

TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 17th November 2021
Report for: Information
Report of: Sara Radcliffe, Acting Joint Accountable Officer,
Trafford CCG, Gareth James, Acting Joint Accountable
Officer, Trafford CCG

Report Title

ICS Locality Programme Update

Summary

This report updates the CCG Governing Body on progress made in advance of the Greater Manchester Integrated Care System (GM ICS) coming into effect in April 2022 (pending legislation).

The report focusses on key developments both locally and in the emerging GM ICS infrastructure, key achievements and points of positive progress, including the mobilisation of our programme approach with partners. It also highlights, where known, the milestones which dictate our forward plan and our shadow arrangements. The report aims to collate information into one comprehensive paper.

Recommendation(s)

Health Scrutiny are asked to note the content of this report and progress to date

Contact person for access to background papers and further information:

Name: Thomas Maloney, Programme Director Health and Care, Trafford Council/Trafford CCG

1. Introduction

- 1.1 This paper aims to highlight the significant developments in relation to our journey towards a GM ICS which will mean the CCGs in GM will be disestablished.
- 1.2 The paper collates key achievements and progress, to provide Health Scrutiny with assurance regarding plans and working arrangements.
- 1.3 The system reform changes, brought about by the Health and Care Bill, are an opportunity to reform the system, to ultimately work towards better outcomes for our population.

2. Background and Context

- 2.1 We have a strong history of partnership working in Trafford, the new arrangements and programme approach continue to support and encourage this.
- 2.2 Along with other GM localities we have worked to implement a shadow ICS architecture. This has three main components for the future: the One System Board, a Trafford Provider Collaborative, and the Trafford Clinical and Practitioner Senate.
- 2.3 In Trafford our established Joint Commissioning Board has been reconfigured to be our locality board which we call our One System Board. It is currently jointly chaired by the Leader of the Council and CCG Chair and includes senior leaders across the NHS, council and voluntary sectors. This has been mobilised with a fundamental aim of improving health and care for our population. The Trafford Provider Collaborative has been built from our established Local Care Alliance, and has a good foundation over a number of years of partnership working. The Trafford Clinical and Practitioner Senate is a new part of our system which is emerging through the work we are undertaking to establish the ICS in Trafford. The work is being led as part of one of the six ICS programme work streams that are outlined later in the paper.
- 2.4 Trafford have agreed a locality programme approach to develop Trafford's ICS arrangements. We have mobilised six work programmes that enable partners to shape Trafford's approach, these focus on: system governance – performance and quality, finance, provider collaboration, ways of working, clinical and practitioner leadership plus communications and engagement
- 2.5 The Trafford Together Locality Plan 2019-24 was agreed and published in 2019 and remains our blueprint for the transformation of health and social care. The plan was revised in 2021 and is owned by the Trafford health and social care system, including the three parts of the new Trafford ICS system as described above.
- 2.6 We have agreed that our interim place leadership, to April 2022, will be the current CCG Joint Accountable officer. However, this is a holding position and pending national and GM announcements on the recruitment to these posts for April 2022, a process to recruit to a permanent Trafford Place Leader will be put in place.

3. Overarching Summary of ICS National Changes

- 3.1 The Health and Care Bill, currently going through Parliament, sets out plans to put ICSs on a statutory footing, empowering them to better join up health and care services, improve population health and reduce health inequalities.
- 3.2 An ICS is a partnership 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. Collaboration across ICS footprints will help tackle complex challenges, building on current models of integrated health and social care. They exist to achieve 4 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.

3.3 The current proposals mean that each ICS would be led by an NHS Integrated Care Board (ICB), an organisation with responsibility for NHS functions and budgets; setting strategy and allocating NHS resources with the ICB, delegating certain functions to localities. The detail of which is being developed. There is also an Integrated Care Partnership (ICP), a statutory committee bringing together all system partners to produce a health and care strategy. Subject to the views of Parliament, it is expected that these measures will come into effect in April 2022. Therefore, the NHS locally, regionally and nationally is now preparing for implementation of the bill, including appointing to the senior roles within each NHS ICB.

