ROCHDALE BOROUGH COUNCIL

Meeting of: **Integrated Commissioning Board**
Date: **Tuesday, 29th March, 2022**
Time: **4.30 pm.**
Venue: **Hollingworth (Room 108ABC), First Floor, Number One Riverside, Smith Street, Rochdale, OL16 1XU**

Item No.	AGENDA	Page No
2	**Urgent Items of Business** With the agreement of the Chair of the Health, Schools and Care Overview and Scrutiny Committee, the following report has been submitted for approval of the Integrated Commissioning Board as urgent item: Pooled Fund Opening Budgets 2022/23 The grounds for urgency being that the budget is required to be confirmed prior to 1st April 2022	3 - 9
6	**Better Care Fund Budget Report 2022/23** To consider a report of the Cabinet Member for Health	10 - 15
7	**System Quality, Safety and Safeguarding Report** To consider a report of the Cabinet Member for Health	16 - 23

Integrated Commissioning Board Members

Councillor Iftikhar Ahmed
Councillor Daalat Ali
Dr Chris Duffy
Councillor Rachel Massey
Councillor Carol Wardle
Dr Bodrul Alam
Denise Dawson
Raj Jain
Joanne Newton

For more information about this meeting, please contact
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Report to Integrated Commissioning Board

Date of Meeting	29th March 2022
Portfolio	Cabinet member for Health & Wellbeing
Report Author	Jonathan Evans (Chief Finance Officer – Health & Social Care integration)
Lead Officer	Jonathan Evans (Chief Finance Officer – Health & Social Care integration)
Public Document	Public

Pooled Fund Opening Budgets 2022/23

Executive Summary

1.1 To update the Integrated Commissioning Board on the Pooled fund opening budget and proposed risk share arrangements for 2022/23.

1.2 The Local Authority approved a balanced 2022/23 budget at Budget Council on the 3rd of March. The CCG Governing Body approved a draft budget for 2022/23 on 18th March in line with the allocations received. The final CCG budgets will not be confirmed until the 28th of April as per the national NHS timetable.

1.3 The latest guidance for 2022/23 states that CCGs will continue under command & control paying NHS providers block contract payments.

1.4 The CCG has modelled the potential expenditure that the CCG may incur in 2022/23 in line with the operational planning guidance issued by National Health Service England (NHSE).

Recommendation

2.1 Members are asked to note the approved opening budget for the Council and approved draft budget for the CCG.

2.2 The Report recommends the continuation of the Section 75 agreement for 2022/23 and that the Chief Executive is given delegated authority to sign the documentation for the Section 75 agreement.

2.3 The Report is recommending that the pausing of the risk share within the Section 75 continues in 2022/23 and that both partners continue to be responsible for their own pooled fund gap.

2.4 The CCG will cease to exist as a legal entity from the 1st of July 2022 on the assumption that the Health & Social Care Bill will be passed by this date. The Integrated Care Board (ICB) across Greater Manchester will be the successor organisation as such will be a party to the Section 75 with the Council following novation of the Section 75 to the ICB.

Reason for Recommendation

3.1 This report updates the ICB on the Health and Social Care pooled budgets for 2022/23 in line with National Health Service England (NHSE) guidelines. As part of operating a pooled budget regular monitoring reports are required.

3.2 The BCF has been excluded from the pooled fund and will be reported separately to ICB in line with NHSE requirements for reporting each quarter.

Key Points for Consideration

4.1 The pooling of budgets between the two organisations, LA and CCG, is in line with NHSE guidelines to progress integration of Adult Social Care and Health and is in accordance with the decision made by Cabinet and the CCG Governing Body.

4.2 The operation of a formal pooled budget has been in place from April 2018.

4.3 Alternatives Considered
The operation of a formal pool in 2022/23 builds on the shadow pool that was operated by the ICB in 2017/18 and is in line with 2018/19 to 2021/22 reporting; therefore, there are no alternatives to consider.

