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## **Briefing to Health Scrutiny Committee**    **Date: 19<sup>th</sup> October 2021**

### **Subject:**

National & Regional Updates

### **For Information**

### **Report of:**

Mike Barker, CCG Accountable Officer &  
Strategic Director of Commissioning,  
Oldham Council

### **Portfolio holder:**

Councillor Chauhan

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### **Summary:**

This paper contains summaries of local and national policies, strategies, and relevant news to ensure that the Governing Body remains up to date on the latest developments relevant to the organisation.

### **Recommendation:**

The Health Scrutiny Committee is asked to note the contents of the report.

### **Greater Manchester Integrated Commissioning System (ICS)**

1. Since the publication in February 2021 of the White Paper, “Integration and Innovation: working together to improve health and social care for all”, colleagues across Greater Manchester (GM) and Oldham have been planning the transition to a Greater Manchester Integrated Care System (GM ICS) on 1 April 2022.
2. An [ICS Design Framework](#) was published by NHSE in June 2021, which gave some further information about the changes. On the 6 July 2021, the Health and Care Bill for this White Paper was introduced to Parliament and received its second reading in Parliament on the 14 July 2021. This outlined that ICSs would include the creation of a statutory Integrated Care Partnership (ICP), which will be a joint committee, and an Integrated Care Board (ICB) (previously referred to as the ICS NHS body/board). The NHS Confederation has produced its own briefing note on the Health and Care Bill [here](#).
3. In Greater Manchester, under the Devolution Agreement, we have been working as ‘more than an ICS’ for the last five years – with strong working partnerships between health and social care and the voluntary sector. The creation of a statutory Integrated Care Partnership and Integrated Care Board will formalise these arrangements. The new statutory nature of an ICS will allow us to build on the ambitious and ground-breaking ways we have been working over the last five years and continue to evolve to deliver even better health and care for the people of Greater Manchester.

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4. The GM ICS will operate on three levels to deliver a new five-year vision and plan:
    - Neighbourhood
    - Locality
    - Greater Manchester
  5. Whilst CCG duties will transfer to ICSs, it is anticipated that the GM ICS will deliver its functions partly via locality place-based boards and teams within each GM locality, including through neighbourhood structures.
  6. A GM Statutory ICS Transition Programme has been established, led by a Board meeting fortnightly, to oversee the transition to the new ICS arrangements. The Board is made up of representatives from all organisations which will become part of the new NHS body, as well as NHS providers and local authorities. There are 14 workstreams, each with a GM system lead. Work is underway to agree the critical path for the next nine months. There is a recognition that this could be a difficult time for GM staff who are still managing the COVID-19 response and recovery and for the importance of a strong wellbeing offer.
  7. The recruitment process for the Chair of the GM ICS has commenced and is due to conclude around the first two weeks of September and to the ICS Chief Executive role will commence recruitment in early September and conclude at the end of September. The GM Executive Team will take place over the next 2-3 months.
  8. The intention is for the GM ICS, including localities to operate with shadow arrangements ahead of the statutory change on 1 April 2022.

## **ICS Impact in Oldham**

### **Transitional Programme Arrangements**

9. The Oldham transitional arrangements will be overseen by the Governing Body with a Transitional Programme Group reporting in, which will deliver our time-limited ICS change programme. A paper detailing the arrangements features later on the Governing Body agenda. However, its core purpose will be to oversee the following two core work areas that will work in tandem with the GM approach:
  - HR and transfer of people
  - CCG closedown and transfer of data and statutory duties
10. In addition, locality system developments will continue, also in conjunction with the GM approach, which will focus on:
  - Set-up of the new Oldham Health and Care System Board (including place-based responsibilities, shift of some commissioning oversight, and also oversight of strategic planning functions)
  - Development of a new provider 'collaborative'
  - System finances and use of resources

### **National Employment Commitment**

11. During August, national guidance was also released in respect of the Employment Commitment for those NHS staff impacted by the ICS changes. This means that the majority of Oldham CCG will be covered by an employment commitment to continuity of terms and conditions. This commitment is designed to provide stability and remove

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uncertainty during this transition. For those not covered by this commitment, the guidance also details the support that these individuals will receive during the HR process to be followed. There is an expectation that all CCG employees will 'lift and shift' into the GM ICS on 1 April 2022, with any remaining/ongoing work to determine exact roles and structures continuing after this date.

## National and Regional Updates

### Regional Director for the North West

12. Following the announcement of Bill McCarthy's retirement at the end of July 2021, it has been confirmed that Amanda Doyle, current Chief Officer of Lancashire and South Cumbria ICS, has been appointed as the new Regional Director for the North West. It has also been confirmed that Regional Director of Finance, Jonathan Stevens is to retire and a recruitment process is now being planned for his successor.

