

GREATER MANCHESTER - PLACE LEAD FOR HEALTH AND CARE INTEGRATION

ACCOUNTABILITY FRAMEWORK

Overview

The role of a single responsible Place Lead for Integrated Care has been recognised as a core feature of the locality approach intended as part of GM's development as an integrated care system. That intention has also been reflected in NHSE's Thriving Places guidance and affirmed in the recent Integration White Paper.

Place-based integrated care partnerships across Greater Manchester will help complete our journey to integrated care. They will be accountable to, and rooted in, communities. Place based partnerships will ensure that day to day care and support is connected to the things which keep people well – their homes, their families, their friendships and social activities and their jobs. This ambition, to connect the contribution of all public services with communities in pursuit of good lives for all, is the focus of the place leadership model.

It is critically important to define that within each locality the Council will remain the leader of place.

The place-based integrated care partnerships for each locality will address specific place-based challenges and deliver within each place/LA footprint its locality plan as a component part of the GM Integrated Care Partnership strategy. Each of the place-based partnerships will reflect the identity of each of the places within Greater Manchester and benefit from the assets and strengths of each community in the locality. At the same time, however, we will ensure that standards of access and quality do not vary. We will connect across Greater Manchester, therefore, to ensure that the evidence of the most effective care models is applied in every neighbourhood.

Local authorities and the NHS, as part of our integrated care system, have a statutory duty to deliver on this agenda through GM Integrated Care Partnership and GM NHS Integrated Care. Integrating health and social care can make a significant contribution to this agenda but most of what needs to be done cannot be delivered by integrated care alone. Much, but not all, of this is delivered at place as a part of the place-based agenda, addressing the social determinants of health, and it is Local Councils who are the principal leaders of place.

As a system, we have reviewed the governance arrangements that will be required to successfully work at system and at place within Greater Manchester and have chosen to adopt the following ways of working from July 2022:

- A new post will be developed, as per the requirements of the white paper, this will be known as a Place Lead for Health and Care Integration – convening and coordinating the locality, bringing the parties together, driving the changes to improve health, tackle health inequalities and improving everybody's access to, experience of, and outcomes from care; The options for the nomination and/or recruitment and appointment of this individual are contained within the appendix
- A Place-Based Integrated Care Partnership Committee (Locality Board) will be established – connecting the partners and their contributions through the joint stewardship of public resources with common purpose to improve health and wellbeing. This placed based lead for Health and Care integration will support this board and the local system governance.
- The arrangements for each locality will need to demonstrate wide support from partners and stakeholders and be the subject of a formal agreement between the ICB and the relevant Council. These will be established across each of the ten place-based localities from 1st July 2022 and for the duration of 2022/23, the transition year. A review will take place to redefine the framework should it be required.

Place Lead for Health and Care Integration

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 purpose of improving health outcomes, improving the quality of care, reducing health inequalities and maximising the value of public resources.

The Place-Based Integrated Care Lead will be accountable for:

- Convening the place-based integrated care partnership, and facilitate priority-setting, strategic alignment and decision-making between organisations across multiple sectors.
- Being the accountable officer for delegations from GM NHS Integrated Care to the place-based partnership.
- The place-based lead will 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.
- Leading the local GM NHS IC 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.
- Listening to the voice of our communities - Ensuring our place-based partnerships are developed by listening to the voice and lived experience of our communities
- Being responsible for the management and deployment of people who are allocated from both GM NHS Integrated care and wider partners to form the place based integrated care team.
- Ensuring that partners work together to deliver on required outcomes and agreed ambitions.
- The role will 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.

Accountability Profile

Role:	Place Lead for Health and Care Integration
Accountable to:	GM Integrated Care - Chief Executive Place Locality Board (via Local Authority)
Contractual arrangements:	All post holders should have a contractual relationship and dual accountability with NHS GM Integrated Care and with the Local Authority as the Place Leader; on behalf of the Locality Board. This could be achieved in multiple ways:

1. Fully employed by the local authority
2. Fully employed by NHS GM Integrated Care Board

NB: Locality proposals for alternative arrangements will be considered.

Priorities

- 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.

