

Appendix 1: Shadow System Board Draft Terms of Reference

ROCHDALE LOCALITY SHADOW SYSTEM BOARD

DRAFT TERMS OF REFERENCE

“Improve the health, care and wellbeing outcomes for the borough of Rochdale”

- 1.1 These terms of reference refer to the SHADOW arrangements for the System Board (without delegations) and will evolve through 2021-22 until the System Board is fully constituted by April 2022. During this Shadow phase formal decision making will continue to be enacted through the existing Integrated Commissioning Board.
- 1.2 The Rochdale Locality System Board (“System Board”) is responsible for the delivery of the outcomes set out in “Co-operating for better health and wellbeing, Rochdale Borough Locality Plan 2020-2024” (“Locality Plan”). This plan sets out “how we will do all we can so that residents in our borough live long and happy lives that are as healthy as possible, for as long as possible.” The plan further states, “If we achieve this, it will mean that we will have ‘Improved the health, care and wellbeing outcomes for the borough of Rochdale’.”
- 1.3 The Locality Plan sets out a series of principles by which we will operate to deliver improved outcomes:

<p>Co-operation</p> <p>Public services, partners, citizens, businesses and the voluntary sector will share decision making and jointly design and deliver services.</p>	<p>Strengthening community assets</p> <p>Individuals and families will be supported to use their skills, experience and collective kindness to improve communities. By doing so our 'place' will be a better area to grow up, get on and live well.</p>
<p>Prevention and intervention</p> <p>Prevention will be part of everything we do, and we will support our residents and workforce to take care of themselves and others. We will take action to stop problems from arising or becoming worse.</p>	<p>Collective change</p> <p>We will work together to change things so that we have sustainable services and have reduced inequalities</p>
<p>Integrated and local</p> <p>Public services, partners and the voluntary and community sector will share skills, expertise and resources to deliver person and community centred services at the right time and in the right places for residents.</p>	<p>Addressing the climate emergency</p> <p>We will increase our efforts to ensure that we consider and reduce the negative impacts that services and activities have on the environment and thus help to address the climate emergency.</p>

2 Purpose

- 2.1 The System Board is established by partner organisations who are committed to working together to ensure that Rochdale residents have improved health, wellbeing and prosperity.
- 2.2 This is further defined by the following Health and Wellbeing Outcomes as stated in the Locality Plan:
 - **People:** get a good start, are protected, are resilient, are healthy and fulfil their potential
 - **Place** is: age friendly, inclusive, welcoming, provides opportunities and supports sustainable growth.

3 Responsibilities:

- 3.1 Set the strategic direction for the Borough, utilising Public Health led data and intelligence to inform decision making and reduce health inequalities.
- 3.2 Be accountable for the pooled budget and have shared oversight of the Rochdale £ to ensure the most effective use of public resources.

- 3.3 Hold the system to account for delivery of Health and Care provision for the Borough to ensure delivery of agreed outcomes. (Assurance mechanisms to be determined)
- 3.4 Operate as the strategic interface into the Greater Manchester Integrated Care System (GMICS), regional and national systems.
- 3.5 Seek assurance on the delivery of system wide statutory duties including, but not exclusive to, reducing health inequalities, quality and safety of services, performance targets and financial arrangements.
- 3.6 Develop strong links with the wider Public Sector Reform agenda and operate under the GM Public Sector Reform Principles as outlined below:
- A new relationship between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services – ‘do with, not to’
 - An asset-based approach that recognises and builds on the strengths of individuals, families and our communities rather than focussing on the deficits
 - Behaviour change in our communities that builds independence and supports residents to be in control
 - A place-based approach that redefines services and places individuals, families, communities at the heart
 - A stronger prioritisation of wellbeing, prevention and early intervention
 - An evidence-led understanding of risk and impact to ensure the right intervention at the right time
 - An approach that supports the development of new investment and resourcing models, enabling collaboration with a wide range of organisations

4 Duties

4.1 The System Board will:

- set strategic direction and approve system health and care strategies
- align political, clinical and managerial leadership
- allocate and oversee high level resources across the NHS and local authority
- ensure achievement of set outcomes and ambitions

5 Status and authority

5.1 The status of the Shadow system Board in this initial phase is advisory and developmental, with decision making through the existing Integrated Commissioning Board

6 Accountability

6.1 The System Board will initially remain accountable to its constituent organisations. Over time as the ICS develops, it is anticipated that accountabilities will shift towards the GM Health and Care partnership Board / GM NHS Board where applicable, as one of the constituent organisations.

