Report to CABINET

Integration of Health & Care in Oldham

Portfolio Holder:
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Reason for Decision

This paper is seeking agreement for the Council to continue to be part of the health and care system but now as part of a more formal Integration Agreement as preparations for the implementation of the Health & Care Bill 2021 pick-up considerable pace.

Executive Summary

The White Paper, Integration and Innovation: working together to improve health and social care for all, describes the Government's proposals as "backing our health and care system and everyone who works in it". The foreword of the White Paper states that this would be done by:

- Removing the barriers that stop the system from being truly integrated through a greater role played by Integrated Care Systems (ICS);
- Removing transactional bureaucracy; and
- Ensuring that the health and care system is "more accountable and responsive to the people that work in it and the people that use it".

Greater Manchester is now working collectively to develop its proposals for the redesign of the GM health and care system to ensure greater levels of integration. For Oldham it is proposed a model based on a legal Integration Agreement overseen by a formal System Board (Oldham Health and Care System Board) supported by a Delivery Board (the Integrated Delivery Board). This paper seeks to provide further detail of those proposals whilst seeking to ensure the Council continues to be a lead partner in the health and care

system for the borough. It thus makes a recommendation to enter into the Integration Agreement as a signatory Party

Recommendations

The report sets out two options. The first option is about maintaining the status quo and doing nothing whilst the second sets out the preferred option which is to start now to establish the new Integrated Care Partnership for Oldham in anticipation of the changes to be brought forward in relation to health and care following the publication of the Health & Care White Paper in February 2021. The Cabinet is being asked to agree to the recommendation that the Council is a leading part of that integrated system and therefore recommended to commit to the Integration Agreement as a full member.

Integration of Health & Care in Oldham

1 Background

National Context

1.1 The White Paper, Integration and Innovation: working together to improve health and social care for all, describes the Government's proposals as "backing our health and care system and everyone who works in it". The foreword of the White Paper states that this would be done by:

- Removing the barriers that stop the system from being truly integrated through a greater role played by Integrated Care Systems (ICS);
- Removing transactional bureaucracy; and
- Ensuring that the health and care system is "more accountable and responsive to the people that work in it and the people that use it".

1.2 The White Paper states that the benefits of the proposals are as follows:

"Integrating care has meant more people are seeing the benefits of joined up care between GPs, home care and care homes, community health services, hospitals and mental health services. For staff, it has enabled them to work outside of organisational silos, deliver more user-centred and personalised approaches to care, and tackle bureaucracy standing in the way of providing the best care for people."

1.3 The Local Government Association believed that the White Paper was:

"A promising base on which to build stronger working relationships between local government and the NHS, as equal partners, to address the wider determinants of health and deliver better and more coordinated health and care services.

In particular, the LGA welcomed the renewed focus and commitment on existing local partnerships and accountability, especially at "place level" and the "creation of an ICS Health and Care Partnership to work alongside statutory NHS bodies".

Greater Manchester Context

1.4 Work has been continuing across the localities in GM to define the key components of the future operating model in relation to 'Localities' / 'Places' in the context of the anticipated publication and passing of the Health & Care Bill. These expectations are as follows:

- Neighbourhoods need some form of management structure or group which aligns and builds on the PCN function (ideally PCNs and neighbourhoods would be geographically coterminous)
- Locality structures would feature a consistent locality model operating with:
    - A Locality Board (that can deliver accountability for decisions and budgets at place level) and includes LA political leaders/portfolio holders, and care providers (primary care, MH, social care and acute hospital care) as an integral element of the governance
    - A "place-based lead" (accountable person to GM ICS for health and care)
    - An accountability agreement between partners in the locality and GM ICS

- A mechanism for the priorities to be decided together in the locality and a process for determining consequent financial flows to providers or provider alliances
- A system of clinical and professional advisory input
- Provision of an appropriate organisational arrangement for employment of locality-based ex CCG staff
- An articulated relationship with their local Health and Well Being Board (the detail of which would be determined locally)

1.5 Locally-based providers are expected to work together in some locally determined form of alliance (but which 'typically' would be expected to include the acute services provider, mental health provider, primary care, neighbourhoods, VCSE, social care services). This alliance should be an integral element of the leadership group and engage fully in shared priority setting, shared planning and delivery of care, shared stewardship of the combined, pooled of aligned resources, and shared accountability for delivering the expected outcomes. They would also need to ensure that the group was informed on recognising the need for financial resilience in provider organisations whilst identifying clinical validated plans for improving the value of healthcare spending as part of any redistribution.

