

Trafford Integrating Care

Next steps to building strong and effective
integrated care systems

Trafford CCG Programme Board Presentation

January 2021

Integrating Care: Background and Context

Working with partners we will aim to:

- Understand the future in terms of role and functions in Trafford and Greater Manchester
- Understand future accountability and governance
- Agree a form which will deliver the functions for Trafford based on our locality working
- Work towards a positive and proactive future for Trafford residents and Trafford colleagues

Our vision will remain: **Trafford Together: People, Place and Partnership**

Our frame of reference will be a locality health and social care integrated system, within which we will focus on our Locality Plan, the Local Care Alliance and the Local Care Organisation.

Work will be within the construct of 'place' which for us in Trafford is:

- 1** Locality, **4** Neighbourhoods, **6** Community Hubs and **5** Primary Care Networks

The CCG has formed a Programme Board to drive forward the work, which is made up of Senior Leadership from the CCG and Council



Integrating Care: Learning from our journey

“**To improve health and wellbeing for the people of Trafford**, maximising available resources through system wide collaboration”

“An acknowledgement that **integrated care cannot be delivered by organisations working alone or in isolation**, it must be delivered through collaborative working”

“That the development of very different **relationships is at the heart of integrated care**, with professionals from different organisations, professional groups and teams understanding one another and developing mutually respectful and collaborative relationships with those who require their professional expertise”

(Local Care Alliance Memorandum of Understanding, July 2020)

Integrating Care: Learning from our journey

- H&SC Strategic Vision – Trafford Recovery / Locality Plan
- Integrated Neighbourhood Working
- Integrated Commissioning
- System Connectivity
- Positive Relationships
- Values / Behaviours / Principles
- Performance and Measurement
- Co-Design and Co-Production
- Local communities hold the key



Integrating Care: The GM Response to the NHS Engagement Exercise

Option 1:

A statutory committee model with an Accountable Officer that binds together current statutory organisations

Option 2:

A statutory corporate NHS body model that additionally brings CCG statutory functions into the ICS.

Consensus in Greater Manchester to pursue 'Option 2'

- Provides for a clearer structure which will minimise the potential or unnecessarily complicated governance
 - A more streamlined arrangement to progress the commissioning and delivery of system level services
 - A clearer opportunity to reduce or remove the commissioner/provider separation at the system level
 - Ability to establish local governance and financial flows which similarly reduces the transactional burden of the commissioner provider split
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- Conditional on implementation of financial, governance and staffing arrangements which would provide for accountability at Trafford level

Integrating Care: Trafford Engagement Exercise Response

There were 4 questions to be answered as part of the guidance and below is Trafford CCG's Governing Body response to those questions:

1. We agree that giving Integrated Care System a statutory footing in 2022 alongside other legislative proposals gives the right foundation for the NHS over the next decade.
2. We agree that option 2 offers a model that provides greater incentive for collaboration alongside clarity of accountability cross the systems, to Parliament and most importantly to patients.
3. We agree that other than mandatory participation of NHS bodies and local authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their population needs.
4. We agree subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSE should be either transferred or delegated to Integrated Care System bodies.

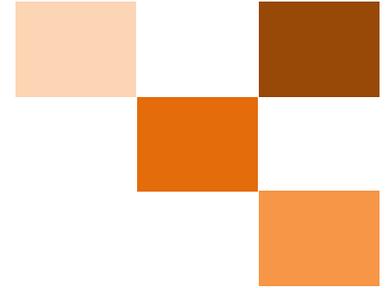
Integrating Care: Pillar Work Streams



Integrating Care: System Connectivity and Engagement

Meeting	January 21	February 21	March 21	April 1	September 21	April 22
CCG Governing Body	5 January	N/A	30 March	Tbc	Tbc	Go Live for new system. (CCG Final Accounts June 22)
CCG Council of Members	N/A	N/A	10 March	Tbc	Tbc	
Joint Leadership Team (Council and CCG)	27 January	24 February	24 March	Tbc	Tbc	
Joint Commissioning Board (Council and CCG)	N/A	8 February	Tbc (decision on shadow)	Tbc (Place Board in shadow)	Tbc (shadow phase)	
Trafford Local Care Alliance	14 th January	11 th February	11 th March	15 th April	9 th September	
Forum		Frequency				
SLT Programme Board		Weekly				
SLT Update		Weekly				
HSC R&RB Updates		Bi-weekly				
Colleague Engagement		Colleague Forum: Fortnightly / Kitchen Briefing: Weekly / Colleague Briefing: Weekly				





