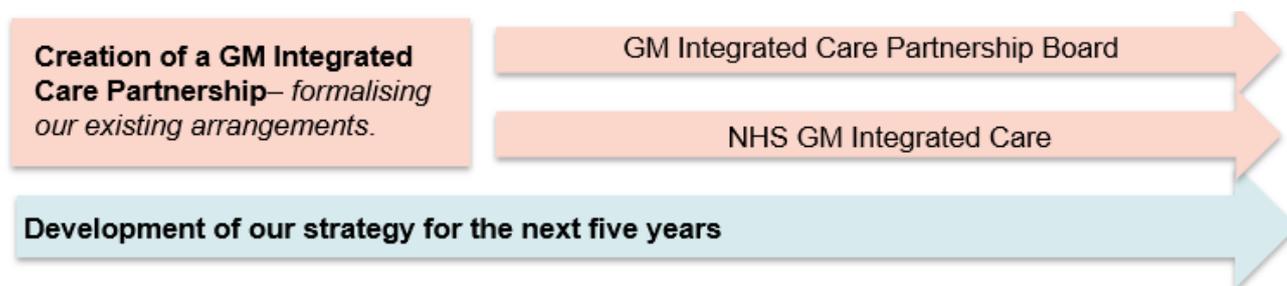
Relationship to Policy Framework/Corporate Priorities	This paper relates to our corporate priorities of Health and Well-being, Targeted Support and Children and young people
Relationship to GM Policy or Strategy Framework	Our People, Our Place, Greater Manchester Strategy Greater Manchester Sexual Health Strategy Taking Charge of our Health and Social Care in Greater Manchester
Financial	There are financial implications due to the current commissioning arrangements with Trafford CCG and the current health and social care contracts delivered through the Trafford LCO. The proposals for a more integrated approach to service delivery will help address the budget challenge across the health and social care sectors in future years.
Legal Implications:	The governance arrangements for the Trafford Health and social care system are being developed in accordance with the provisions of the Health and Social Care Bill and relevant guidance. They will also need to reflect existing statutory duties and responsibilities and the general statutory provisions which set the framework for how Local Authorities and their decision-making bodies must operate. The impact of the changes to the system on the contractual or partnership arrangements from a legal perspective has been considered and will be reflected in the proposed arrangements for their continuation post June 30th
Equality/Diversity Implications	The health and social care system will have a responsibility to ensure that health and wellbeing of Trafford residents is improved with a particular emphasis on reducing inequalities and ensuring that services are tailored to diverse groups.
Carbon Reduction	Climate issues are important to the health and wellbeing of the Trafford population and carbon reduction will be considered in decision making.
Sustainability Implications	The health and social care system will ensure that sustainability is considered in all decision making.
Resource Implications e.g. Staffing / ICT / Assets	The health and social care system and in particular the Trafford LCO includes significant staffing resource and assets.
Risk Management Implications	Need to ensure that effective governance, commissioning and financial arrangements are put in place to ensure that the system can deliver on ambitions to improve the health and wellbeing of Trafford residents. Risks that ineffective systems/arrangements will have significant negative implications on our population which will need to be effectively managed through clear risk registers.
Health & Wellbeing Implications	Health and social care governance, commissioning and financial arrangements will impact the health and wellbeing of Trafford residents directly.
Health and Safety Implications	Health and safety will be considered within individual health and social care services.

1.0 Background

- 1.1 The NHS has had a long-standing commitment to furthering integration across the health and social care system. The management of essential clinical and social care services during Covid highlighted the need for wide system change and the difficulties posed by legislative barriers.