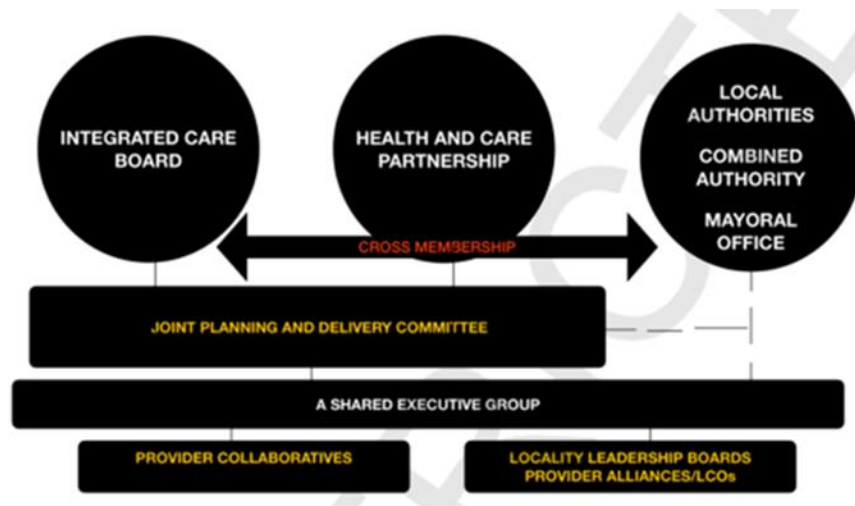
4. Key Developments – GM ICS

4.1 NHS England and Improvement (NHSE&I) have recently published interim guidance on the functions and governance of the ICB. GM is working to establish the ICS. GM shadow arrangements are now in place (from October 2021) and it will transition to full implementation of the ICS in April 2022.

4.2 Each ICB must set out its governance and leadership arrangements in a constitution formally approved by NHSE&I. While preparations for these new arrangements are being made, all NHS organisations must continue to operate within the current legislative framework retaining any governance mechanisms necessary to maintain operational delivery including patient safety, quality and financial performance.

4.3 ICS leaders, and designated ICB leaders, as they are appointed, should proceed with preparations to design and implement ICB governance and leadership arrangements before April 2022 that fulfil the requirements set out in this interim guidance. Sir Richard Leese has been announced as the Chair Designate of the GM ICB and the recruitment of ICB CEO Designate is underway, followed by other senior team positions towards the end of the year.

4.4 The diagram below depicts the proposed shadow governance at a GM level.



- 4.5 Progress continues with the development of locality arrangements for the GM ICS. There are a number of work streams led by GM leaders that are informing the establishment of the ICS. Some are outlined below.
- 4.6 To inform the development of the ICS operating model, as well as look at how localities intend to establish their governance and relationship with the GM ICB, each locality is working to establish its shadow arrangements. They are also collectively working together to ensure, where appropriate, a consistent model.
- 4.7 The governance working group have developed the terms of reference (TOR) for the Joint Planning and Delivery Committee for use when in shadow form from October 2021 – March 2022. Post April 2022 it will become part of the established ICB governance structure. The membership of the group will be kept under review and a formal review of the TOR will take place in early 2022. The first meeting took place in October 2021.
- 4.8 Equality, diversity and inclusion (EDI) is a priority for the GM transition programme of work. GM work stream leads will ensure EDI is considered throughout all the work they do. Equality impact assessments are taking place across all parts of the programme.
- 4.9 The development of the GM strategy will happen alongside work to create the statutory ICS and will guide the first five years of its operation. It is proposed that work will take place in November to agree the vision and objectives for the GM ICS.

5. Trafford Key Locality Developments: One System Board

- 5.1 The Trafford One System Board (OSB) was established in April 21 and has overseen the transition work to establish the Trafford ICS through the 6 work streams. Trafford partners have agreed 3 immediate priorities, to refresh the Trafford Locality Plan as a blueprint for the future, agree ways of working to deliver shared priorities and provide clarity to affected staff. Membership of the OSB includes colleagues from local NHS, council and voluntary sector partners.

- 5.2 A 'Locality Approach' was agreed in June 21 and a refreshed position submitted to GMHSCP in September 21, supported by the Trafford OSB. Within the submission was the commitment, in principal, to move towards a joint committee model for the OSB. However, there is an acknowledgement that more detail is required to determine the role and responsibilities of the Board itself, including work to understand the management of conflicts of interest. A group of OSB members are developing the draft ToR in order to agree these parameters.