1.6 There will be management capability at GM level to discharge the ICS statutory functions, convene the constituent partners within GM as appropriate and agreed, organise and deliver GM wide enabling functions, and deliver the 'upwards, outwards and downwards' accountability for the agreed GM priorities and expected outcomes. This will be a system of joint planning convened at GM level but with constituent localities and collaboratives fully engaged to identify the synergies and connections between allocated resources. This would support the ICS with calibrating allocations and ensure a seamless coherent deliver of programmes. For example, to connect the work on addressing both the stock and the flow of the planned care programme, and join up cancer services delivery with cancer screening etc.

2 Current Position

2.1 With the introduction of the integration of health and care white paper likely to pass through Parliament during 2021 and be ready for implementation on 1 April 2022, Greater Manchester is anticipating becoming a formal Integrated Care System in line with those proposals. That will see the removal of Oldham CCG and all nine other CCGs in Greater Manchester and their powers consolidated at the new 'system' level. However, there is a clear expectation that 'places' / 'localities' as per the proposals for health and care will continue to hold string local influence, control and autonomy of their local health and care services. But to do so there has been significant work done across GM to describe the future working arrangements for localities.

2.2 This section of the report provides a brief update on the key actions and progress within Oldham, but specifically seeks to provide an outline of the key proposed adjustments to the borough's health and care governance framework. The aim is to ensure that Oldham Council continues to be seen as the system leader with significant influence over the strategy, outcomes and resource allocation for health and care in Oldham, and it is this specific issue that agreement is sought to enter into a formal agreement to solidify and formalise the partnership arrangements for the next stage of the journey towards greater integration.

2.3 In terms of an update briefly on the components of the operating model:

i. Integrated working in neighbourhoods: the Oldham DASS and MD of Community Health & Care Services is leading a group focused on the transformation of our

current arrangements into holistic health and care teams organized across the five geographic footprints that are coterminous between the Council and primary care

ii. A "place based lead": following formal discussion across the health and care system our proposal has been agreed that Oldham continues to benefit and build up the existing arrangement that the Council and CCG Chief Executive be identified as the single lead and that has been confirmed as such to GM.

iii. An accountability agreement between partners in the locality and GM ICS: work is underway at GM level to develop this and Oldham continues to input to that work and group.

iv. A system of clinical and professional advisory input: a working group has been established to develop this aspect of our local plans.

v. Provision of an appropriate organisational arrangement for employment of locality-based ex CCG staff: this is a GM workstream and Director of HR & OD represents Oldham on that working group.

vi. An articulated relationship with their local Health and Well Being Board: Strategic Director of Commissioning and Director of Public Health have started the discussion on the process by which this will be identified and will continue to work through the Health and Wellbeing Board during the rest of this financial year.

vii. Financial flows: this is a piece of work being led at GM level and Oldham continues to input through the Council Finance Director and CCG Chief Finance Officer.

Proposals to Adjust Locality System Governance

2.4 The GM operating model seeks that all localities under the next stage of the journey operated in such a way that the locality can deliver accountability for decisions and budgets at place level which includes political leaders and also operates a more integrated way of delivering services. Oldham's proposed approach to this is to develop its health and care system and formally support that through Integration Agreement that brings all the partners together and collapses the commissioner – purchaser split that exists within the NHS (once enabled by new legislation). It proposed that the Council is a major Party to that agreement.

2.5 This would become **Oldham's Integrated Care Partnership** and it would be known as **Oldham Cares.** This rest of this section sets out the details of that system and the Integration Agreement having developed this model with significant influence and input from senior Council Officers. Work has been undertaken as part of that to define and set out what we are trying to collectively achieve as a Partnership and these are laid out as objectives as follows:

- 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.