Integrating Care: System Place Board

Workstream Group:

Sara Radcliffe, Gareth James, Zoe Mellon, Ian Tomlinson

System Place Board: Initial Thoughts on Scope up to April 2021

Workstream to:

- Outline the initial design of a System Place Board for Trafford – function and form
- Agree the initial design with the Trafford Joint Commissioning Board and partners
- Enable the board to be in shadow form for April 21
- Design the April 21-April 22 process that leads to full establishment for April 22

System Place Board: Initial questions to be answered.....

- What are the functions that the place based board needs to undertake ? ———> Leading integrated health and social care strategy, commissioning, governance including delegated responsibilities and overall system performance
- Who are the people/roles that need to be on the board to fulfil the functions ———> Place Leader, Health Watch, Public Health as stated and then
- Is it a Senior Officer Group which reports into a wider governance structure ———> This would seem appropriate for the functions as described and could then place it into the wider governance for scrutiny
- Does the current JCB fulfil this role ———> Not at present, a new design is needed
- Is the wider governance currently fit for purpose to scrutinise this form of board ———> Not at present, a new emphasis is needed
- What is the process that we would need to go to constitute the Board ———> Guidance may outline this or we may need to explore what has previously happened with joint committees



Integrating Care: Financial Framework

Understanding financial arrangements and financial flows is essential to the development of integrated care. There remains uncertainty, but what we do know is:

NHSE&I engagement on Integrating Care:

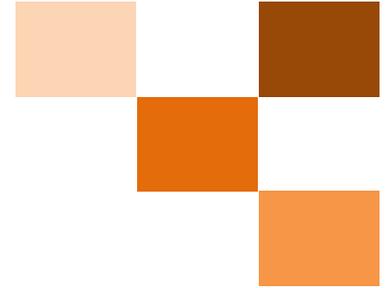
- The intention is to “**delegate significant budgets to ‘place’ level**”
- Encourage “**allocative decisions in the hands of local leaders**”

NHSE&I priorities for winter and 2021/22:

- We won't know financial settlement until close to March '21
- Funding will continue at a system level (GM)
- Based on previously published CCG allocations; adjusted for impacts of 20/21

Key actions and milestones:

- Agree budgets and contracts from April '21
- Continue to agree local alignment of Trafford budgets
- Influence GM financial framework discussions



Integrating Care: Provider Collaborative

Workstream Group

Naomi Ledwith, Thomas Maloney, Paul James, Julie Flanagan

Provider Collaborative: Initial Thoughts.....



Provider Collaborative: Trafford Locality Provider Assembly

The 'Engine Room' of the System Board

'Proposed Purpose' Initial Thoughts:

- A wide ranging **strategic partnership** of all providers in Trafford
- Oversees **joint planning** at the most appropriate spatial level for the subject matter
- **Use of data** to strategically plan and design health and care services to meet needs of population
- Continue to redress the balance of care to move it **closer to home**
- Use of data to **identify inequalities** (outcomes and access, within Trafford and in comparison to GM and statistical neighbours) to propose programmes of work that close unacceptable gaps.
- Support organisations to improve their capabilities and capacity to **tackle unwarranted variation and performance challenges** – look to embed consistent 'continuous improvement' methodology
- Identify and **develop innovations**, validate and replicate where appropriate
- **Align work with GM bodies**, such as the ICS (GMHSCP), Universities, HINM to advance the collaborative' s purpose, including the education and research imperatives
- Oversee the necessary **recruitment, training and development of the required workforce** to deliver against the breadth of the Trafford Together H&SC Locality Plan
- Ensure effective **Public Engagement and Co-Production**
- Maximise the '**Trafford Pound**' – securing positive return on investment and value for money
- Exercise its '**Financial Responsibilities**' – to work within a system financial envelope

Trafford Locality Provider Assembly Membership

Trafford Locality Provider Assembly has a wide ranging membership to include:

- Local Care Organisation
 - Trafford Primary Care Networks
 - Trafford Council
 - Greater Manchester Mental Health NHS Foundation Trust
 - Manchester University NHS Foundation Trust - in particular WTWA, CSS
 - Trafford Community Collective (VCFSE Representative)
 - Wider Primary Care - Pharmacy, Dentistry, Optometry
 - GP OOH
 - Social Care Providers
 - Independent Sector (Health)
- Parity of esteem** amongst the membership in the 'Assembly'
 - Integration needs to be **authentic and promote equality** amongst partners
 - Supported by a **programme approach**