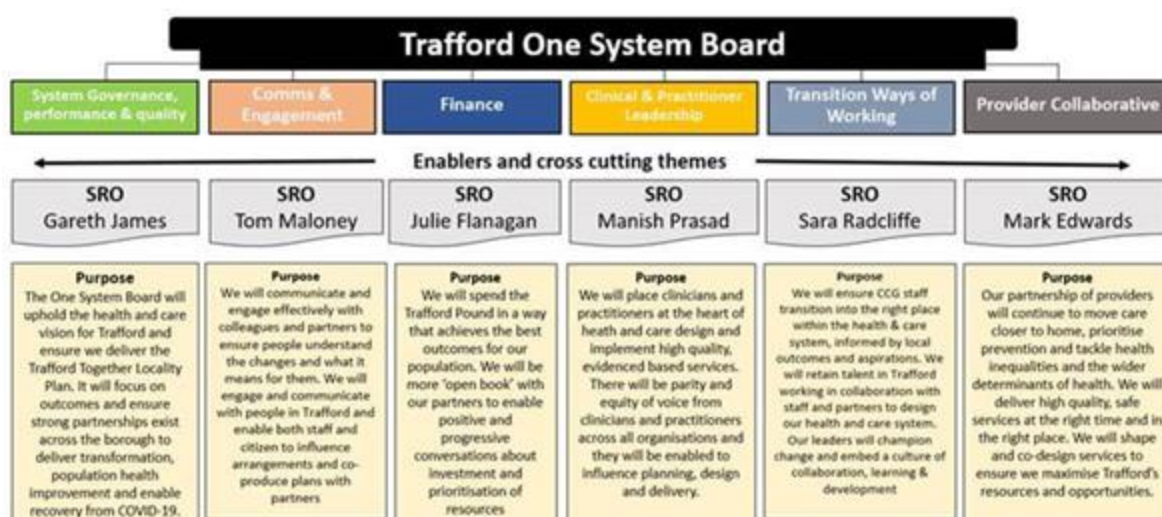
6. Trafford Key Locality Developments: Provider Collaborative

- 6.1 Throughout the existing Local Care Alliances' (LCA) tenure a set of values and behaviours have driven health and social care integration and collaborative working in the forum. The LCA led on the production of the Trafford Together Locality Plan in 2019 and worked in parallel with the new Trafford OSB to refresh the Locality Plan in September 2021, taking account of the system's learning and recovery following the pandemic.
- 6.2 The evolution of the LCA to become the place based provider collaborative for Trafford; going forward known as the Trafford Provider Collaborative has been proposed and agreed by partners who have worked together on the LCA.
- 6.3 The inaugural meeting of the Trafford Provider Collaborative has taken place in October. The LCA had an independent chair however the new Trafford Provider Collaborative has taken the decision to have a new Chair from its provider membership. A process is underway and new arrangements will be in place before the end of the year. The Provider Collaborative work stream is working to develop a 'critical path' for shadow arrangements and defining key milestones and objectives for the Trafford Provider Collaborative.
- 6.4 The Trafford Provider Collaborative will build on the previously agreed ways of working. However, it will alter its ways of working and governance arrangements to reflect the change in purpose and role in a new ICS. This will result in changes to its membership to more accurately reflect the role of a place based provider collaborative and its reporting and relationship with the OSB. The ToR are being developed with members of the provider collaborative working group and will be in conjunction with other key governance proposals.
- 6.5 It is also proposed that a systematic programme of development is put in place for the Trafford Provider Collaborative board to clarify priorities, strengthen relationships and develop new ways of working. An important aspect of this will be an emphasis on "learning by doing" through the implementation of the Locality Plan and exploring options to address areas for development, such as systems leadership and quality improvement.
- 6.6 The main focus of the Trafford Provider Collaborative will be the delivery of the Trafford Locality Plan. An early task will be to clarify a small number of high impact delivery programmes on which the provider partners will work collaboratively. Another major piece of work will be for partners to work together

to establish effective integrated leadership teams at the neighbourhood/ Primary Care Network level. Once these teams are operational they will oversee progress towards our long term goal of strong multiagency teams based around each general practice.

