

Transition to ICS Update for Governing Body

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June 2021

Structure of this update



National update



GM update



Oldham update

National update...

Classification: Official

Publications approval reference: PAR642



Integrated Care Systems: design framework

Version 1, June 2021

Classification: Official

Publications approval reference:



Guidance on the employment commitment

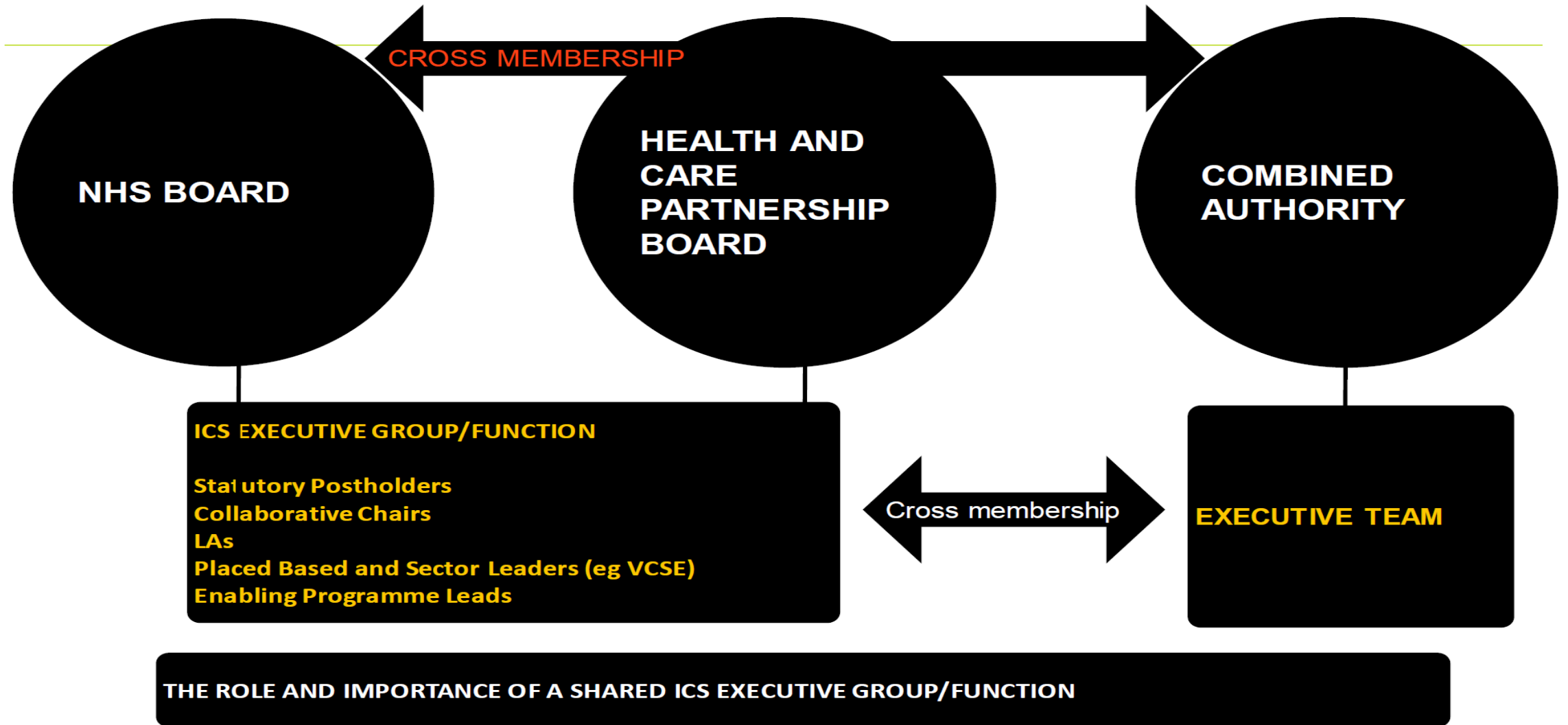
Supporting the development and transition towards statutory Integrated Care Systems

Version 1.0

June 2021



GM update: governance



GM update: summary of localities positions

Place-Based Lead

- All 10 localities working on this. Some place-based leads already agreed – subject to legislation, guidance, etc.
- Intention to maintain joint leadership arrangements – a number of localities nominating existing joint LA/CCG AO
- An expectation that specific role and its formal establishment will be a feature of national guidance