- 1.2 Guidance was issued by the NHS on Integrated Care Services, and the NHS Long Term Plan confirmed that all parts of England would be served by an integrated care system from April 2021, building on the lessons of the earliest systems and the achievements of earlier work through sustainability and transformation partnerships and vanguards.
- 1.3 It was always the intention of the NHS that this guidance would be strengthened by legislation. The Health and Social Care Bill is currently progressing through Parliament with a new target date set for 1 July 2022 which equates to a three month delay to the original timeline (1 April 2022), subject to the bill passing successfully through Parliament.
- 1.4 The Act will essentially abolish CCGs on 30 June 2022 and replace them with statutory Integrated Care Systems (ICSs). Collaboration across ICS footprints will help tackle complex challenges and they will exist to achieve four aims:
- 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.
- 1.5 The ICS will be called GM Integrated Care Partnership and will be made up of two statutory elements: Greater Manchester Integrated Care Partnership Board, and NHS Greater Manchester Integrated Care, a 2,500 strong organisation overseen by a Board. An explanation of the two elements are below:
- a) Greater Manchester Integrated Care Partnership (ICP)
GM Integrated Care Partnership will replace GM Health and Social Care Partnership as the name of the partnership (which has existed since 2016) between all the different organisations which support people's health and care. It will operate on (at least) three levels: Greater Manchester, locality and neighbourhood, as will its constituent parts. It will be overseen by the GM Integrated Care Partnership Board, which is responsible for developing and overseeing the implementation of the integrated care strategy to meet health, public health and social care needs. It will preserve and evolve the culture and ambitions of GM devolution. It won't commission NHS services.
- b) NHS Greater Manchester Integrated Care
NHS Greater Manchester Integrated Care is the name of the new statutory NHS organisation which will be live from 1 July 2022. It will be responsible for allocation of, and accounting for, NHS resource, it will fulfil primary care and specialised commissioning functions and it will create a plan for NHS services. It will be led by an NHS GM Integrated Care Board (ICB) with Sir Richard Leese as Chair designate. NHS GM Integrated Care will also be the receiving organisation for non-Board level staff from the ten CCGs, Greater Manchester Shared Services and GMHSCP team, in line with the national HR processes.

Figure 1



- 1.6 In addition to GM governance and partnerships, there will be similar partnerships in each of GM's ten districts or localities. Further information in section 2.1 – 2.9.
- 1.7 The GM Joint Planning & Delivery Committee (JPDC) supported a paper in December 2021 that set out the Draft GM Operating Model. The paper recognised and identified the work that has been done since Summer 2021 and provided further clarity on implementing the operating model. The paper recommended actions on five integrating processes that are essential for the GM system to capitalise on these components and deliver its aims and objectives:
- a) Creating a simple narrative as to how this new system will work
 - b) Finalising ICB and ICP governance and priority setting
 - c) Agreeing Financial Flows and Responsibilities
 - d) Signing off Locality Leadership Arrangements
 - e) Agreeing Running Cost Allocations and deploying staff within the national HR framework
- 1.8 All of the aforementioned integrating processes have enabled the development of a 'Critical Path' document which was presented to the ICS Transition Board on 3 February 2022 and then reported to the GM JPDC on the 8 February 2022. The Critical Path report contained several priority actions to ensure progress against the following outputs – Trafford remains engaged where appropriate in these areas of work which will progress on an agreed timescale:
- a) Functions & Decisions Map
 - b) ICB Organisational Development Plan
 - c) Public Involvement & Engagement Strategy
 - d) Terms of reference for GM ICP Board
 - e) Scheme of Reservation and Delegation
 - f) Updated SDP to submit to NHSE/I
 - g) Financial allocations for 2022/23
 - h) ICB governance handbook
 - i) Completed Due Diligence Checklist
 - j) Operational plan for 2022/23
 - k) Updated operating model document
 - l) ICB constitution finalised
 - m) Develop financial strategy
 - n) Finalise MoU with NHSE/I for system oversight