2.6 The Integration Agreement is designed to work alongside existing organisational and individual statutory powers and duties, and existing governance processes, such as the Health and Wellbeing Board and safeguarding boards. It would establish an improved financial, governance and contractual framework for the achievement of the agreed set of Integration Objectives (listed at 2.5 above). The intention is that the Parties will work together, in accordance with the Integration Principles, in order to develop place-based arrangements and it sets out through those principles the means by which the Members will work together as follows:

"The Integration Principles are that the We will work together in good faith and, unless the provisions in this Agreement state otherwise, the We will:

1.1.1 in relation to shared vision and delivery of outcomes:

(i) commit to the delivery of system outcomes in terms of clinical matters, user experience and resource allocation;

(ii) subject to the terms of the Financial Mechanism in Schedule 6, the Full Members will develop and participate in the risk reward scheme where We all share in savings generated;

(iii) using a strengths based approached wherever possible, commit to delivering the best possible care and outcomes for the whole Population, which promotes prevention and early intervention across all health and care services;

(iv) include the Population in the development of the shared vision with the aim of empowering communities so that they are truly able to co-produce with partner agencies;

(v) adopt an uncompromising commitment to trust, honesty, collaboration, innovation and mutual support; and

(vi) always demonstrate that the best interests of people resident in Oldham, and not organisational interests, are at the heart of the activities undertaken under this Agreement, the Services Contracts and Section 75 Agreements,

1.1.2 in relation to working together:

(i) commit to work together and to make system decisions on a Best for Oldham basis;

(ii) work collaboratively with each other and co-produce with others including the people of Oldham but especially Service Users, families and carers, in designing and delivering the Service; and

(iii) establish an integrated collaborative team environment to encourage open, honest and efficient sharing of information, subject to Competition Law compliance; and

(iv) adopt collective ownership of risk and reward, including identifying, managing and mitigating all risks in performing our respective obligations in this Agreement,

1.1.3 in relation to decision making:

(i) take responsibility to make unanimous decisions on a Best for Oldham basis;"

2.7 As this Agreement will be signed this financial year, it reflects current law and statutory organisational duties and forms. The Parties will review the terms of this Agreement in-

year, particularly in light of the proposed new legislation, with a view to preparing a new Agreement for 1 April 2022 onwards. This current Agreement has an end date of 31 March 2022.

2.8 The Agreement is intended to be legally binding, with the clauses in the Agreement providing the key exemptions, which in this case means no individual organisations can be legally bound to, or impacted by, decisions made by other Parties in the agreement. Delegated decision-making through the Agreement is at this stage limited to the individual organisations' governance, and where organisational Schemes of Reservation and Delegation / Delegated Financial Limits provide the ability for decisions to be taken on behalf of their own organisation only.

2.9 In order to address the differences between commissioners and providers this Integration Agreement retains this split. It is acknowledged that the Council is both a commissioner and a provider and the way the Integration Agreement is structured allows for that. It also acknowledges the CCG's current health commissioning responsibilities. The Agreement contains a proposed Financial Mechanism (Schedule 6), which refers to a number of "Financial Principles".

Membership

2.10 The Agreement includes three categories of 'membership' of Oldham Cares – "full member" "associate member" and "affiliate member", as described in Schedule 11. Full members are signatories to the Agreement and are the decision makers in the meetings that oversee the Agreement / framework. The full members are the ratifying organisations of this Agreement. The full members of the Agreement are:

- Oldham Council
- Oldham CCG
- Northern Care Alliance (via Pennine Acute NHS Trust and Salford Royal NHS Foundation Trust)
- Pennine Care NHS Foundation Trust

2.11 Associate members to the agreement are also signatories but do not have decision-making rights in relation to the oversight of the Agreement / framework, and would not be party to the financial model, although would be needed to make key input into the work of the health and care locality. There are not currently any associate members to the agreement.