A Locality Board: Proposed Role and Form

- All 10 are planning a Locality/System/Partnership Board – in all cases, these build on existing arrangements
- Some responses are more detailed on Board functions and membership
- In most cases, role of Board focuses on: setting strategic direction; local system oversight and assurance; accountability for pooled budgets; strategic interface with GM ICS
- Where membership is set out, it is broad: political leadership; clinical & professional leadership; providers; VCSE; citizen voice; GM ICS

A Place-Based Provider Collaborative/Alliance or LCO

- Strong emphasis on building on local arrangements developed in last few years – and formalising these
- Range of approaches proposed: continuation and expansion of LCOs; provider partnerships/alliances; Integrated Care Partnership hosted by FT
- A number of responses focus on neighbourhoods as the heart of the delivery model
- Some localities working through options over summer

GM update: summary of localities positions

Pooled/Aligned Budget

- Some localities have emphasised that considerable progress has already been made in this area with extensive pooled budgets supported by joint finance leadership/teams.
- Strong commitment to maintaining these arrangements where they are in place
- Some localities have identified the LA as the 'banker'; others an FT
- This is a work in progress for some localities with options being considered – including aligning budgets across specific services

Relationship with GM ICS

- All expect some form of accountability or responsibility agreement to be in place between GM ICS and the locality
- Localities recognise the default position of transfer of CCG staff to the GM ICS but wish to see the vast majority of these staff to be redeployed locally
- Most have described intention for GM ICS to have representation on locality board with reciprocal locality representation at GM level – recognising that detail needs to be worked through
- This is an area where localities have identified that more work is needed on finding the right balance between GM and locality in terms of planning, governance, assurance, etc.

Clinical and Professional Expertise

- All are committed to embedding clinical/professional expertise at all levels in the new models. A number of localities are proposing a Clinical & Professional Senate
- Emphasis on creating a culture of leadership for population health rather than organisational perspective
- Some questions raised about what happens to role of current CCG Governing Body Non-Execs in new arrangements.

GM update: functions location

- Workshop held 21 May 2021 to agree simple list of CCG functions
- Work to be completed by end June to identify current arrangements for delivery of functions by each CCG – whether in-house, from another organisation, or from joint teams
- Next steps will include identification of WTE by function and their future direction: locality based, supporting GM or GM based, supporting locality
- ... as well as preparing for and coordinating the closedown of CCGs
- This work will closely align with HR/workforce, clinical leadership and spatial levels workstreams

GM update: spatial levels

- Initial drafts completed of spatial levels for decision making –using Mental Health format presented at GM workshop facilitated by Mike Farrar
- Workshop on Friday 2 July 1-4pm with across GM representation to engage further on these drafts –as not all GM groups had nominated representatives on the initial group work.
- Following the workshop, the plans will be updated and further work done on these, coordinated by named leads
- A final workshop at the end of July may be needed to conclude this work programme.

GM update: overview of HR and OD work

The purpose of this workstream is to enable the GM system to **support its people** working within three key constructs:

1. A whole system People Plan
2. Supporting the safe transition of our people to the new ICS structure
3. Develop a People Plan for the Greater Manchester ICS

Progress to date:

- GM ICS People, Culture and Communications Steering Group fully established and meets on a fortnightly basis.
- GM Stability principles agreed with AO and union colleagues as a draft working document.
- GM ICS People Transition Programme Lead appointed and commenced 1 June 2021. PM post is out to offer.
- Draft HR/OD Transition plan has been developed to support the GM ISC transition.
- A series of workshops with key stakeholders will run to inform to future design and form of the GM people function.
- ICS Equality Approach has been developed to provide an overview of the issues to be addressed to maintain and enhance our ability to deliver the equality and diversity agenda as we move into a period of significant organisational change.
- Draft detailed HR & OD delivery plan developed.
- Draft national guidance reviewed in the context of GM.
- Work commenced to map the GM wellbeing offer available across the system to provide a robust, easily accessible offer to all staff.

GM update: priority HR and OD action areas...

- Establish HR and OD/Culture delivery groups. These groups will be accountable to the People and Culture Steering Group.
- Agree Locality representation on the GM Workforce Steering Group and finalise terms of reference
- Identify all people impacted and resources available to support the change process
- Through GM PMO arrangements, make sure that the people issues associated with the transition process are always considered in other workstreams
- Develop project infrastructure
- Develop appropriate support mechanisms for people including OD and wellbeing input to the new organisation
- In line with the overall GM review discussions, agree where elements of the People function are best delivered – GM or locality – in the new arrangements
- Develop and implement the HR process required to transition people (in the agreed function and form) to the new organisation and ensure appropriate employment policies and procedures are in place
- Scope out the specific culture, OD and system leadership resources and programmes required to support the workforce transitioning into the GM ICS and building a new way of working

Currently awaiting national final versions of the following :