Job Requirements:

To be responsible for the leadership, strategy, effectiveness and delivery of the functions of the integrated care partnerships including:

- To ensure the delivery of high-quality services and positive outcomes for children and adults living in the locality
- Ensure commissioning approaches and resources are combined to drive integrated models of care and support. This will include the establishment and oversight of pooled/aligned budgets and s75s/BCF
- To continue to develop and lead collaborative working partnerships with a wide range of external bodies (ie: regulators) and partners (ie: GMP).
- To be a member of the local place Leadership Team of the place anchor organisation(s) and to contribute to shaping and influencing the strategic objectives of the Locality.
- To be a part of the GM Integrated Care wider leadership team
- Where appropriate to participate in the LA council cabinet, council and committee meetings and support elected members especially relevant portfolio holders
- Be the lead executive for discharging the NHS functions for health in Locality & to fulfil other GM Integrated Care functions delegated to 'place'.
- Working with locality partners to lead the elective and COVID recovery programmes.
- Lead the development of the locality integrated health and care workforce strategy to meet the aims of the GM People & Culture Strategy, national workforce strategies and meeting the needs of the local workforce priorities.
- Provide leadership to ensure that the conditions for exceptional care are in place. In particular, including effective approaches for data, intelligence and digital maturity and effective use of high quality public estate.

- Contribute to the overall integrated performance of GM Integrated Care including delivery of NHS priorities and integrated KPI's.
- Ensure the quality and safety of health and care services working with relevant providers and partners.

Responsibilities at place:

- Planning and delivering integrated services - Ensure that the integrated care partnership is delivering high quality, safe, affordable integrated services, tailored across the differing needs within the place footprint at neighbourhood, district and place.
- Ensuring that GM Integrated Care exercises its functions efficiently and economically in the locality
- Comply with NHS Financial and governance duties and meet any statutory obligations
- Secure continuous improvements in the quality of services.
- In conjunction with GM Integrated Care executive Director of finance , provide good value for money and contribute to a stable health economy
- Comprehensively and effectively lead health functions and teams in the locality , ensuring it is constantly committed to and able to discharge its functions.
- Be the executive lead for health and care integration and effectively communicate and engage with all stakeholders.
- Report to GM Integrated Care and GM Integrated Care Partnership as required and ensure the Locality makes a positive contribution to Greater Manchester
- Forge strong relationships with the Clinical Lead, local GPs and Primary Care Networks and ensure the membership is fully engaged with 'place'.
- Forge strong relationships with local health and social care providers
- Ensure there is strong clinical leadership in place and that they are fully engaged with the 'place' and locality board.
- Play an active role in GM Integrated Care Partnership.
- Establish an innovative, person-centred culture within the place-based team and be a visible and inspiring leader to all staff
- Improving quality of service - Build upon the existing high-quality services to provide consistent, high-quality care across each place, ensuring place-based performance and assurance is focused on delivering the required improvements in population health, outcomes and inequalities.
- Examples of thematic areas which place based leads will have responsibility for can be found in appendix 1 - these may differ based on how the wider place leadership is determined and will be agreed in system/locality boards in partnership.
- Accountability for the safety and quality of CQC regulated services for NHS GM Integrated Care services in the locality.

Leadership and Management

- To participate in the planning and strategic management of the full range of services agreed in scope.
- To create, foster and manage effective relationships with Elected Members, board members within all statutory organisations within the locality and ICS.
- Work collaboratively with other senior managers and stakeholders across the Locality in order to generate efficiencies and create synergies wherever possible.
- Direct and lead the integration of services ensuring attention to improving efficiency, robust cost management and accountability

- Advise GM Integrated Care, Cabinet, Portfolio Holders, Scrutiny Committees and other relevant stakeholders/ committees /Boards on the strategic priorities for health and social care services, and report on service performance and customer/client experience.
- Help develop an organisational culture and operational environment based on high standards of service provision, value for money and policy requirements, where employees are valued and developed.
- Be a recognised leader in health & care integration locally, regionally & nationally.
- Ensure effective performance management arrangements by defining requirements, standards, success measures and milestones; communicate these expectations clearly, including the step changes required to ensure continuous transformation and improvements to services.
- Represent the Locality as an exemplar, helping to develop a positive profile within the community, regionally and nationally.

Financial Management

- Maximising the use of resources - management of the financial delegations from GM Integrated Care Board, and achievement of the required deliverables for place (determined by the Integrated Care Board and by local priorities / ambitions). Ensuring this and any pooled budgets with other partners are managed effectively and make best use of limited resources.
- In conjunction with the locality board work with the LA S151 Officer and GM Integrated Care Executive Director of Finance, be responsible for, and proactively manage, the council, pooled and health service budgets ensuring that funding is maximised and resources are effectively deployed, monitored and controlled to provide optimal levels and quality of services within the resources available.