### Guidance and Publications

13. Recognising the breadth of the agenda, NHS England is committed to providing ICS leadership teams with as much clarity as possible before the autumn so that the necessary actions can be well-planned and delivered in time for April, notwithstanding any changes which may be required as the Bill works its way through the legislative process.

14. A number of resources have recently been published and more is also still to come over the next few weeks. All build on the expectations already set out in the ICS Design Framework, and are intended to help answer questions that have been asked about priorities and next steps.

15. The latest documents to be published are:

- [Interim guidance on the functions and governance of the integrated care board](#)
  - [Draft model constitution](#)
  - [List of statutory CCG functions to be conferred on ICBs](#)

This interim guide covers the expected governance requirements for Integrated Care Boards as outlined in the Health and Care Bill and the ICS Design Framework. The guidance is designed for all ICS partners involved in the establishment of Integrated Care Boards, particularly ICS leads, CCG AOs and their teams as well as NHSEI regional teams.

- [HR Framework for developing Integrated Care Boards](#)

The HR Framework provides national policy ambition and practical support for NHS organisations affected by the proposed legislative changes as they develop and transition towards the new statutory ICBs. The guidance is designed for all ICS partners and ICS leads, CCG AOs and in particular those leading on people/workforce/HR&OD.

- [Building strong integrated care systems everywhere: guidance on the ICS people function](#)

The ICS People Function guidance builds on the priorities set out in the People Plan. It is intended to help NHS system leaders and their partners support their 'one workforce' by delivering key outcome-based people functions from April 2022. The guidance is designed for all ICS partners and ICS leads and in particular those leading on people/workforce/HR&OD.

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- [ICS implementation guidance: ICB readiness to operate statement \(ROS\) and checklist](#)  
This document provides a template ICB Readiness to Operate Statement (ROS) and accompanying ROS checklist. It describes how the checklist will be used to enable system leaders to assess progress and transition towards the establishment of ICBs. The guidance is designed for ICS leads, ICS Implementation Programme Directors, CCG AOs and their teams across all functions as well as NHSEI regional teams. An Excel version of the ROS checklist is available to download as a working document [ROS Checklist](#)
  - [ICS Implementation Guidance: Due Diligence, Transfer of People and Property from CCGs to ICBs and CCG Close Down](#)  
This guidance outlines the due diligence process which underpins the legal transfer of people (staff), property and liabilities to ICBs, the legal establishment of ICBs and abolition of CCGs, and close-down activity for CCGs. The guidance is designed for CCG AOs and their teams across all functions, ICS leads and NHSEI regional teams. An Excel version of the [due diligence checklist](#) is available to download as a working document.
  - [Thriving Places: guidance on the development of place-based partnerships as part of statutory integrated care systems](#)  
Co-produced by NHSEI and LGA, this guidance will support all partner organisations in ICSs to collectively define their place-based partnership working and to consider how they will evolve to support the transition to the new statutory ICS arrangements. It is published alongside [Delivering together for residents](#), prepared by the Society of Local Authority Chief Executives and Senior Managers. This guidance is aimed at all ICS partners and leaders.
  - [Building strong integrated care systems everywhere: ICS implementation guidance on effective clinical and care professional leadership](#)  
This guidance supports the development of distributed clinical and care professional leadership across ICSs, and describes what “good” looks like. It is based on extensive engagement involving more than 2,000 clinical and care professional leaders from across the country, led by a multi-professional steering group. This guidance is aimed at all ICS leaders and ICS clinical and care professional leaders.
  - [Building strong integrated care systems everywhere: ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector](#)  
This guidance suggests how voluntary, community and social enterprise (VCSE) sector partnerships might be embedded in ICSs, recognising expectations set out in the ICS Design Framework that support close working with the VCSE sector as a strategic partner. This publication is for health and care leaders from all organisations in ICSs who are developing partnerships across local government, health, housing, social care and the VCSE sector.
  - [Building strong integrated care systems everywhere: ICS implementation guidance on working with people and communities](#)  
This guidance sets out expectations and principles for how ICBs can develop approaches to working with people and communities, recognising that the ICS Design Framework sets the expectation that partners in an ICS should agree how to listen consistently to, and collectively act on, the experience and aspirations of local people and communities. The guidance is designed for all ICS partners and ICS leads.

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- [ICS 'What Good Looks Like' Framework \(Digital & Data\)](#)

The What Good Looks Like framework draws on local learning and builds on established good practice to provide clear guidance for health and care leaders to digitise, connect and transform services safely and securely.

### **Recommendation**

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