



Caring. Co-operative. Community.

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.