Costs and Budget Summary

5.1 **Local Authority Revenue Budget 2022/23**

General Fund Summary Estimates 2022/23-2024/25

	Service	2022/23	2023/24	2024/25
		£'000	£'000	£'000
1	Adult Care	60,146	70,254	77,581
2	Children's Services	64,039	63,834	63,879
3	Economy	17,669	17,935	18,095
4	Neighbourhoods	54,214	55,293	56,874
5	Resources	11,573	8,991	9,312
6	Public Health and Wellbeing	21,339	21,431	21,455
7	**Total**	**228,980**	**237,738**	**247,196**
8	Finance Control	31,591	34,115	35,394
9	Contingency	14,835	9,154	10,159
10	Collection Fund Deficit	8,152	1,748	0
11	Budget Pressures Fund	1,000	2,000	3,000
12	Saving Proposals (subject to consultation)	(123)	(323)	(323)

	Service	2022/23	2023/24	2024/25
13	Contribution To/(From) Reserves/Balances	(3,117)	(2,075)	604
14	Government Grant b/f via Reserves re Collection Fund Deficit 2021/22	(12,935)	0	0
15	Contribution To/ (From) Unusable Reserves (Depreciation)	(19,436)	(19,435)	(19,462)
16	Contribution To Integrated Pool Fund	110,850	114,987	119,521
17	Contribution (From) Integrated Pool Fund	(110,850)	(114,987)	(119,521)
18	**Total Budget Requirement**	**248,947**	**262,922**	**276,568**
	Resources			
	Locally Generated Funding			
19	Council Tax	(100,037)	(104,657)	(110,051)
20	Business Rates Retained	(61,768)	(67,320)	(68,095)
21	Total Locally Generated Funding	(161,805)	(171,977)	(178,146)
	Government Grants			
22	General Grants	(48,845)	(48,021)	(51,000)
23	Business Rates Top-Up Grant	(38,297)	(38,335)	(38,376)
24	Total Government Grants	(87,142)	(86,356)	(89,376)
25	**Total Resources**	**(248,947)**	**(258,333)**	**(267,522)**
26	**Unfunded Ongoing Requirement**	**0**	**4,589**	**9,046**

5.2 In March 2021 the Council set a balanced budget for 2021/22, with an estimated budget gap of £5.127m for 2022/23. In February 2022 the Council set a balanced budget for 2022/23, having addressed the forecast gap through the implementation of a £600k savings programme totalling, a further 1% increase in Council Tax via the Adult Social Care precept, an increase in social care grant funding, and via the use of reserves.

5.3 The Council has continued to experience Covid related pressures, which to date have been met using one-off Government Grants. A budget of £4.23m has been set aside in 2022/23 to fund potential LA Covid pressures.

5.4 The Council has an estimated budget gap to address of £4.589m in 2023/24 rising to £9.046m in 2024/25.

5.5 **Pooled Fund – Local Authority**

5.6 The pooled fund includes Adult Social Care, Public Health and some Children's Social Care services from the Local Authority. The table below shows the value of the LA's pooled budgets by service area: -

Service Area	£'000
Adult Social Care	55,159
Children's Services	42,307
Public Health	13,384
Total Pooled Budget	**110,850**

6.1 **CCG Draft Budgets 2022/23**

The CCG submitted its latest draft of the financial plan for 2022/23 on the 14th of March 2022 to Greater Manchester Health & Social Care Partnership (GMH&SCP). GMH&SCP are combining the draft financial plans for commissioners and providers to be submitted at an Integrated Care Board (ICB) level. The plan is for the full year 2022/23 but it should be recognised that this is still subject to the Health and Social Care Bill being passed, CCGs will no longer exist from 1st July 2022 as per the national move to an Integrated Care Board (ICB) across Greater Manchester.

CCG Draft Budget 2022/23

HMRCCG Budget 2022-23	
Area of Spend	**£'000**
Acute	£207,523
Mental Health	£44,195
Community	£49,652
CHC	£15,641
Primary Care	£10,748
Prescribing	£44,152
Co-Commissioning	£38,490
Other	£13,615
Running Costs	£4,153
QIPP	-£3,368
Total	**£424,801**
Allocations	**£'000**
Core Allocations	£367,591
Growth Funding	£11,659
Health Inequalities	£1,250
Maternity (Ockenden)	£434
Transforming Community Services	£1,224
Co-Commissioning	£38,490
Running Costs	£4,153
Total	**£424,801**
Variance	***£0***

6.2 **Pooled Fund – CCG**

6.3 The table below shows the value of the CCG pooled budgets by service area which is in line with the national guidance for allowable health funding to be pooled:

22-23 CCG Pooled Budget	
CCG Only	**Annual Budget (£'000's)**
Adults	224,806
Childrens	56,129
TOTAL POOL FORECAST	**280,935**
BCF	19,885
Cannot Pool (due to national guidance)	56,453
Non Pool (Ambulance Services, CHC Assessments, Corporate and Primary Care excluding prescribing, other services wth some exceptions)	67,528
TOTAL NON-POOL FORECAST	**143,866**
TOTAL POOL + NON-POOL FORECAST	**424,801**

7.1 Combined Pooled Fund 2022/23

2022/23 Expenditure Budgets	Opening 2022/23 Budget £m's
Adult's Services	
Management, Support and Commissioning	14.7
Adults, Older People and Physical Disability	52.0
Learning Disability / Mental Health	51.8
Acute Health Care	121.2
Primary Care - Prescribing	33.1
Other Services	7.2
Adult Public Health	7.8
Total Adult Pooled Services	**287.8**
Children's Services	
Management, Support and Commissioning	3.1
Children's Early Intervention	7.3
Health Community Services	14.2
Learning Disability / Mental Health	8.1
Special Educational Needs	4.3
Acute Health Care	23.7
Children 0-19 Public Health	5.6
Cared for Children and Safeguarding	27.5
Primary Care - Prescribing	8.8
Other Services	1.3
Total Children's Pooled Services	**103.9**
Total Health and Social Care Pooled Budgets	**391.7**
Contribution from Partners	
CCG	-280.9
LA	-110.8
Total Contributions	**-391.7**
Opening Position	**-**

8.1 Section 75 and Proposed Risk Share Approach

Due to the NHS finance regime of national command and control in 2021/22 the pooled fund risk share was suspended and both organisations took responsibility for any over and underspends which could be attributed to their statutory services. This did not impact upon the flexibilities and the operation of a pooled budget but did remove uncertainties for the LA which were outside of the localities control. Joint decision making, and collective governance continued around strategic direction and service delivery whilst allowing each statutory organisation to manage its recovery plan following Covid 19. The recommendation is continuing to pause the risk share in 2022/23 due to the national direction that the CCG will cease from the 1st of July 2022.

Risk and Policy Implications

9.1 The key financial risks to the Pooled fund are the financial impacts of dealing with the COVID pandemic and that the CCG allocation does not cover the expected costs in 2022/23.

Consultation

10.1 There is no requirement for consultation on the contents of this report other than with the partners i.e. the CCG and the LA. Relevant officers from both organisations have been consulted on the content of this report.

Background Papers	Place of Inspection
11.1	Not Applicable

For Further Information Contact:	Jonathan Evans – Chief Finance Officer J.Evans13@nhs.net

Report to Integrated Commissioning Board

Date of Meeting	29th March 2022
Portfolio	Cabinet Member for Health & Wellbeing
Report Author	Tammy Faulkner (for Children's Directorate)
Lead Officer	Jonathan Evans (Chief Finance Officer – Health & Social Care Integration)
Public/Private Document	Public

Better Care Fund Budget Report 2022/23

Executive Summary

1. To inform the Integrated Commissioning Board (ICB) and the Strategic Place Board (SPB) of the proposed budget for the Better Care Fund (BCF) for the financial year 2022/23.

Recommendations

2.1 ICB approves the revised revenue and capital budgets for the BCF for 2022/23.

2.2 ICB note that details of the minimum contribution to Adult Social Care has yet to be confirmed, and so the proposed revenue budget is subject to change.

2.3 ICB approves the proposed allocation of the DFG budget in Table 2,with the flexibility to transfer budget between the various schemes as necessary, noting the 2021/22 carry forward is subject to approval.

Reason for Recommendation

3. The Strategic Place Board (SPB) have ultimate sign off of the BCF budget as mandated in the BCF Policy Framework and Planning Guidance. However, the SPB have delegated responsibility for the BCF to the ICB. The 2022/23 budget is based on the 2021/22 budget, taking into account known changes in allocations.

Key Points for Consideration

4.1 The partners must have a Section 75 agreement to support the BCF budget. The updated version with approved budgets for 2022/23 will be taken to a future ICB meeting in 2022.

4.2 **Alternatives Considered**

It is a requirement of the NHSE guidance to produce a budget for 2022/23. This report provides details of the proposed 2022/23 budget taking into account the known changes in Better Care Fund Allocations. Therefore, there are no alternatives to consider.