2.12 Affiliate members are not signatories to the Agreement. Their involvement in the local health and care system is valued, but they do not have any decision-making authority in the governance / oversight of the Agreement. The Affiliate members are currently:

- MioCare Group
- The local Primary Care Networks

2.13 As we develop the Partnership it is expected that the originating Parties may invite others to become affiliate members, e.g. independent care providers, the housing sector, police and fire service and the voluntary sector.

Governance and Oversight

2.14 The Agreement establishes a single Integrated Care Partnership overseen by two primary Boards: the Oldham Health and Care System Board ("**System Board"**) and the Oldham Health and Care Delivery Board ("**Delivery Board"**).

2.15 The “System Board” will oversee the Integration Agreement, will be chaired by the Cabinet Member for Health & Care, and will have the following responsibilities:

- Setting strategic direction
- Aligned political, clinical and managerial leadership
- High level resource allocation, bringing together NHS and LA funding
- Agreeing transformation plans and overseeing system delivery and health and care transformation
- Form the locality’s strategic relationship with GM ICS and others
- Responsible for achievement of NHS and other outcomes / responsibilities; determination of local outcome ambitions
- Strategic development of delivery arrangements within the locality including the evolution of LCOs and PCNs as vehicles for neighbourhood delivery
- Local workforce and estates planning
- Oversee implementation of health reforms

2.16 The System Board will hold to account an integrated place-based delivery collaborative which will be overseen by a “Delivery Board”, chaired by the CCG Chair acting as an independent lay chair, which will have dual lines of accountability to the System Board as well as the parent organisations. The “Delivery Board” will:

- Ensure the integration objectives are achieved amongst all partners
- Implement strategies (Locality Plan and/or associated System Transformation Programme activities) agreed by the System Board to achieve the integration objectives
- Identify and escalate to the System Board strategic issues and resolve challenges such that the integration objectives can be achieved
- Implement decisions of the System Board in response to changes in the operating environment, including in respect of national policy or regulatory requirements, which impact upon Oldham Cares
- Manage the performance of Oldham Cares, accounting to the System Board in this respect
- Identify and manage the risks associated with Oldham Cares, integrating where necessary with the Parties' own risk management arrangements
- Implement arrangements through which Oldham Cares accounts to relevant regulators and other stakeholders through whatever means are required by such regulators or are determined by the System Board
- Address any actual or potential conflicts of interests which arise for members of the Integrated Delivery Board or within Oldham Cares generally

2.17 The Integrated Delivery Board has been informally established and meets on a weekly basis bringing together executive / senior officer level members as a group. The Board is overseeing local health and care recovery, response, resilience and transformation workstreams.

2.18 Given that legislation is not yet passed the intention is to use the remainder of this financial year as a transitional and development phase whereby we can reasonably put in place the necessary support mechanisms to bridge the system from its current state to the new proposed state. On that basis there is no intention in this agreement to change or adjust any existing delegations or permissions. As such we envisage that there will be a monthly session of “System Board” meetings, which will bring together work generally overseen by either/both the Commissioning Partnership Board and/or CCG Governing Body – both of these will continue to exist for this financial year – but the way in which business items and agendas are managed and the membership of the meeting will become more focused on the new way of working in anticipation of the legislation as set

out earlier in this paper. It will therefore be clear that these separate groups will continue to each have their Terms of Reference but from a logistics perspective, it is aimed that the meetings will happen as if they are part of the new "System Board" in order to avoid duplication.

3 Options/Alternatives

3.1 In reality there is no option for the NHS bodies in Oldham other than to progress down this route. The legislation was published on 6 July 2021 and is due for at least two readings in Parliament before the summer recess which will protect the integrity of the Government's timeline to implement the changes to the NHS on 1 April 2022. In doing so the CCG will be abolished and its powers and functions transferred to the new Greater Manchester Integrated Care System, subject to legislation being passed, in due course and the benefits identified at 1.1 above would then be realised.