6.2 The System Board will establish such sub-groups as it considers necessary to ensure the delivery of agreed outcomes. At present these system wide sub-groups are:

- Finance, Performance and Risk Group
- Quality and Safety
- Workforce
- People and Place Partnership

Appendix 2: Shadow System Board Appointments

Proposed Membership of the Shadow System Board

- **Independent Chair**
- **Place Lead**
- **4 x Elected Members:** Leader, ASC, Health and Children
- **4 x Clinical representatives:** PCN representative, CCG Clinical Chair, Rochdale Care Organisation Medical Director, CCG Board level clinical lead
- **4 x Chairs of sub-groups:** FPR, Public Health, Quality and Safety, workforce
- **4 x LCO members:** LCO Chief Officer, LCO Independent Chair, Primary Care representative, Mental Health representative
- **2 x CCG Lay Members**
- **1 x NCA Non-Executive**
- **ICS representative-** to be determined

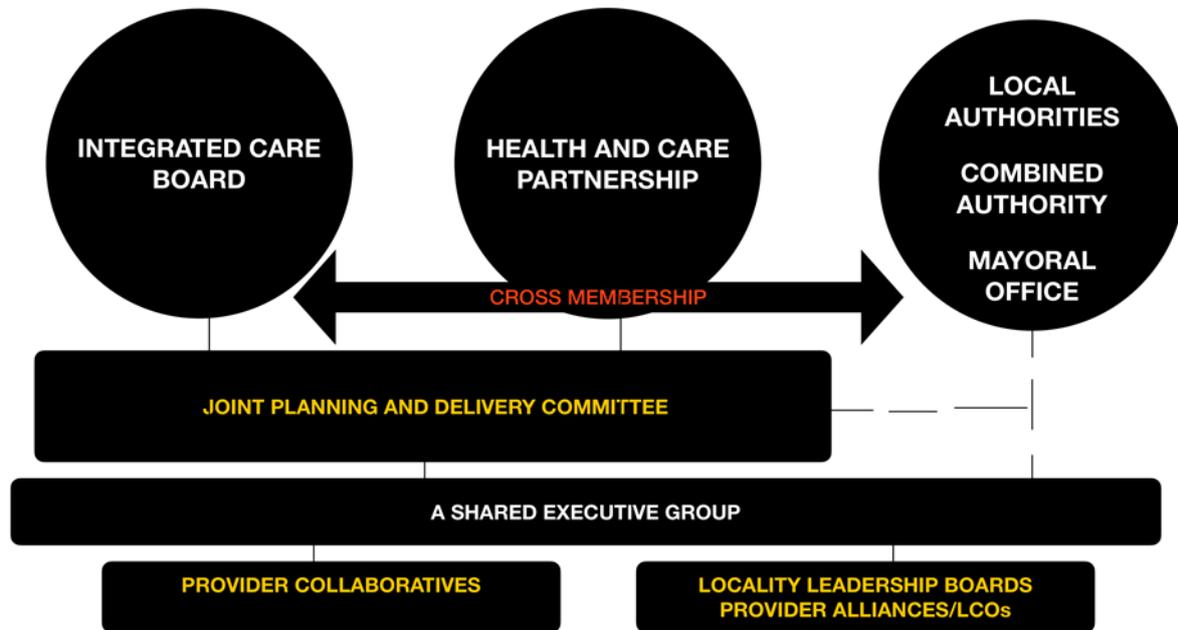
Supporting Officers:

- **Director of Commissioning / DASS**
- **Section 151 Officer**
- **Monitoring Officer**
- **Director of Integrated Systems Development**

Where a member cannot attend a meeting, the member can nominate a named deputy to attend. Deputies must be able to contribute and make decisions on behalf of the Party that they are representing. Deputising arrangements must be agreed with the Chair prior to the relevant meeting.

Other members/attendees may be co-opted as necessary.

Appendix 3: Greater Manchester ICS Draft Governance Arrangements



Appendix 4: Existing Delegations to Strategic Place Board and Integrated Commissioning Board

Current delegations to the Strategic Place Board

1. Ensure that all available resources to support health improvement and people's quality of life are used efficiently and to their full potential.
2. Lead an assessment of the health and wellbeing needs of the local population and produce a high-level Joint Strategic Needs Assessment
3. Develop a joint health and wellbeing strategy providing an overarching framework and priorities identified for action within which commissioning plans for the NHS, social care, public health and other health and wellbeing related services will be developed;
4. Shift the focus of services from crisis management to a preventative approach at key points in the whole life course
5. Challenge all partners to fully deliver their contribution to the Borough's priorities for health and wellbeing
6. Lead joint working and ensure coherent and co-ordinated commissioning strategies, including those of the NHS Commissioning Board.
7. Provide public accountability for services that are directly related to the health and wellbeing of the local population.
8. Ensure all partners fully understand what outcomes the Board are working to and use robust performance management structures to measure progress and success.
9. Maintain an oversight of the allocated public health budgets and how these are spent.
10. Pull together the commissioning activities of the NHS locally and the local authority where this aligns with delivery of the joint health and wellbeing strategy and, through integrated commissioning, require assurances from joint commissioning structures of value for money and equity of access and outcomes.

Current delegations to the Integrated Commissioning Board

1. Approval of the s75 Agreement in respect of the pooled fund, Better Care Fund and implementation and monitoring of the Fund.