2 A Future Trafford Locality Operating Model

- 2.1 A 'Locality Approach' was agreed in June 2021 and a refreshed position submitted to Greater Manchester Health and Social Care Partnership ("GMHSCP") in September 2021, supported by the Trafford One System Board (OSB). A further meeting took place in February 2022 with senior leaders from Trafford's system and Sara Price, Interim Chief Officer GMHSCP and Sir Richard Leese, Designate Chair of the NHS GM Integrated Care Board, to understand progress on our Locality Operating model and its core components. Subsequently Trafford will engage in a Check and Challenge exercise which will take place with each of the ten GM localities to ensure progress on their respective locality operating models. This will be a supportive process and more information, including the approach will be made available in early March 2022.
- 2.2 Within the two earlier submissions Trafford fed back a 'commitment in-principle' to move towards a joint committee model for the OSB. However, recent guidance produced for the GM Governance Group is being considered in the light of the most recent national guidance, which does not go as far as had been hoped in terms of the governance arrangements which will be available to partner organisations. The ambition remains the same – that the OSB will be able to make decisions on the basis that there is a joint accountability and responsibility on the part of its members. Further work is required to understand how we will be able to establish arrangements which will secure that delivery for Trafford and once the position has been resolved a further report will be produced and will navigate its way through appropriate GM and locality governance for comment and appropriate action.
- 2.3 At the January OSB meeting a paper was presented articulating the Place Leader position for Trafford – this paper contained a draft set of characteristics and duties pending publication of any national or regional role profile and suggested a set of governance arrangements – again pending the outcome of the formal consultation process which began in February 2022. Specific elements as follows were agreed in-principle by the OSB:
- The Trafford Place Leader role will be a senior leader who is directly accountable to the ICB Executive but is anchored in the Trafford Locality as a place, and to the people that the role will serve.
 - To ensure this happens the OSB have agreed that the role will be invited to be a partner member of the Trafford Borough Council Corporate Leadership Team, which is led by the Trafford Council Chief Executive. This is not an accountable line to the Trafford Council Chief Executive but is a working arrangement into the Trafford team to enable a consistent contribution and influence on the wider health and wellbeing agenda for Trafford residents. It will also enable the role to influence other areas of public life which affect the health and wellbeing of Trafford residents and be influential in some of the council led forums e.g. HWBB.
 - It is acknowledged that the role will need to have such a connection to other partners around the Locality Board table. Therefore, it is assumed such an arrangement, as with the Trafford Borough Council Corporate Leadership Team (CLT), may be replicated with other statutory health organisations who serve the people of Trafford.

- In so doing we believe this role will help to deliver the agreed vision of the Trafford Locality Plan which is to focus on Trafford as a place, its people, its population, and its partnerships.

2.4 Trafford Council and its partners continue to await clarity and guidance on specific elements of the GM Operating Model, the financial flows and responsibilities, Place Leader arrangements and agreeing running cost allocations and deploying staff within the national HR framework. As elements of the GM ICS become clear Trafford is well positioned to curate its final governance arrangements and will do so within the existing shadow governance arrangements and organisational governance of those impacted by the changes introduced by the Health and Care Bill.

3 **Current Trafford System Governance and Connectivity**

3.1 In spite of the uncertainties arising from the lack of clarity and guidance around both the GM Operating Model and the national proposals, Trafford has worked collectively since the publication of the White Paper to establish an effective set of shadow governance arrangements. We have established key partnership forums to help drive our system reform agenda and acted upon published guidance to help curate the following key forums:-

3.2 One System Board (OSB): The OSB will agree the shared priorities and strategic direction for health and care in Trafford and undertake all functions and duties delegated to it by GM ICB. It will ensure that all elements of NHS and local authority services are aligned with the shared Trafford strategic direction. It will agree resource allocation within the scope of responsibility delegated to it and act as the interface with NHS GM Integrated Care Board and GM Integrated Care Partnership.

3.3 The OSB has now agreed its draft Terms of Reference (ToR) on the understanding further changes can be made as system architecture and clarity on operating models and GM governance emerge. There is an acknowledgement that more detail is required to determine the role and responsibilities of the Board itself, including work to understand the management of conflicts of interest. The GM Joint Planning & Delivery Committee considered a report in December 2021, following which it has developed a 'boilerplate' contribution to Locality Board Terms of Reference which will now be considered locally and used to inform the next iteration of the OSB ToR in March 2022.

