Report to HEALTH AND WELLBEING BOARD

Oldham Integrated Care Partnership Operating Model

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Purpose of the Report

This report has been prepared to enable the Health & Wellbeing Board to debate and discuss progress in relation to the establishment and readiness of the proposed Oldham Integrated Care Partnership as part of the establishment of the Greater Manchester Integrated Care System.

Requirement from the Health and Wellbeing Board

- To be engaged in the discussion process

Oldham Integrated Care Partnership Operating Model

Background

1. Integrated care systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined-up services and to improve the health of people who live and work in their area.

2. They exist to achieve four aims:

   - **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**.

3. Following several years of locally-led development, and based on the recommendations of NHS England and NHS Improvement, the government has set out plans to put ICSs on a statutory footing.

4. To support this transition, NHS England and NHS Improvement has published guidance and resources, drawing on learning from all over the country. The aim is to enable local health and care leaders to build strong and effective ICSs in every part of England.

5. Collaborating as ICSs will help health and care organisations tackle complex challenges, including:

   - improving the health of children and young people
   - supporting people to stay well and independent
   - acting sooner to help those with preventable conditions
   - supporting those with long-term conditions or mental health issues
   - caring for those with multiple needs as populations age
   - getting the best from collective resources so people get care as quickly as possible.

6. The continued development of Integrated Care Systems remains a priority for the NHS, to support joint working arrangements in managing the pandemic and accelerate local health and care service transformation to improve outcomes an reduce inequalities.

7. The Health and Care Bill, intends to put ICSs on a statutory footing and create Integrated Care Boards (ICBs) as new NHS bodies from 1 July 2022.

8. Up until 1 July 2022:

   i. CCGs will remain in place as statutory organisations. They will retain all existing duties and functions and will conduct their business (collaboratively

in cases where there are multiple CCGs within an ICS footprint), through existing governing bodies.

ii. CCG leaders will work closely with designate ICB leaders in key decisions which will affect the future ICB, notably commissioning and contracting.

iii. NHSEI will retain all direct commissioning responsibilities not already delegated to CCGs.

Current Position

9. Under the Health & Care Bill, a statutory ICS would be led by two related entities operating at system level – an 'ICS NHS body' and an 'ICS health and care partnership' – together, these will be referred to as the ICS.

10. However, the national implementation framework also states that all systems should establish and support place-based partnerships, with configuration and catchment areas reflecting meaningful communities and geographies that local people recognise. The ICS NHS body will remain accountable and therefore the governance and leadership arrangements put in place should support safe and effective delivery of the body's functions and responsibilities alongside wider functions of the partnership.

11. There are two important points that have been used to drive our designs locally in Oldham.

    i. Firstly, local partners will agree the form of governance that place-based partnerships adopt, having regard to existing local configurations and arrangements. Depending on the context and functions to be carried out at place level, governance arrangements may include the following, possibly in combination: consultative forum; (joint) committee of the NHS ICS body; individual directors of the NHS ICS body; lead provider and so on.

    ii. Secondly, the roles of place-based leaders will include convening the place-based partnership, representing the partnership in the wider structures and governance of the ICS and (potentially) taking on executive responsibility for functions delegated by the ICS NHS body chief executive or relevant local authority.

12. To that end, we have been working on the development of an operating model for Oldham's Integrated Care Partnership. That is appended to this report for further information.

13. The shadow NHS GM ICS set out a series of core characteristics that every locality operating model will be required to meet. These are as follows:

    i. A place-based lead for integrated health and care
    ii. A Locality Board
    iii. A place-based provider collaborative/alliance or local care organization and neighbourhood working arrangements

iv. Agreed arrangements for the joint management of the pooled budget
v. A clear accountable relationship with the NHS GM ICS
vi. A clinical and professional model that supports decision making
vii. A population health management system

14. We have undertaken a self-assessment of our proposed model against these criteria along with our progress to date. A summary of the key findings of our self-assessment are presented the following statements.