Partnerships & Integration

- To lead, promote and develop opportunities for co-operation with local, regional and national partners.
- To lead the ongoing integration of services, to ensure the development and implementation of a strategic plan for the public which is responsive to community needs.
- To develop a strong working relationship with all relevant partners and stakeholders.
- Through membership of the appropriate Board, assist in driving the development of the local Joint Strategic Needs Assessment and joint Health and Wellbeing Strategy.
- To direct the design and development of a combined commissioning function bringing together acute, primary, community care, adult social care, children and young people and public health and wellbeing; which ensures appropriate integration in commissioning of services and leverages greater efficiencies and value for money.
- To ensure the local voluntary faith and community sector, charities, social enterprises and independent sector are actively involved in the planning commissioning and delivery of services where appropriate.
- To lead and promote the involvement of the public and communities in co-designing services to meet the needs of the locality and its residents.

Person Specification

In order to be considered for this role, you should have the following attributes:

Knowledge

- Extensive knowledge of the NHS care and local government landscape
- Extensive knowledge of the health and care landscape within the place
- An understanding of different sectors, groups, networks and the needs of diverse populations
- An awareness and appreciation of social justice and how it might apply within an ICS
- A deep understanding of the NHS triple aim (of improved population health, quality of care and cost-control) and commitment to the values of the NHS Long Term Plan, the NHS People Plan, Nolan principles and the Standards for members of NHS Boards and Governing Bodies in England
- Sound understanding of good corporate governance as well as the difference between governance and management

Experience

- Extensive experience of providing compassionate and inclusive executive leadership in a role such as a Chief Executive, Executive Director/Director, Accountable Officer, Chief Operating Officer in a complex public sector organisation such as an NHS provider, Local Authority or CCG or have suitable leadership experience independent of the system
- Comprehensive experience of chairing complex professional meetings at a very senior level in a collaborative, efficient and effective manner
- Considerable experience of navigating politically sensitive situations and environments
- Significant experience of working with different sectors, groups, networks and building teams to deliver major transformation of public services and enhance services
- Broad experience of working across agency and professional boundaries, collaboratively with the board and other stakeholders to commission services and consult on transformation initiatives
- Experience of providing governance of a board, to identify and address issues, including underperformance and balance the competing objectives of quality, operational performance, and finance
- Track record of promoting Equality Diversity and Inclusion in leadership roles at board level and across systems
- Successful leadership and delivery of large-scale transformational change across organisations or sectors
- Experience of improving services to result in better outcomes for residents and patients
- Experience of managing a public sector budget for a place
- Extensive experience in building strong and effective relationships across sectors and organisations, and in taking time to foster good working relationships to build successful partnerships

Skills

- The ability to lead and build strong relationships across different sectors, and to adapt to changing situations
- Exceptional communication skills and be comfortable presenting in a variety of contexts, with experience of dealing with the media on topics of healthcare or other public sector activities
- Ability to remain independent and neutral to provide independent and unbiased leadership of the board with a high degree of personal integrity

- Highly developed interpersonal and influencing skills, with the ability to lead in a creative environment which enables people to thrive and collaborate
- Problem solving skills and the ability to identify issues and areas of risk, leading stakeholders to effective resolutions and decisions
- The ability to thrive and innovate in a complex and politically charged environment of change and uncertainty
- Confidence in constructively challenging information and explanations provided by others and negotiating when needed
- Understanding of your own strengths and the strengths of others, and where these are best deployed to solve challenges
- Ability to set and agree strategy across multiple organisations or sectors that brings together and satisfies different perspectives

Values

- Demonstrates respect and adopts a compassionate and inclusive leadership style with an understanding of inclusion (in respect of boards, patients and staff).
- Creates and lives by the values of openness and transparency
- Works to espouse the values set out in the NHS People Plan, Nolan Principles and soon to be published Leadership Way.
- Demonstrate a strong commitment to public sector and NHS values

Key Competencies

- Outlined above in the roles and responsibilities / competencies section are the six competency domains that illustrate some of the key behaviours we expect an ICP Place Leader to exhibit.
- The Place-Based Lead role and person specification have been agreed locally based on the national appointments to the ICS Chair and CEO roles. They will provide a consistent framework for assessment based around the emerging Leadership Competency Framework.