Costs and Budget Summary

5.1 Table 1 shows the latest 2021/22 budget reported to ICB in January 2022, and the proposed 2022/23 budget. Overall, the Better Care Fund is expected to increase by £1.346m due to a forecast 5.22% increase in CCG contributions to the Better Care Fund (£0.985m) and £0.361m increase in LA Better Care Fund. The overall increase in Better Care Funding for 2022/23 is 4.3%.

Table 1 – Better Care Fund Forecast Budget 2022/23

Line No	Scheme	2021/22 Budget as at December 2021	2022/23 Forecast Budget	Reason for change in budget
	Revenue Expenditure	**£'s**	**£'s**	
1	**Funding of Social Care Services**	**19,925,737**	**21,147,529**	Increase in social care funding in line with increase in contributions to the Better Care Fund
2	**Additional Funding in Adult Social Care (notified in Spring Budget 2017)**	**1,568,389**	**1,568,389**	No change in LA Grant Funding
3	**Care Act Implementation**	**209,094**	**212,230**	Increase in line with 1.5% LA pay award
	Carers Services			
4	Carers -universal services	397,750	399,724	Increase in line with agreed contract
5	Carers night sitting service - dementia	81,600	82,824	Increase in line with 1.5% LA pay award
	Carers sub total	**479,350**	**482,548**	
	Reablement Services			
6	Reablement - dementia support workers	88,336	89,661	Increase in line with 1.5% LA pay award
7	Reablement - Intermediate Care dementia flexible workers	65,434	66,416	Increase in line with 1.5% LA pay award
8	Reablement - mental health outreach workers	112,852	114,771	Increase in line with health increase of 1.7%
9	Reablement - memory clinic dementia workers	53,743	54,656	Increase in line with health increase of 1.7%
10	Reablement - carers life after stroke	137,474	139,811	Increase in line with health increase of 1.7%
11	Reablement - equipment loan store	994,444	1,014,333	
	Reablement sub total	**1,452,283**	**1,479,648**	

	Intermediate tier service			
12	Reablement (STAR's) plus to support the new service	190,392	193,248	Increase in line with 1.5% LA pay award
13	NCA ITS contract	6,050,076	6,152,927	Increase in line with health increase of 1.7%
14	NCA CQUIN - new funding from CCG	75,626	76,911	Increase in line with health increase of 1.7%
15	Winter Pressure Funding Expenditure	1,108,358	1,108,358	No change in LA Grant Funding
16	Contingency for revenue schemes	106,484	90,134	Unallocated amount
	Intermediate Care sub total	**7,530,936**	**7,621,579**	
	Total Revenue Expenditure	**31,165,789**	**32,511,923**	
	Income			
17	Contribution from CCG	-18,872,307	-19,857,441	Minimum Contribution
18	Contribution from LA	-12,293,482	-12,654,482	
	Total Income	**- 31,165,789**	**- 32,511,923**	
	(Surplus) income over expenditure	-	-	

5.2 The budget shown in Table 1 above is in line with the confirmed levels of funding approved from the LA and CCG. The minimum level of funding of Social Care Services from the BCF has not yet been confirmed.

5.3 The forecast includes an increase in health contracts of a net 1.7%. This includes gross 2.8% inflationary increase offset with a 1.1% efficiency requirement.

5.5 The capital DFG budget for 2022/23 is expected to be £2.987m, which is in line with the allocation received in 2021/22. Table 2 includes a draft spending plan submitted for approval. The figures in table 2 include the 2022/23 DFG allocation and take account of the 2021/22 capital budgets forecast to be carried forward. In the December ICB update it was forecast that the DFG carry forward would be £1,422k. ICB will be updated once the 2021/22 carry forward is confirmed.

