

Report to: STRATEGIC COMMISSIONING BOARD

Date: 22 June 2022

Executive Member: Councillor Eleanor Wills – Executive Member (Health)

Clinical Lead: Dr Ashwin Ramachandra – CCG Co-Chair

Reporting Officer: Jessica Williams – Director of Commissioning

Subject: **NOMINATION AND APPOINTMENT OF TAMESIDE PLACE LEAD FOR HEALTH AND CARE INTEGRATION.**

Report Summary: The role of a single responsible Place Lead for Integrated Care is a core feature of Greater Manchester’s development as an integrated care system.

This report outlines the proposed nomination and appointment process to this role in Tameside.

Integrated arrangements have existed in Tameside and Glossop for several years with the Chief Executive of Tameside Council also the Chief Officer of Tameside and Glossop CCG

Recommendations: It is recommended that the essence of this arrangement continues and for the Interim Chief Executive of Tameside Council to be nominated as the Tameside Place Lead for Health and Care Integration.

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Budget Allocation (if Investment Decision)	N/A
CCG or TMBC Budget Allocation	CCG/TMBC
Integrated Commissioning Fund Section	S75
Decision Body – SCB Executive Cabinet, CCG Governing Body	SCB
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark	
<p>The Tameside locality has a running cost allocation for health of £4,013k in 2022/23. Against this we have a QIPP target of £270k, which covers both board efficiency as a result of the ICB and natural slippage/vacancy factor.</p> <p>Historically Tameside and Glossop has had a shared senior management structure, with the Accountable Officer funded by the Local Authority and Chief Finance Officer funded by the CCG. This has resulted in savings on both sides and is built into recurrent budgets. Nominating the Council Chief Executive as the Place Lead for Health and Care Integration does not change existing funding arrangements for senior leadership. Historic efficiencies as a result of this will remain and the Locality Lead will be funded within existing recurrent budgets.</p>	

Legal Implications:
(Authorised by the Borough Solicitor)

As set out in the main body of this report the post of Place Lead is a critical component of the new integrated arrangements.

In suggesting the preferred option of the Chief Executive undertaking this role the guidance issues by the Greater

Manchester Health & Social Care Partnership has been followed and this is in line with 8 other GM authorities so far..

How do proposals align with Health & Wellbeing Strategy?

N/A

How do proposals align with Locality Plan?

N/A

How do proposals align with the Commissioning Strategy?

N/A

Recommendations / views of the Health and Care Advisory Group:

N/A

Public and Patient Implications:

The views of Healthwatch and VCFSE partners were included in this process.

Quality Implications:

N/A

How do the proposals help to reduce health inequalities?

Integrated leadership supports the focus on the wider determinants of health.

What are the Equality and Diversity implications?

The nomination process has followed Greater Manchester Health & Social Care Partnership guidance.

What are the safeguarding implications?

N/A

What are the Information Governance implications? Has a privacy impact assessment been conducted?

N/A

Risk Management:

The nomination process has followed Greater Manchester Health & Social Care Partnership guidance and been endorsed by the Shadow Tameside Strategic Partnership Board.

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer, Martin Ashton, Assistant Director of Integration



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1. INTRODUCTION

- 1.1 The role of a single responsible Place Lead for Health and Care Integration is a core feature of Greater Manchester's (GM) development as an integrated care system.
- 1.2 Tameside Council, working with NHS partners, as part of the GM integrated care system, have a statutory duty to deliver on this agenda through the GM Integrated Care Partnership and NHS GM Integrated Care.
- 1.3 Following the closure of Tameside and Glossop CCG, Tameside Council will remain the principal leader of place, with a mandate to integrate health and social care and address the social determinants of health.

2. PURPOSE

- 2.1 To outline the nomination and appointment process for the Tameside Place Lead for Health and Care Integration.
- 2.2 To confirm the nomination of the Chief Executive of Tameside Council and current Chief Officer of Tameside and Glossop CCG for the role of Tameside Place Lead for Health and Care Integration.