Trafford Provider Deliver Vehicle:

'Proposed Purpose' Initial Thoughts and Questions:

Trafford Locality Provider Delivery Vehicle:

- Scope of service and operating model to be wider than current LCO including strong working relationships between the provider assembly members, alongside the means to connect to housing, education, criminal justice etc
- We create our own route map guiding these changes, with some partners being organisationally integrated, some contractually and some aligned through partnership agreements
- We need to understand should the model be all age?

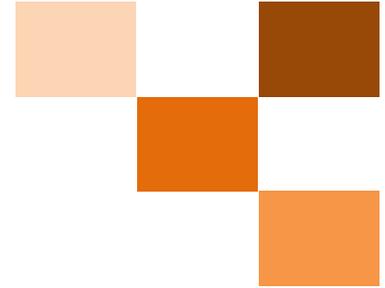
The Delivery Vehicle could:

- Act as a means to enable the neighbourhood model, working with communities to empower change
- In addition to operational delivery could also be responsible for reform ie tactical commissioning; risk stratification & case finding; lived experience and co-production; strengths based/asset based working; workforce development and blended roles
- Act as local economic contributor, delivering social value - through its employment, training, procurement and volunteering activities

As a result of the changes we will need to consider:

- New quality assurance, quality monitoring, and improvement models spanning the scope of the collaboration
- New financial framework to accelerate maturity and development
- New digital framework to ensure linkages and innovation
- The role of commissioners as Resilience and Reform

Need to recognise and protect the linkages across local and GM/specialist pathways and avoid fragmentation of care. They are not separate models but part of the same episode of care and most likely operated by a single organisation operating at both spatial levels



Integrating Care: Local Care Organisation Scope

Workstream Group

Sara Radcliffe, Rebecca Demaine, Stephanie Whitelaw, Cathy O'Driscoll, Andrea Gallant,
Louise Walpole

LCO Initial Thoughts on Scope up to April 2021.....

Workstream Group to:

- Outline the initial proposed scope of the future LCO in Trafford with MFT/TLCO and partners – function and form
- Agree the initial scope and design with MFT/TLCO and partners
- Design the April 21 – September 21 process
- Design the September 21 to April 22 shadow process

LCO Scope: Initial questions to be answered.....

Who, when and how do we need to work with the TLCO – linking back into the Exec to Exec which is being put in place



This has to be a collaborative piece of work with MFT/TLCO from the beginning with joint and clear arrangements in place for decision making

What are the CCG functions that we would want to keep at a locality level – and therefore what are the ones that would be at an ISC level



We see the CCG as a commissioning organisation and would need to work through the functions within our directorates - including Commissioning, Finance and Contracting, corporate services, Performance and Quality Improvement, Primary Care Services, Nursing services, Integrated Health and Social Care Strategy and where they would best sit to serve the people of Trafford

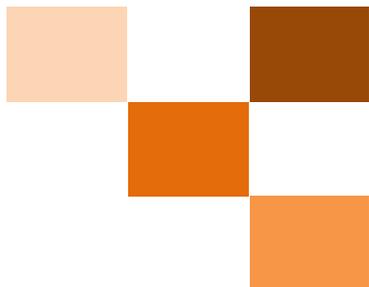
Out of these which ones to we feel would be best in a LCO and where else may functions best go e.g. other providers such as GMMH or Council

Who and what would we want to facilitate being aligned to the LCO – more than in the provider collaborative, i.e. building on the PCN discussions



We would need to work with the Provider collaborative work stream, with the Local Care Alliance, to understand and realise the range of issues and possibilities





Integrating Care: Clinical and Practitioner Leadership

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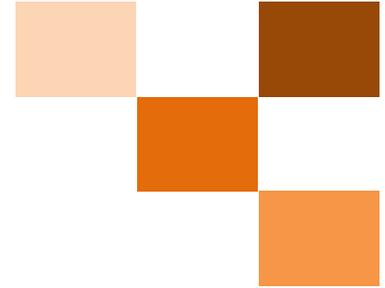
Workstream Group

Mark Jarvis, Manish Prasad, Rebecca Demaine, Jacqueline Coulton

Clinical and Practitioner Leadership: Scope up to April 2021.....