Table 2 Allocation of DFG

Line No	Allocation of Disabled Facilities Grant	Budget 2022/23 £'s	Scheme Details
1	Main DFG programme	3,560,000	Includes Disabled Facilities grants, going through national legislation, with the full means test applied and those up to £10,000 which are not means tested as per our current policy. Also includes capitalised salaries.
2	Capitalised costs of 3 Occupational Therapy Assistant posts	88,000	One year only funding agreed at Finance Board for 3 additional OTA posts to support with assessment backlogs.
3	DFG Top Up Grants	100,000	Discretionary top up grant of up to £10,000 where cost of works exceeds the £30k maximum upper grant limit.
4	Dementia, Falls and Excess Cold grants	15,000	To fund a range of innovation grants, to prevent accidents and hospital admissions and to support people to live independently within their own homes for as long as possible.
5	Repairs to Adaptations	25,000	To fund repairs to existing adaptations in cases where the original service user still remains in the property with the same needs.
6	Minor Adaptations	170,000	Fund the cost of the larger minor adaptations costing less than £1,000, such as external metal handrails and also grab rails and stair rails and other minor adaptations, which are increasing due to the focus on prevention.
7	Assistive/digital Technology	160,000	Fund the cost of AT equipment, such as Careline units, falls detectors, which is mainstream AT. It is likely that as the old analogue telephone lines are phased out, we will need to replace existing Careline units with the new digitally compatible units. Also to invest in new and emerging digital technology to pilot the benefits.
8	Housing Options for Older People (HOOP) service	40,000	Funding capital grant/loan works up to £40,000 to bring properties up to a decent and habitable standard for elderly, disabled and vulnerable people to enable them to continue living in their own home, which will enable Strategic Housing to substitute the costs to fund a HOOP Worker post (Housing Options for Older People), to assist with adaptations support.

9	Contribution to RSL new build properties for service users whose properties the LA are unable to adapt	200,000	Utilising up to £30,000 per applicant to provide a DFG in cases where it is not possible/not the most appropriate course of action to adapt the existing property. Facilitated by contributing to the cost of new build schemes being developed by RSLs in the Borough.
10	Contingency	51,389	
	Total	**4,409,389**	

Risk and Policy Implications

6.1 The partners must have a Section 75 agreement to support the BCF budget. The updated version with approved budgets for 2022/23 will be taken to a future ICB meeting in 2022.

6.2 The majority of budgets in the BCF are fixed price contracts but there are demand led budgets which could pose a financial risk mainly around the provision of equipment. Regular monitoring will allow commissioners to mitigate any risks and contingencies are included in the budget which could be used to mitigate risks.

Consultation

7. There is no requirement for consultation on the contents of this report other than with the partners i.e. the CCG and the LA. Relevant officers from both organisations have been consulted on the content of this report.

Background Papers	Place of Inspection
8. LA Monitoring Working papers	Number 1 Riverside
For further information about this report or access to any background papers contact Gareth Davies	Tammy Faulkner (for Children's Directorate) tammy.faulkner@rochdale.gov.uk

Report to Integrated Commissioning Board

Date of Meeting	29 March 2022
Portfolio	Health and Adult Care and Wellbeing
Report Author	Alison Kelly, Chief Nurse and Associate Director of Quality and Safeguarding
Public/Private Document	Public

System Quality, Safety and Safeguarding Report

Executive Summary

1. This report provides an update to Board in terms of the development of both the Quality, Safety and Safeguarding Strategic and Operational function across the system.

   Outlined will be the Quality, Safety and Safeguarding Commitment and the interface of this workstream with other functions across the system and its alignment to both neighbourhood development and Clinical Care Professional leadership.

Recommendation

2.
   1. That the Quality and Safety Commitment is endorsed by the Integrated Commissioning Board and is linked into Rochdale Borough Safeguarding Children's Partnership (RBSCP)/ Rochdale Borough Safeguarding Adult Board (RBSAB), Community Safety Partnership (CSP) and relevant ensuing workstreams.

   2. That all health and care service design and provision is underpinned by the commitment.

   3. That the commitment is an enabler for implementation of the Quality and Safeguarding Strategies.

Reason for Recommendation

3. The aim is the optimum safety and quality delivered to the right people, in the right place at the right time based on identified need and proposed outcomes.

Alternatives Considered:
Not to endorse the Quality and Safety Commitment.

Key Points for Consideration

4. **Quality, Safety and Safeguarding Commitment**

Integrated Care Systems (ICSs) are partnerships between the organisations that meet people's health and care needs across an area. They coordinate services and plan in a way that aims to improve health and reduce inequalities between different population groups.

The development of Integrated Care Systems (ICSs) brings significant opportunities to improve quality, but also identify and respond to challenges and risks. As localities and wider ICSs develop it is critical that quality, safety, and safeguarding are prioritised in decision-making and planning.

White Paper directives have provided impetus to join up planning and service delivery across historical divides: primary and specialist care, physical and mental health, health, and social care, as well as wider services including housing and the economy. The new partnerships are also helping to prioritise self-care and prevention, so that people can live healthier and more independent lives. Locally we already have some good foundations in place in relation to this however we ned to ensure there is a shared single view of high quality, safe and effective care.

The strategic group have developed a Quality Safety and Safeguarding Commitment – Appendix 1

What does this mean in practice?