Eligibility

- Applicants should have strong connections with or a genuine interest in the area served by the Place- Based Partnership.

Appendix 1 – Place Lead for Health and Care Integration Criteria

- Place-based leaders must satisfy the following criteria:
 - Comply with the criteria of the “fit and proper person test”
 - Be willing to uphold the Seven Principles of Public Life (known as the Nolan Principles)
 - Fulfil the requirements relating to relevant experience, knowledge, skills and attributes set out in a role specification.
 - At all times act in line with the vision and values of GM Integrated Care.
 - In all things they do, demonstrate their commitment to tackling health inequalities within GM and between GM and the rest of the UK
- Place-based leaders must not be disqualified from the following:
 - A Member of Parliament, or member of the London Assembly.
 - *[A member of a local authority in England and Wales or of an equivalent body in Scotland or Northern Ireland – this is a limitation in the template constitution that we are advised will be implemented by regulation].*
 - A person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted in the United Kingdom of any offence, or outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part, and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.
 - A person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, sections 56A to 56K of the Bankruptcy (Scotland) Act 1985 or Schedule 2A to the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy restrictions orders and undertakings).
 - A person who, has been dismissed within the period of five years immediately preceding the date of the proposed appointment, otherwise than because of redundancy, from paid employment by any Health Service Body.
 - A person whose term of appointment as the chair, a member, a director or a governor of a health service body, has been terminated on the grounds:
 - that it was not in the interests of, or conducive to the good management of, the health service body or of the health service that the person should continue to hold that office
 - that the person failed, without reasonable cause, to attend any meeting of that health service body for three successive meetings
 - that the person failed to declare a pecuniary interest or withdraw from consideration of any matter in respect of which that person had a pecuniary interest, or of misbehaviour, misconduct or failure to carry out the person’s duties;
 - A health care professional (within the meaning of section 14N of the 2006 Act) or other professional person who has at any time been subject to an investigation or proceedings, by any body which regulates or licenses the profession concerned in connection with the person’s fitness to practise or any alleged fraud, the final outcome of which was
 - the person’s suspension from a register held by the regulatory body
 - where that suspension has not been terminated, the person’s erasure from such a register
 - where the person has not been restored to the register, a decision by the regulatory body which had the effect of preventing the person from practising the profession in question
 - where that decision has not been superseded, or a decision by the regulatory body which had the effect of imposing conditions on the person’s practice of the profession in question, where those conditions have not been lifted.
 - A person who is subject to— a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern

Ireland) Order 2002, or an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual)

- A person who has at any time been removed from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners for England and Wales, the Charity Commission, the Charity Commission for Northern Ireland or the High Court, on the grounds of misconduct or mismanagement in the administration of the charity for which the person was responsible, to which the person was privy, or which the person by their conduct contributed to or facilitated.
 - A person who has at any time been removed, or is suspended, from the management or control of any body under— section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990(f) (powers of the Court of Session to deal with the management of charities), or section 34(5) or of the Charities and Trustee Investment (Scotland) Act 2005 (powers of the Court of Session to deal with the management of charities).
- Place-based leaders must clearly show how the appointed person can create the conditions for the make-up of GM Integrated Care to be representative, inclusive and balanced in diversity of thought and recognising the lived experience of the health inequalities of the communities in GM.
 - Place-based leaders must understand the ICS infrastructure and governance arrangements of the ICS.

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Appendix 2 – Nomination/appointment Process Principles - Place Lead for Health and Care Integration

It is important to acknowledge 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. It is expected that the detail of the model at place may differ, however it is essential that the established model is in the best interest for that locality to enable the locality to deliver against the accountability framework.

There are two defined models described within the accountability framework. If locality proposals differ 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 the Local Authority and other locality partners.

The accountability framework states:

All post holders should have a contractual relationship and dual accountability with NHS GM Integrated Care and with the Local Authority as the Place Leader; on behalf of the Locality Board. This could be achieved in the following ways:

1. Fully employed by the local authority
2. Fully employed by NHS GM Integrated Care Board

NB: Locality proposals for alternative arrangements will be considered.

Any individual who holds the role of Place Lead for Health and Care Integration will require a fit and proper persons check to be carried out. These checks will be conducted by GM Integrated Care and renewed on an annual basis.