Workstream Group to:

- Identify the key clinical and practitioner stakeholders in Trafford
- Agree the appropriate representatives from stakeholders
- Organise a set of workshops with all relevant stakeholders to collectively design and agree how the future clinical decisions and pathways could be made
- Stakeholders to include but not exhaustive: GPs, Pharmacist, Practice Nursing, Nursing Community, AHP, OT, Paediatrics, Physiotherapy community, Dental, Mental Health, Optometrist, Pharmacist community, VCSFE, Public Health, Safeguarding, Social Care, Care homes, Secondary Care, Diagnostics, Ambulance, Patient Representative.....



Integrating Care: Transition

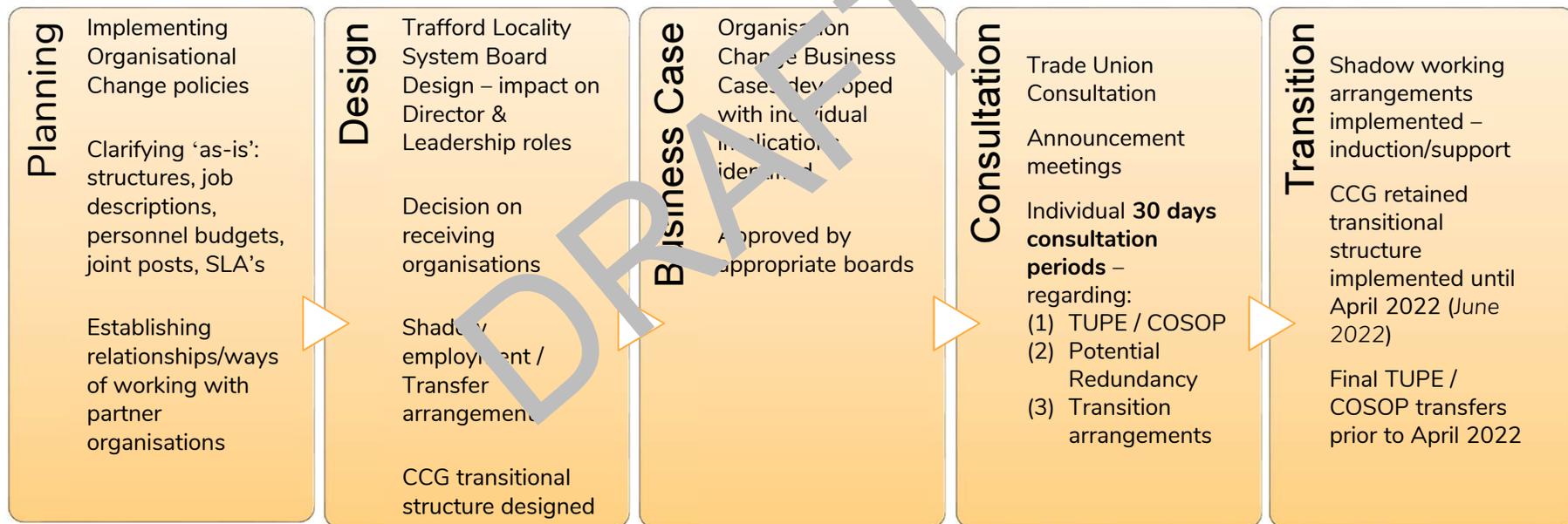
Workstream Group
Louise Walpole, Angela Beadsworth (Initial)

Workforce Transition Approach

- This will be a complex transition requiring significant collaboration at the design phase to define a **system wide structure** that effectively accommodates the transition of CCG functions into other parts of the system in line with the principles set out by the Integrated Care System aspirations.
- **All system partners** will need to adopt a programme approach to ensure complete alignment of system design, transition and implementation.
- **Changes to structure and roles will impact receiving organisations as well as the CCG**, therefore the design and subsequent workforce implications will need to be worked through collaboratively. These developments will be fed into the **Trafford Locality Workforce Group** whose role in the transition and implementation process will be critical.
- Through this system redesign we aim to continue on our journey in achieving **one workforce across Trafford, enabling, better lives for our most vulnerable people, better wellbeing for our population and better connections through our communities.** Striving for an engaged, effective and inclusive workforce. Supporting this system redesign organisation development support will be required such as:
 - Continued development of our system leaders
 - Induction / training for colleagues impacted by the transition within the system
 - Supporting the health and wellbeing of our workforce
 - Provision of learning & development to support and embed place-based ways of working
 - Workforce diversity and inclusion strategies
 - Development of 'leaders' in selected Improvement Methodology
- At this stage Organisation Development is not mapped out, but requires significant consideration and potential investment/resource