Neighbourhood Model:

- The emergence of five multi-agency district place boards are in place
- Multi-agency district operational leads groups in place
- Connectivity between district place boards and key networks (e.g. Youth Alliance)
- Developing community engagement methods embedding at neighbourhood level
- Positive evaluation of Thriving Communities and the approach to social prescribing
- Districts / neighbourhoods are coterminous footprints that are the right size

Local Provider Collaborative/Alliance:

- Long running Alliance of providers and commissioners
- Integrated Delivery Board established in May 2021
- Integration Agreement in place since July 2021
- Response-led multi-agency working
- Intensive programme of development engagement underway
- Integrated transformation programme –need to agree priorities & timeline
- Formalise a new arrangement –this could, for example, be decision-making in the first instance followed by additional pooling of provider budgets
- Agree the form of the Collaborative –'Provider Leadership Board Model'

Locality Board:

Form & Composition

- Oldham Health and Care System Board becomes: "Oldham Integrated Care Partnership Board"•A Joint partnership Committee underpinned by a Strategic Partnership Agreement
- Meets with a Section 75 Committee –evolved from the existing Commissioning Partnership Board with separate Terms of Reference and restricted decision-making
- Expanded S75 for 1 July onwards
- Oldham Health and Care System Board in place since September 2021
- Integration Agreement in place since July 2021
- Sub-groups established

Role

- Locality Plan in place
- Social value work established with a focus on workforce and employment
- Multi-agency quality assurance, surveillance and improvement groups established
- Finance and Sustainability Group established
- Financial flows discussed at Board

- Various Partner strategies and themed plans discussed at Board, including social children and young people
- Review all health and care strategies and plans –how do we ensure they are cohesive and connected?
- Consider regular checks that Board business addresses wealth business, social value and health inequalities –for example, via standardised paper cover templates
- Consider how oversight of unwarranted variation in performance and outcomes can be achieved
- Work with Health and Wellbeing Board to establish plans to tackle health inequalities

Place-based Lead:

- Oldham CCG AO put forward and appointed
- Accountable for ICB decisions into the 'Place'
- Leader of the 'Place' ICB team
- Part of GM Management Board
- Leader of the Partnership's development
- Dual reporting line

Population health system:

- Governance reviewed to ensure clear definition in role of Locality Board and Health and Wellbeing Board
- Health and Wellbeing Board will focus on wider determinants and overseeing delivery of the health inequalities plan
- System-wide health inequalities plan developed based on GM Marmot recommendations
- Self assessment against Population Health Characteristics Framework undertaken in November 21 and is informing development of plans and priorities
- Provider strategies have strong focus on population health and inequalities (incl. NCA, Pennine Care)
- DPH is a member of Locality Board and Provider Collaborative Board, and is the recognised system lead for population health
- Social prescribing well established and opportunities identified to further develop approach in line with place based working
- Door-to-door engagement teams and community champions work continuing beyond COVID to focus on wider determinants and other key health issues
- Strong VCSFE infrastructure and presence on partnership boards
- Covid testing and vaccination programmes co-designed with communities, and learning is being taken into other programmes
- PCN Population Health Management Plans in place
- Continued NHS investment in improving health/wider determinants e.g. warm homes
- Examples of joint commissioning across Council and CCG in response to local need e.g. health improvement and weight management, and genetic outreach services
- NCA work on social value also well developed with a particular focus on workforce and employment
- Public health input into licensing process and working with planning on development of Local Plan to ensure improving health is embedded in policy

- Some contracts with health inequalities performance measures in place

Clinical and professional leadershjip model

- A clinical and care professional leadership model established that aligns with best practice and the latest research
- Health and Care Senate established
- Initial priority pathway change areas established
- Transfer planned of existing CCG clinical lead posts into the new organisation place team
- Agreement of additional and time-limited roles
- Clinical and care professional leads embedded into Boards and working groups

Recommendation

15. The Health & Wellbeing Board is asked to note and discuss the contents of the report.

Appendices

1. Oldham ICP Operating Model