That people working in systems deliver care that is:

Safe - delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk, empowers, supports, and enables people to make safe choices and protects people from harm, neglect, abuse, and breaches of their human rights; and ensures improvements are made when problems occur.

Effective - informed by consistent and up to date high quality training, guidelines, and evidence; designed to improve the health, care and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking, and clinical audit.

Responsive and personalised - shaped by what matters to people, their preferences, and strengths; empowers people to make informed decisions and design their own care; coordinated; inclusive and equitable.

Caring - delivered with compassion, dignity, and mutual respect.

Well-led - driven by collective and compassionate leadership, which champions a shared vision, values, and learning; delivered by accountable organisations and systems with proportionate governance; driven by continual promotion of a just and inclusive culture, allowing organisations to learn.

Sustainably-resourced - focused on delivering optimum outcomes within financial envelopes, reduces impact on public health and the environment.

Quality care is also equitable - everybody should have access to high-quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities. Focus on strengthening partnerships with staff, local communities and people using services to deliver higher-quality care and tackle health inequalities.

Ensure that decisions are taken closer to the communities they affect, so that they are more likely to lead to better outcomes. Provide people with an improved experience of health and care, as services are more coordinated, focused on addressing health inequalities and based on the latest evidence, learning and best practice.

Support people delivering health and care services to work together to do what is best for people, including being able to work across different organisations and services, such as primary and secondary care, physical and mental health. It is important that ICSs are clear about what matters to people using services, and that they use this understanding to shape how services are designed and how outcomes are measured:

Looking at our health and care system locally we need to look at the system players and consider how each will contribute to high quality, safe and sustainable health, and care.

Each part of the system has committed to delivering safe, equitable and high-quality provision across an all-age population and the commitment must underpin every part of the system.

The commitment lays down requirements for each system partner and 7 steps for quality and safety delivery in health and care.

The commitment clearly acknowledges the directives of statute and the need to link into Rochdale Borough Safeguarding Children's Partnership (RBSCP), Rochdale Borough Safeguarding Adult Board (RBSAB) and the Community Safety Partnership (CSP) so that work is not duplicated but enhanced.

Governance is described within the attached Commitment document.

This commitment cannot stand alone and could influence wider workstreams. It must underpin the wider Neighbourhood work and the

development of the Clinical Care Professional Leadership function as our system evolves.

Costs and Budget Summary

5. There are no cost implications.

Risk and Policy Implications

6. There are no significant risks.

Consultation

7. The Quality and Safeguarding Commitment has been co-produced through engagement with all system partners across health and care in the locality.

Background Papers		Place of Inspection
8.	Appendix – Quality Safety and Safeguarding Commitment	N/A

For Further Information Contact:	Alison Kelly, Chief Nurse and Associate Director of Quality and Safeguarding alison.kelly3@nhs.net

Appendix 1

A Shared Commitment to Quality, Safety and Safeguarding across Health and Care

Integrated Care Systems (ICSs) are partnerships between the organisations that meet people's health and care needs across an area. They coordinate services and plan in a way that aims to improve health and reduce inequalities between different population groups

The development of Integrated Care Systems (ICSs) brings significant opportunities to improve quality, but also identify and respond to challenges and risks. As localities and wider ICSs develop it is critical that quality, safety, and safeguarding are prioritised in decision-making and planning.

White Paper directives have provided impetus to join up planning and service delivery across historical divides: primary and specialist care, physical and mental health, health, and social care, as well as wider services including housing and the economy. The new partnerships are also helping to prioritise self-care and prevention, so that people can live healthier and more independent lives. Locally we already have some good foundations in place in relation to this however we need to ensure there is a shared single view of high quality, safe and effective care.

What does this mean in practice?

That people working in systems deliver care that is:

Safe - delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk, empowers, supports, and enables people to make safe choices and protects people from harm, neglect, abuse, and breaches of their human rights; and ensures improvements are made when problems occur

Effective - informed by consistent and up to date high quality training, guidelines, and evidence; designed to improve the health, care and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking, and clinical audit.

Responsive and personalised - shaped by what matters to people, their preferences, and strengths; empowers people to make informed decisions and design their own care; coordinated; inclusive and equitable

Caring - delivered with compassion, dignity, and mutual respect.