Workforce Transition Phases - CCG

- Workforce Transition for the Trafford CCG will comply with the Organisational Change Policy.
- The high level plan below sets out a broad overview of the stages of the transition from a CCG workforce perspective – this will be built as work develops to ensure a details transition plan for all work streams.
- All receiving organisation will have redesign workforce considerations and due process to follow and collaboration will be required at all stages of the process.



Workforce Communications and Support - CCG

- Any period of Organisational Change brings uncertainty and can unsettle a workforce. We have the added challenge of leading this change through a global pandemic, which in itself brings huge workforce challenges for all in the Health and Social Care System.
- Most colleagues at the CCG will continue to work from home for during the initial months of 2021 and it is difficult to foresee when a return to ways of working prior to the pandemic will recommence.

Regular informal communication

- Kitchen briefings led by AC, Time Together sessions & Colleague Briefing updates
- Transition focused colleagues update meetings
- Updates at Colleague Forum
- Line Manager Supervision

Formal consultation

- Initial updates and dialogues with Trade Unions about proposals and progress
- Formal Consultation with Trade Unions to set our proposals
- Formal Colleagues Announcement - individual 30 day consultation with 1:1s
- Published Frequently Asked Questions to support consultation process

Wellbeing support

- Underpinned by CCG's People Plan there will be a focus on supporting the workforce. This will include ensuring engagement through Colleagues Form and Kitchen Briefings; undertaking check-in's & appraisals, engaging staff groups, and continuing to listen and act on feedback (e.g. NHS Staff Survey). Online wellbeing tools will be promoted through Colleague briefing and published on the intranet.

Integrating Care: We must.....

- Embody the values and behaviours of our existing partnerships – particularly learning from the Local Care Alliance (LCA)
- Commit to conducting our business with honesty and impartiality
- Ensure that integration is authentic and promotes equality amongst partners
- Adopt evidence-based practice, recognising the unique characteristics of our locality, our neighbourhoods and our communities
- Focus on the delivery of core outcomes and expectations as well as tackling unwarranted variations across and within specific areas of Trafford – address our inequalities
- Think system finance and enact the ‘financial principles’ agreed through the LCA – funding flows to align with our priorities (Prevention)
- Maximise social value and encourage community wealth building approaches
- Put in place a proportionate programme management function to manage the partnerships, work programmes, system connectivity

December 2020

- Joint Leadership Team
- SLT Programme Board Established
- Scoping of 5 Key programmes
- Stakeholder and Partner Engagement
- Joint Commissioning Board

January 2021

- Consultation Deadline (8th)
- Stakeholder and Partner Consultation (Ongoing)
- CCG Governing Body (5th)
- Local Care Alliance (14th)
- Transition Documentation
- Time Together (26th)
- System Board Scope established

February 2021

- Stakeholder and Partner Consultation (Ongoing)
- CCG Governing Body Joint Commissioning Board
- Local Care Alliance (11th)
- System Board Initial Design to be prepared for Joint Commissioning Board (4th)

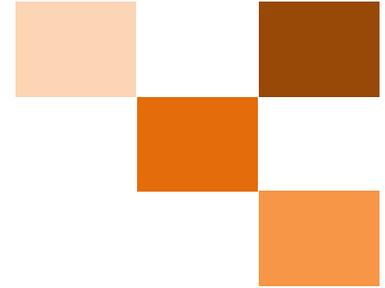
March/April 2021

- March: Decision made to go into shadow at March JCB
- April: Shadow Board mobilised

Trafford Integrating Care: Next steps to building strong and effective integrated care systems across England

The ask:

- Support the programme approach and structured work programme as outlined – particularly Provider ‘Collaborative and Clinical’ and ‘Practitioner Leadership’
- Engage in appropriate task and finish groups as they emerge with named individuals
- Work collaboratively to confirm timeframes for each of the 5 work programmes including the establishment of the Shadow ‘System Board’ arrangements by April 2021
- Single partner organisation conduit to support the escalation of issues that require discussion/resolution



Questions, Comments & Next Steps