Option One – Place Lead for Health and Care Integration – undertaken by the Local Authority Chief Executive

The nomination process must be owned and determined by the locality. NHS Greater Manchester Integrated Care Board interest in that is managed by having set out the role requirements in the Accountability Framework.

The process should meet the following core principles and take the approach outlined below:

1. The nomination should involve all key partners within each place. These are anticipated to consist of the following:
 - a. Local Authority
 - b. Local Care Organisation/Primary/Secondary Care/Mental Health Provider(s)
 - c. Local clinical representation
 - d. VCSE representatives
 - e. NHS GM Integrated Care Board representative
 - f. Independent advisor
2. The process should be fair and transparent and agreed within Shadow Locality Boards.
3. Due regard should be given to equality, diversity and inclusion considerations.

4. Localities wishing to take option one should nominate their Place Lead for Health and Care Integration the Place Lead for Health and Care Integration will have a contractual arrangement with their substantive employer and with NHS GM Integrated Care Board.
5. The Place Lead for Health and Care Integration will hold dual accountability to the Locality Board at place and to the Chief Executive of NHS GM Integrated Care Board. The nomination will need the following:
 - a. Confirmed agreement of the Shadow Locality Board
 - b. Ratification from Designate Chief Executive and/ or Designate Chair from NHS GM Integrated Care
6. As the Place Lead for Health and Care Integration forms part of the Local Authority Chief Executive's role localities should describe how activities within the accountability framework will be delivered. Where the place-lead is the local authority Chief Executive, they will need to be supported by a senior officer who would also be a member of the ICB locality team. This will be determined by the locality; however, examples are as follows:
 - a. Within a current established role currently fulfilling the majority of the defined responsibilities. The post holder may currently be employed in this post within the system or within a statutory organisation within the locality.
 - b. The locality may establish a new post employed by the NHS Greater Manchester Integrated Care Board to deliver the defined activities. A displaced employee may consider the new post similar to their existing post and therefore wish for the role to be considered suitable alternative employment. The employee will be required to submit a SAE request, and this will be considered before moving to next steps.
 - c. Localities will work closely with GM Integrated Care to ensure that a fair a transparent process is followed; opportunities should be made available to all displaced board level colleagues as a ring-fenced opportunity.
 - d. External recruitment processes will be enacted should the role remain unfilled.

Option Two - Place Lead for Health and Care Integration – Employed by NHS Greater Manchester Integrated Care Board

Should a locality determine that the Lead for Health and Care Integration will be a full-time role with the responsibility for delivering the requirements of the accountability framework, they will be employed by GM Integrated Care with dual accountability to the GM IC CEO and local Authority CEO via the place-based board. The post holder will be the head of the locality team.

The process should meet the following core principles and take the approach outlined below:

1. The appointment should involve all key partners within each place. These are anticipated to consist of the following:
 - a. Local Authority
 - b. Local Care Organisation/Primary/Secondary Care/Mental Health Provider(s)
 - c. Local clinical representation
 - d. VCSE representatives

- e. NHS GM Integrated Care Board representative
 - f. Independent advisor
2. The process should be fair and transparent and agreed within Shadow Locality Boards.
 3. Due regard should be given to equality, diversity and inclusion considerations.
 4. Localities wishing to take option two should confirm their proposals to establish a Place Lead for Health and Care Integration who will be employed by NHS GM Integrated Care Board and have a contractual arrangement with the locality Board via the Local Authority.

The process for this will be:

- a. A displaced employee may consider the new post similar to their existing post and therefore wish for the role to be considered suitable alternative employment. The employee will be required to submit a SAE request, and this will be considered before moving to next steps.
- b. Localities will work closely with GM Integrated Care to ensure that a fair and transparent process is followed; opportunities should be made available to all displaced board level colleagues as a ring-fenced opportunity.
- c. External recruitment processes will be enacted should the role remain unfilled.

Option Three - Place Lead for Health and Care Integration – Locality proposals for alternative arrangements will be considered.

If locality proposals differ 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 the Local Authority and other locality partners.

Next Steps:

1. Locality model to be agreed by Shadow Locality Boards at place. Confirmed to GM Integrated Care by 14 April 2022.
2. Locality nomination process to be agreed and conducted by Shadow Locality Boards at place, if required.
3. Proposed nomination should be submitted to NHS GM Integrated Care for ratification by 22 April 2022.
4. Where an appointment/recruitment process is required localities and GM Integrated Care to agree timeframes and process from May 2022.