3.4 The OSB is currently co-chaired by Leader of the Council Andrew Western and CCG Chair Muhammad Imran. Conversations are ongoing with OSB members regarding future Chairing arrangements – these arrangements will be somewhat influenced by the GM Operating Model and appointment of a Place Leader which is a further integral element of that model.

3.5 Trafford Provider Collaborative Board (TPCB): The purpose of the Board is to be the engine room of the One System Board (OSB) shaping, co-designing and delivering services in line with the priorities of the Trafford Together Locality Plan and strategic direction set by the OSB – In summary it is responsible for delivery of the Locality Plan. It will work in partnership to deliver high quality, safe services at the right time and in the right place. It will shape and co-design services to ensure we maximise Trafford's resources. It will prioritise preventative approaches and ensure a consistent focus on public engagement and co-production in its design work.

- 3.6 TPCB has now agreed its draft ToR on the understanding further changes can be made as system architecture and clarity on operating models and GM governance emerge.
- 3.7 TPCB has also made progress in developing its 'critical path' for shadow arrangements and defined where possible the key milestones and objectives. The recent publication of the NHS Planning Guidance 2022/23 alongside other sector and organisational priorities contained within the Locality Plan will influence the areas of prioritisation for 2022/23.
- 3.8 Trafford Clinical and Practitioner Senate (TCAPS): TCAPS provides a single point of clinical and practitioner oversight of community-based health and care provision across Trafford with involvement in the design, planning and delivery pathway. TCAPS will support the development of clinical pathways and pathway / service redesign, providing evidence-based advice and guidance, working across organisational boundaries to promote a whole system approach. It will make recommendations and formally support service change, service stand-up and pathway redesign working advising TPCB. TCAPS has agreed its draft ToR on the understanding further changes can be made as system architecture and clarity on operating models and GM governance emerge.
- 3.9 Trafford Health and Well Being Board (HWBB): The HWBB is currently being refreshed with the support of the Local Government Association to better align to place-based partnership arrangements with a focus on prevention and health inequalities, whilst retaining its statutory functions, roles and responsibilities.
- 3.10 The HWBB's membership will be developed by ensuring that the roles and responsibilities of members are appropriately scoped to accurately represent Trafford's demographic and 'need', and its structure and format reviewed to maximise impact and encourage greater collaboration between members and wider partners. The aim of this is to ensure that there are appropriate levels of engagement from members, identification of shared outcomes and/or agendas across systems and that members understand and acknowledge the benefits of the HWBB.
- 3.11 Consensus is to be established on how the Board fits into the wider structure of the health and care landscape in Trafford (OSB, TPCB, TCAPS) and the emergent Greater Manchester ICS.

4 Commissioning and Contractual Arrangements

- 4.1 In 2013, the responsibility for certain public health services transferred to local authorities pursuant to section 12 of the Health & Social Care Act 2012 (HSCA). Community health services fall under the scope of the Council's prescribed functions, the Council is therefore under a legal duty to ensure the continued provision of those services.
- 4.2 Trafford's Local Care Organisation (TLCO) was established on 1st October 2019. This organisation brings together community health services provided by Manchester Foundation Trust ("MFT") and adult social care services provided by Trafford Council. The community health services provided by MFT include those funded through Trafford Council's Public Health Team, All Age Commissioning and those funded through Trafford CCG. The delivery of these services by MFT are via a contract which was procured and lead by Manchester Health and Care

Commissioning (MHCC). Trafford CCG and Trafford Council are associates to this contract and as such both fund a range of services including school nursing, health visiting, infection control, weight management services, community nutrition and dietetics, district nursing, children's sensory and occupational therapy, Child and Adolescent Mental Health Services (CAMHS) and intensive behaviour support. The cumulative annual contract amount for these contracts for 2021-22 total £6.8m.