3.2 The expectation is that all localities in Greater Manchester will wish to continue with authority, influence and control of their own locality resource allocation, strategy and outcomes for health and care and in return will develop their locality operating model in line with the expectations that have been developed across GM which have had a strong influence from Oldham in them. In Oldham the proposed mechanism to describe that new partnership system is to be set out in an Integration Agreement that makes clear roles and responsibilities. The preferred option is for the Council to be part of that new system and to be a significant, prominent leader of that integrated system.

3.3 That said Council could choose not to continue its participation in the integration of health and care. It would be the only locality in GM not to and it would place at risk the future of the GM Health and Social Care Partnership model and thus devolution of health and social care from the national bodies.

4 Preferred Option

4.1 The preferred way forward for the Council is to progress into the Integration Agreement as a significant and major partner committed to leading the Oldham health and care system.

5 Consultation

5.1 The development of the Oldham operating model has been progressing since the start of the year. There have been several briefings via Labour Group and Leadership fora and a significant amount of work completed by the organisations involved in the health and care system on Oldham. Collectively they have worked together with experts to develop a framework for integration as per the operating model that has been developed and discussed. This Integration Agreement is what Cabinet is asked to sign off today to enable signature of the formal document.

6 Financial Implications

6.1 As advised in the Financial Mechanism (Framework) at Schedule 6, the overriding financial objective is to deliver a stable system financial position. The Financial Framework has been prepared by the Directors of Finance from the four full members that are signatories to the Agreement. However, it will be subject to further development and agreement and as such may be updated from time to time. The Financial Framework and Integration Agreement reflects current law and statutory organisational duties and forms.

6.2 From the Councils perspective, the budgets in scope of the Integration Agreement and Financial Framework are those included within the Section 75 Agreement. In 2021/22, the Section 75 Agreement is between the Council and Oldham CCG and falls within the remit of the Commissioning Partnership Board. The budgets within and the parties to the Section 75 Agreement will change from 1 April 2022 once the legislation enabling changes to the NHS from 1 April 2022 is in place.

6.3 Under the Financial Framework, all organisations remain responsible for setting their own budgets within their own regulatory regimes. Oldham Council has clear statutory and regulatory framework within which it operates. It is therefore important that the System Board may not enforce a decision on an organisation that is contrary to that organisations own internal constitution/financial regulations or best interests.

6.4 The Councils budget setting arrangements will have to have regard to the changes expected to be in place from 1 April 2022.

Legal Services Comments

7.1 The Integration Agreement is intended to reflect the intention of the Council to work collaboratively with the specified partners. The agreement will give assurances that the Council will not be bound by decisions made by other parties as outlined in 2.8 of the report.

7.2 At this stage, the System Board and Delivery Board will not be constituted as a Joint Committee.

8. **Co-operative Agenda**

8.1 Bringing health and care together will create a more co-operative way of working across the sector. Benefits are yet to be identified in full.

9 **Human Resources Comments**

9.1 The Integration of Health and Care will help to refocus the next stage of the journey in Oldham and in GM. The Council and CCG teams are already starting to come together and this proposed journey will speed that process up, formalize the arrangements and help to support the Oldham health and care system for the future. In terms of NHS staff within the CCG, nationally there has been an employment commitment made to all those working below Board level which in effect safeguards their continued employment. However, the NHS is yet to publish details of the HR framework for those working at Board level who will be impacted

10 **Risk Assessments**

10.1 Not applicable.

11 **IT Implications**

11.1 The Council and CCG are already working together on IT so there are no additional aspects to report in this paper.

12 **Property Implications**

12.1 None that result from this paper.

13 **Procurement Implications**

13.1 The Council procurement team already work across health and care. This does not impact that any further.

14 **Environmental and Health & Safety Implications**

14.1 Not applicable.

15 **Equality, community cohesion and crime implications**

15.1 Not applicable.

16 **Equality Impact Assessment Completed?**

16.1 Not applicable.

17 **Key Decision**

17.1 Yes

18 **Key Decision Reference**

18.1 Rule 16 requested from Chair of Policy and Overview Committee Chair

19 **Background Papers**

19.1 Not applicable.

20 **Appendices**

20.1 Integration Agreement.