- ICS Design framework
- ICS Employment Commitment
- ICS Change and Transition Approach – Core Principles
- Guidance on making board appointments



Developing Oldham's integrated health and care 'place'

Oldham update

- The health and care system in Oldham has been collectively working for some time to integrate commissioning and provision across health and social care. A blueprint was developed and the vision was ratified via Oldham's 'Locality Plan for Health and Care Transformation'.
- During the Autumn of 2020 work took place to develop a strategic narrative to move the integration of health and care in Oldham forward, following a pause in the extensive work during the initial Covid-19 emergency.
- This vision was solidified by the release of the White Paper published on 11 February 2021 (*Integrating care: Next steps to building strong and effective integrated care systems across England*) following plans first outlined in the NHS Long Term Plan.
- The narrative was revisited to ensure that the proposed operating model in Oldham complied with the direction of travel outlined via the White Paper. This narrative and all the subsequent implementation work and elements will continue to be re-visited in line with the readings of the new proposed legislation for health and social care in England.
- The work will be taken forward as part of the locality's multi-agency health and care transformation programme, with specific workstreams in place for 'system development' and 'provider development'.

Operating model

Drivers for change:

- To accelerate improvements in the quality of health of our local communities
- To drive a holistic, population health management-approach to local services and pathways
- To enhance sustainability of local health and care services via integration and partnership working
- To ensure a local infrastructure and framework is established to secure place-based autonomy for health and care
- To establish new and robust ways of collaborative working in line with the health and social care reforms

Programme workstreams:

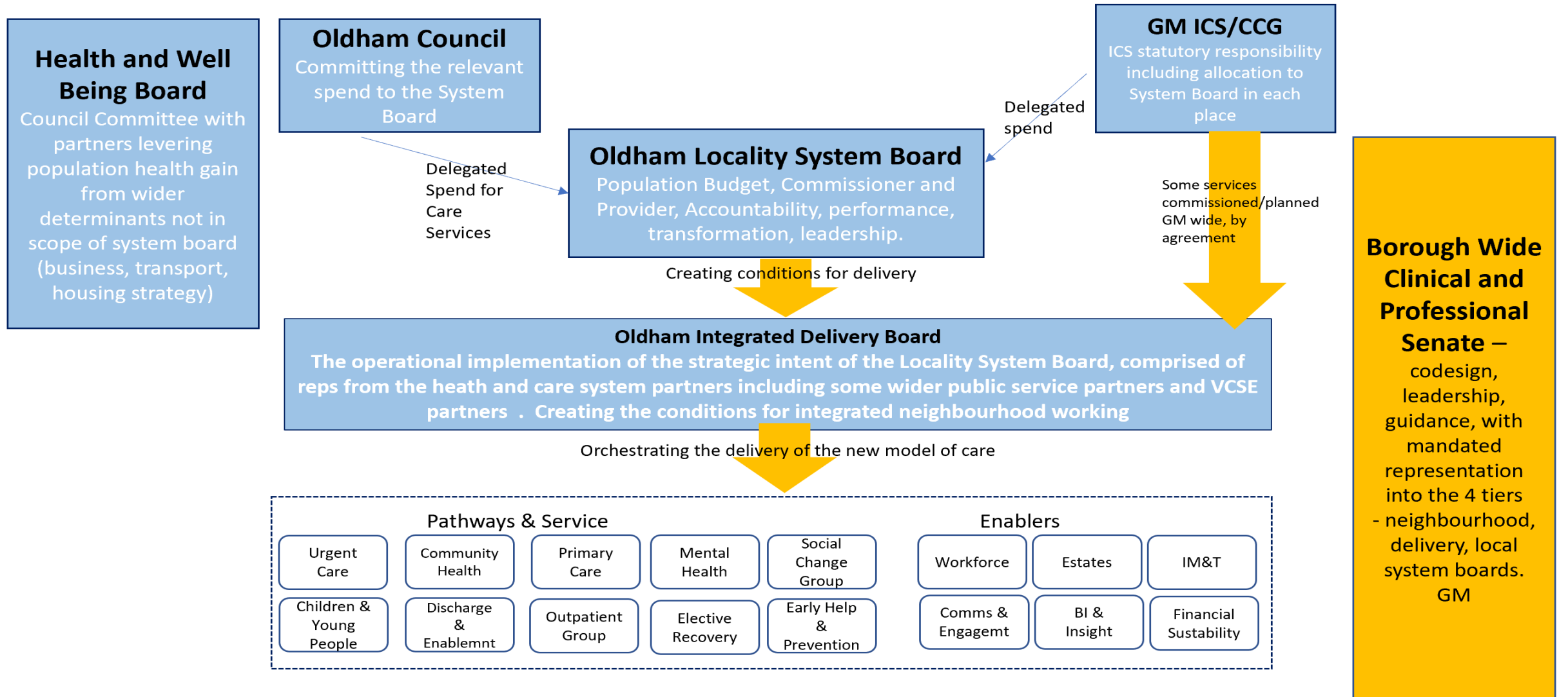
- System development
- Provider delivery design