Well-led - driven by collective and compassionate leadership, which champions a shared vision, values, and learning; delivered by accountable organisations and systems with proportionate governance; driven by continual promotion of a just and inclusive culture, allowing organisations to learn

Sustainably-resourced - focused on delivering optimum outcomes within financial envelopes, reduces impact on public health and the environment.er than blame.

Quality care is also equitable - everybody should have access to high-quality care and outcomes, and those working in systems must be committed to understanding and reducing

variation and inequalities. Focus on strengthening partnerships with staff, local communities and people using services to deliver higher-quality care and tackle health inequalities.

Ensure that decisions are taken closer to the communities they affect, so that they are more likely to lead to better outcomes. Provide people with an improved experience of health and care, as services are more coordinated, focused on addressing health inequalities and based on the latest evidence, learning and best practice

Support people delivering health and care services to work together to do what is best for people, including being able to work across different organisations and services, such as primary and secondary care, physical and mental health. It is important that ICSs are clear about what matters to people using services, and that they use this understanding to shape how services are designed and how outcomes are measured:

Looking at our health and care system locally we need to look at the system players and consider how each will contribute to high quality, safe and sustainable health, and care.

For ease the system will be broken down into several component parts

Commissioners and funders

- This part of the system whether at a Greater Manchester or Place level will need to have clear governance processes in place for quality, safety and safeguarding
- There will need to be clear quality, safety and safeguarding pathways adhering to statute
- Processes should work within a 'just culture'
- Quality, safeguarding and safety standards with identified outcomes need to be in place
- The local community needs to be visible within processes

Providers

- Need to have clear quality standards and expected outcomes
- There must be a coherent system of quality and safeguarding assurance measurement and regulation
- Providers are accountable for the quality of care delivered
- Quality improvement should lead to improved health and care outcomes and in turn reduced health and care inequalities

Regulators

- Are responsible for ensuring high standards of quality of care from Providers
- They must work with commissioners across the system-GM and locally to share intelligence on quality issues and risk
- Support improvement where potential or actual failures in quality of care are identified
- Develop and monitor competency standards

Research and Innovation Partners

- Support maintenance of quality
- Triangulate data and evidence
- Share learning, best practice, and innovations across system partners to influence and improve delivery

People and communities

- Should know what high quality care looks like and what they have a right to expect and what falls short
- Care should be personalised and empowering
- They should be respected and listened to and treated with dignity and equity being able to live their best life
- They should be involved in shaping and co-producing how services are designed, delivered, and improved locally

How can this be delivered?

The National Quality Board outline 7 key steps for quality delivery in health and care

- Setting clear direction and priorities
- Bring clarity to quality, safety and safeguarding
- Measure outcomes and publish
- Recognise and reward
- Maintain and improve
- Build capability for improvement
- Stay ahead

Whilst such advice is useful much of quality, safety, and safeguarding work is scaffolded by statute and practice and as such dictated by it.

Delivery therefore needs to be quite prescriptive in areas such as Serious Incidents and Safeguarding reviews across a whole age spectrum.

It is imperative that the line of governance across the system is maintained along with impartial oversight and system support across all health and care areas and all ages.

All providers including small providers, those subcontracted by larger providers to deliver health services, Primary Care, Nursing and Care Homes will complete the Greater Manchester Safeguarding Contractual Standards annually. The standards are based on the following:

- Is there a **Safeguarding** lead in place? *This is inclusive of appropriate level representation and contribution to Boards and Subgroups*
- Are the appropriate **Safeguarding** policies in place?
- Do staff have access to **Safeguarding** training at the appropriate level for their role? *This is inclusive of Prevent Training compliance*
- Is there appropriate **Supervision** available for staff?
- Does the Organisation have **Safer** recruitment processes in place?
- Does the Organisation have appropriate pathways to report **Serious** incidents?

Returns will be independently reviewed, with Action Plans agreed to address areas of non or partial compliance.

Our Local Commitment

Is that the directives outlined above will pertain to the whole system including Care Homes, Smaller Providers, Primary Care and Children's Social Care. This will be done across all delivery points using a place-based dashboard with agreed metrics and outcomes. Oversight will be none punitive, but solution focussed and considered in context of the

system and the services it delivers. In turn this will link into GM and National reporting requirements. Governance will be by the Quality, Safety and Safeguarding Committee and into Shadow System Board as well as GM Quality Board. Links will be made into local Safeguarding Children's Partnership and Safeguarding Adults Board as well as the Community Safety Partnership as appropriate.