3. OVERVIEW: PLACE LEAD FOR HEALTH AND CARE INTEGRATION

- 3.1 The Greater Manchester Health and Social Care Partnership (GMHSCP) issued the Accountability Framework for the Place Lead for Health and Care 17 March 2022. The framework requests that each locality identifies a new role as part of NHS GM Integrated Care arrangements, this will be known as a Place Lead for Health and Care Integration. The Place Lead will ensure that Tameside remains a strong and influential component part of the Greater Manchester Integrated Care System.
- 3.2 The Place Lead for Health and Care Integration will be responsible for driving the local integration of health and social care and connecting that to wider public services to address the social determinants of health, with the purpose of improving health outcomes, improving the quality of care, reducing health inequalities and maximising the value of public resources.
- 3.3 The Place-Based Integrated Care Lead will:
 - Convene the place-based integrated care partnership, and facilitate priority-setting, strategic alignment and decision-making between organisations across multiple sectors.
 - Be the accountable officer for delegations from NHS GM Integrated Care to the place-based partnership.
 - Be a member of the wider system leadership team, and therefore have influence over NHS financial resource allocation across Greater Manchester and specifically within the place they lead.
 - Lead the local NHS GM Integrated Care employed team, and work with partner organisations to develop and support a "one team" approach including purposeful arrangements for effective clinical and professional care leadership across the place.
 - Listen to the voice of our communities - Ensuring our place-based partnerships are developed by listening to the voice and lived experience of our communities
 - Be responsible for the management and deployment of people who are allocated from both NHS GM Integrated care and wider partners to form the place based integrated care team.

- Ensure that partners work together to deliver on required outcomes and agreed ambitions.
- Work closely with the statutory officers in NHS Trusts, Adults and Children's Social Care and Public Health to support the full range of contributions to integrated care and population health. The statutory accountabilities of those individuals and their organisations are not affected by the creation of this role.

4. NOMINATION OPTIONS: PLACE LEAD FOR HEALTH AND CARE INTEGRATION

4.1 Noting that the GM accountability framework set out that within each locality the Council will remain the *place leader*. The nomination process is to establish the Place Lead for Health and Care Integration via one of three options:

4.2 Option 1: The Local Authority Chief Executive. As the Place Lead for Health and Care Integration forms part of the Local Authority Chief Executive's role they will need to be supported by a senior officer who would also be a member of the ICB locality team. This is anticipated to be an existing Tameside CCG executive. The Place Lead for Health and Care Integration will hold dual accountability to the Tameside Strategic Partnership Board and the Chief Executive of NHS GM Integrated Care. This will require a contract of employment with both NHS GM Integrated Care and Tameside Council.

4.3 Option 2: An individual employed by NHS Greater Manchester Integrated Care Board. A full-time role with the responsibility for delivering the requirements of the accountability framework. Fully employed by NHS GM Integrated Care with dual accountability to the GM Integrated Care Chief Executive and Tameside Council Chief Executive via the place-based board. The post holder will be the head of the locality team.

4.4 Option 3: Bespoke locality arrangements. If Tameside partners have alternative proposals from the options set out in the accountability framework a clear rationale should be provided which describes and justifies the difference and evidences the full involvement and support of Tameside Council and other locality partners.

5. TAMESIDE NOMINATION PROCESS AND NEXT STEPS

5.1 Integrated arrangements have existed in Tameside and Glossop for several years with the Chief Executive of Tameside Council also the Chief Officer of Tameside and Glossop CCG. It has always been the stated intention to continue this arrangement and for the Chief Executive of Tameside Council to be nominated as the Place Lead for Health and Care Integration. This supports Option 1 above.

5.2 The guidance is clear that each locality should set out the arrangements that are in the best interests of the place. Tameside will seek representations from the following organisations via the Shadow Tameside Strategic Partnership Board membership:

- Tameside Council
- Tameside and Glossop CCG
- Tameside and Glossop ICFT
- Pennine Care NHS FT
- Tameside Primary Care Networks
- Tameside VCFSE partners.
- NHS GM Integrated Care.

5.3 Option 1: Nomination of the Local Authority Chief Executive was endorsed at the Shadow Tameside Strategic Partnership Board April 2022.

- 5.4 Option 1: Nomination of the Local Authority Chief Executive was endorsed by Tameside and Glossop CCG Governing Body.
- 5.5 Approval for the nomination will be sought from Tameside Council Cabinet and Tameside and Glossop Strategic Commissioning Board.
- 5.6 The nomination will be submitted to NHS GM Integrated Care for ratification.
- 5.7 If a recruitment process is required, Tameside will work with NHS GM Integrated Care to agree timeframes and due process.

6. RECOMMENDATIONS

- 6.1 As set out at the front of the report.