Backed up and integrated with a number of other health and care transformation programme workstreams and design areas

Design principles:

- A single placed based 'leader'
- A system board to convene the partnership arrangements, set strategy, outcomes and allocate finances
- An Integrated Delivery Board to support the system board to bring together the 'delivery arrangements as a partnership and includes providers and commissioners –
- Population health focused, connected to wider determinants
- No boundaries between commissioning and provision – system planning and delivery orchestrated via system board
- Connected system from top to bottom – strategic Oldham population health board supported by 5 tactical neighbourhood boards
- Placed based multi-disciplinary, integrated teams
- Pooled funds and single system budgeting process
- Subsidiarity based system – do in Oldham what Oldham needs, do rest at GM level
- Intelligence led and data driven
- Rationalised or streamlined back office where it makes sense
- Professional, clinical, political leadership working together at all levels
- Becoming more influential anchor institutions - generating economic growth; bringing opportunities to education and employment; and building community assets

The new Oldham system



Vision and objectives

- The overall vision for Oldham Cares is to **move beyond excellent service commissioning and provision to integrated strategic design and planning for population health gain with a focus on social value – one firmly on population health management, a reduction in health inequalities and enabling people to live well at home.**
- The Integration objectives have been set to deliver sustainable, effective and efficient services with significant improvements:
 - Tackling and reducing health inequalities;
 - Transforming population health outcomes;
 - Focusing on prevention and early intervention across all health and social care services, utilising links with partner agencies to reduce the dependence on commissioned services;
 - Eliminating unwarranted variation in health and care;
 - Connecting health and care - joining up secondary, community, primary and social care for all ages;
 - Connecting all partner agencies more closely to each other and the communities they serve to help everyone thrive in life and work;
 - Connecting health, care and the economy to improve economic wellbeing as well as discover, develop and deploy innovation at pace and scale; and
 - Achieving comprehensive system sustainability across health and social care for the long term.

Workstream overview

DEVELOPMENT OF THE OLDHAM HEALTH AND CARE SYSTEM – LOCALITY 'PLACE' MODEL

WORKSTREAMS

SYSTEM DEVELOPMENT

PROVIDER DELIVERY DESIGN

PRIORITY DESIGN AREAS

INTEGRATION AGREEMENT

PROVIDER FORM

FINANCIAL MODEL AND
SECTION 75 EXPANSION

SYSTEM LEADERSHIP AND
CULTURE

GOVERNANCE

IMPLEMENTATION AND ENABLING DESIGN AREAS

ESTABLISHING RESPONSIBILITIES
AND FUNCTIONS FOR PLACE

INTEGRATED WORKFORCE
MODEL

CLINICAL, PROFESSIONAL AND
MANAGERIAL LEADERSHIP
MODEL

CCG WORKFORCE
TRANSITION, INCLUDING
CONSULTATION

CCG 'SHUT DOWN'

SYSTEM DEVELOPMENT

This workstream will ensure that the key frameworks and governance are in place so that Oldham's health and care locality can work in a robust and integrated way, representing local communities to get the best outcomes in relation to their health and care services, accepting delegations from the new GM ICS

This workstream will encompass the following activities:

- Development of a new Oldham Health and Care System Board and Terms of Reference
- Development of a new Integrated Delivery Board and Terms of Reference
- Development of a 'phase 1' interim Integration Agreement
- Development of an enhanced pooled aligned budget under a new Section 75 agreement
- Ensuring that system developments, reforms and new legislation is built into changes accordingly
- Ensuring the communications flows are established between GM ICS and all Team Oldham partners and wider stakeholders throughout the development work

Workstream leads:

- Erin Portsmouth, CCG Director of Corporate Affairs (CCG) – Health lead
- Liz Drogan, Head of Democratic Services – Team Oldham lead
- Claire Smith, CCG Director of Nursing and Quality – Clinical lead

Workstream reps from the PCNs, NCA, PCFT, OMBC (full parties), legal experts

General timescales:

- By end of Q1
- By end of Q2
- By end of Q3
- By end of Q4

Key interdependencies:

- Leadership and culture
- Clinical, professional and managerial leadership model
- CCG shutdown and transition
- Establishment of GM ICS
- Regulatory changes
- Financial flows
- Wider Oldham reforms
- Citizen voice and engagement

PROVIDER DELIVERY DESIGN

This workstream will ensure that options are assessed and implementation moved forward to establish a more formalised collaborative of local health and care providers in Oldham to ensure that more succinct commissioning and contracting can take place, with formal governance arrangements so that the appropriate delegations can be put in place and that maximum autonomy remains in the locality

This workstream will encompass the following activities:

- Agreeing service scopes
- Develop design principles, roles and functions for the collaborative
- Agreeing desired outcomes for local health and care provision and local delivery
- Assessing and appraising options for a provider model 'form'
- Assessing desired alignments, objectives and reporting metrics
- Ensuring that system developments, reforms and new legislation is built into changes accordingly
- Ensuring the communications flows are established between GM ICS and all Team Oldham partners and wider stakeholders throughout the development work

Workstream leads:

- Erin Portsmouth, CCG Director of Corporate Affairs (CCG) – Commissioning lead
- Tamara Zatman, Head of Strategic Planning – Provider lead
- Claire Smith, CCG Director of Nursing and Quality – Clinical lead

Workstream reps from the PCNs, NCA, PCFT, DASS / DCS, MioCare (full and associate parties), VCFS, legal experts

General timescales:

- By end of Q1
- By end of Q2
- By end of Q3
- By end of Q4

Key interdependencies:

- Leadership and culture
- Clinical, professional and managerial leadership model
- Establishment of GM ICS
- Regulatory changes
- Contracting processes
- Development of PCNs
- Provider landscape changes
- Local neighbourhood development
- Population health management developments
- Citizen voice and engagement

PRIORITY DESIGN AREAS (cross cutting)

INTEGRATION AGREEMENT

PROVIDER FORM

FINANCAL MODEL AND
SECTION 75 EXPANSION

SYSTEM LEADERSHIP AND
CULTURE

GOVERNANCE

OBJECTIVES

- Garner formal sign up of all full and associate parties to the in-year / interim Integration Agreement
- Work to develop Integration Agreement further, following new legislation and GM ICS shadow form set-up, readying ourselves for April 2022 onwards –in particular this will need to have regard to the various ‘giving and receiving’ delegations as linked to the agreed spatial levels and relationship with GM ICS
- Undertake an option appraisal for a new provider collaborative ‘form’, that works best for the Oldham locality, but also has regard to wider footprints, interdependencies and provider funding plans
- Enhance the pooled aligned budget and ensure formal sign off of a revised Section 75 agreement
- Establish a system development plan for the locality to ensure that all feedback received during developments so far are not lost, with a focus on enhancing the partnership’s culture and collaborative leadership
- Ensure that formal Terms of Reference for all elements of the new locality governance groups are in place

IMPLEMENTATION AND ENABLING DESIGN AREAS (cross cutting)

ESTABLISHING RESPONSIBILITIES
AND FUNCTIONS FOR PLACE

INTEGRATED WORKFORCE
MODEL

CLINICAL, PROFESSIONAL AND
MANAGERIAL LEADERSHIP
MODEL

CCG WORKFORCE
TRANSITION, INCLUDING
CONSULTATION

CCG 'SHUT DOWN'

OBJECTIVES

- Agree, beyond all doubt, the responsibilities and functions for health and care at locality level
- Establish a workforce model for a strategic integrated commissioning and delivery function at place level, including the assessment of responsibilities, skills and talent (linked to the Team Oldham Workforce Strategy)
- Utilise new ways of working, embracing digital technologies, flexible working and matrix approaches
- Develop proposals for assuring, enhancing and embedding clinical and care professional leadership throughout the new place-based system
- Ensure the safe transition of the CCG workforce employment, including the robust implementation of the national HR Framework
- Ensure the safe transition of CCG responsibilities and duties, and the organisation 'shut down', including data cleanse and records management work, and due diligence

Timeline and milestones



Complete – Version 5 of Integration Agreement (IA) produced for review



Complete – Integrated Delivery Board (IDB) established



11 June – Completion of final legal resolutions and queries on IA



18 June – Completion of internal organisational reviews of IA



End July – Full ratification of IA by all parties



End August – Full ratification of Section 75 pooled budget expansion for 2021/22



September – GM ICS set-up in shadow and Oldham Health and Care System Board (System Board) established

Take aways

A summary of the how Oldham in the context of the Greater Manchester system has delivered the Mass Vaccination Programme to date and the delivery model will evolve over the mid to long-term is outlined below:

1

Text



2

Text



3

Text



4

Text