- 4.3 Stockport Metropolitan Borough Council (Stockport) is party to a contract with Central Manchester University Hospitals NHS Foundation Trust (now Manchester University NHS Foundation Trust (MFT)) for the provision of Sexual and Reproductive Health Services for the Boroughs of Stockport, Tameside and Trafford (the Contract). The Contract was formally procured on inception in 2016, on broadly standard community health contract terms. Trafford Borough Council (the Council) (amongst others) also benefit from the Services under the Contract as a Partnering Organisation. This contract expires in March 2022.
- 4.4 Section 75 of the NHS Act 2006 allows the pooling of funds where payments may be made towards expenditure incurred in the exercise of any NHS or 'health-related' local authority functions. Section 75 also allows for one partner to take the lead in commissioning services on behalf of the other (lead commissioning) and for partners to combine resources, staff and management structures to help integrate service provision (integrated management or provision), commonly known as 'Health Act flexibilities'. Here staff can be seconded/transferred and managed by another organisation's personnel. (Section 113 of the Local Government Act allows staff to be available to 'non-employing' partner organisations). The Act also makes provision for the functions (statutory powers or duties) to be delivered on a daily basis by another partner, subject to the agreed terms of delegation. Under regulation 8 of the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000s, the partners may enter into arrangements where the NHS partner exercises the health-related functions of the local authority in conjunction with the exercise of their own NHS functions.
- 4.5 Trafford Council currently has the following section 75 arrangements in place:
- **Learning Disability Commissioning.** There is a section 75 agreement outlining the commissioning of learning disability services between Trafford Council and Trafford CCG which expires in March 2022 which has included a pooled budget. It specifically relates to pass-through costs for the clinical commissioning of specialist health and clinical services for people with learning disabilities and offers opportunities for integrated commissioning in the future. It also includes the learning disabilities care package budget. This equates to £26.2m.
 - **Better Care Fund.** There is a section 75 agreement for the management and pooled budget for the Better Care Fund ("BCF") between Trafford CCG and Trafford Council which expires in March 2022 equating to £27.8m. The BCF enables the development and delivery of integrated approaches across the CCG and the local authority on supporting older people in the community with specific reference to hospital discharge.
 - **Children's Clinical Commissioning.** There is a long-standing section 75 agreement between Trafford CCG and Trafford Council for the commissioning and delivery of Children's Clinical Services equating to £80k. Trafford CCG provide the funding and Trafford Council employ the staff team and commission the services.

- **Management of TLCO.** Trafford Council has a section 75 agreement in place with MFT for the management of TLCO which is reviewed annually and currently expires in March 2023.

4.6 As part of the arrangements which will become effective from 30th June, Trafford Council needs to consider the future of its current section 75 agreements and the best way to deliver these areas of joint commissioning in the new landscape. Likewise, to enable Trafford Council to continue to provide these community health services for Trafford residents, the Council must secure a mechanism for the contracts to be delivered post June 2022. The proposed arrangements in that regard are set out in the accompanying report on commissioning and financial arrangements for Health and Social Care elsewhere on this agenda

5 Consultation

6.1 None

6 Other Options

7.1 The options are detailed in the report.

7 Reasons for Recommendation

7.1 Trafford Council requires strong and robust governance arrangements to manage the local health and social care system. There needs to be mechanisms to continue the joint commissioning of services and the provision of mandated health and social care services in accordance with legislation. The Council is under a legal duty to ensure the continued provision of the community health services. Trafford Council must ensure that any future arrangements for commissioning or the delivery of service are secured by July 2022 when the CCGs are abolished and that these manage the financial, governance and service delivery risks for Trafford Council in working with a new ICS.

Key Decision: No

If Key Decision, has 28-day notice been given? n/a

Finance Officer Clearance GB

Legal Officer Clearance JLF

[CORPORATE] DIRECTOR'S SIGNATURE *(electronic)*.....



To confirm that the Financial and Legal Implications have been considered and the Executive Member has cleared the report.