7. Structured Programme Approach

7.1 Below is our current programme approach, which has been built from the outputs of four Trafford Together workshops held with system partners and from available guidance. The ICS programme is overseen by the established Health and Social Care Reform Board, as well as the CCG senior leadership team. This is to ensure the work is undertaken and presented to the OSB and the CCG Governing Body effectively. The programme approach, as already stated has 6 time limited work streams, they along with their senior responsible officers are outlined below.



8. Summary of Human Resources Transition Work

8.1 The guidance document 'Human Resources (HR) framework for developing integrated care boards' was published by NHSE&I in August 2021. The framework for developing integrated care boards applies to NHS organisations affected by the proposed legislative changes as they develop new statutory ICBs. These organisations include CCGs and other NHS employers hosting ICS staff or shared services. The guidance provides national policy ambition and practical support to complement regional and ICB approaches, and local employer policies for dealing with the change processes required to affect the transfer and the transition.

8.2 This HR Framework aims to provide system leaders, employers and HR colleagues with:

- Clarity on the implications of the desired change and transition approach.

- Clear steer on how to manage the transition in line with the Health and Care Bill, the ambitions in the White Paper, the ICS Design Framework and the Employment Commitment.
 - Confidence in and understanding of the legal framework for this change.
 - Access to advice and guidance on handling key aspects of organisational change.
 - Clarity over what will be done nationally, regionally, system and at local employer level. Setting out a clear national approach, including a set of principles for the handling of this transition, is key to its success, providing clear direction and expectations to be met by all relevant parts of the NHS.
- 8.3 The guidance reaffirms the employment commitment that was made to colleagues in February 2021. The employment commitment mandates that for colleagues below board level, staff will move across to the new organisation with minimal, if any, immediate impact in terms of how they work. The term 'lift and shift' is being used for this process.
- 8.4 Under this transfer all functions and colleagues (below board level) will transfer from their organisation to the Integrated Care Board with no requirement for organisational change. No job matching or pre-transfer selection process will be required.
- 8.5 The process by which this will happen will be in line with that required by the Transfer of Undertakings (Protection of Employment) Regulations 2006 otherwise known as (TUPE) and the Cabinet Office Statement of Practice (COSOP).
- 8.6 The employment commitment does not extend to those posts at Board Level. Those colleagues will not 'lift and shift' in their current role as is guaranteed for all other staff. Board members will however remain accountable for their organisation until the 31 March 2022.
- 8.7 It is recognised that each organisation is different and each will have varying arrangements as to how it employs or engages its staff. A people impact assessment (PIA) will support the identification of the potential impacts of the proposed changes on people working within CGGs or existing ICB workforce structures. With a view to making the process of change as transparent as possible, and to minimising the impact on performance and motivation. This assessment will also support the identification of risks and any mitigating actions that could be taken so that these can be built into the management of change process.
- 8.8 At a local level the CCG has an ICS Sender Organisation Project Plan in place which details key regional and local HR activities and milestones to ensure the safe transfer of colleagues into the ICB. Delivery of the plan is on track and is regularly monitored by the CCG's Senior Leadership Team. This enables for the escalation of any risk and issues and also enables a forum where decisions relating to actions on the plan can be made. Trafford CCG is working in collaboration with Manchester Health and Care Commissioning in this area,

which allows for a sharing of resources, knowledge and best practice. Trafford CCG also attend the fortnightly GM HR Delivery group meetings, as well as being a member of the GM People and Culture Steering group which oversees the work in GM.

8.9 From September 2021 to March 2022 Trafford CCG will run a 2 phased plan to ensure that its six teams have a clear and agreed transition into the ICB. The six teams are listed below and all have a senior lead below Board level. i.e.

1. Commissioning
2. Finance, Corporate & Governance
3. Primary Care
4. Strategy & Programme Management Office
5. Nursing
6. Performance, Quality & Information

8.10 Phase one will describe and communicate our present teams for transfer;

- The function and role of the teams.
- The main system partners the teams work with.
- The spatial level (s) at which the teams work is carried out.

8.11 Phase 2 will describe our preparation for any transformation after transfer;

- The proportion of work the teams undertake based around each of the ICS functions of Planning, Designing and Delivery at each spatial level.
- Identify any potential alignment of functions with partners.
- Identify any support required as we transfer with a potential for new ways of working.

9. Summary of CCG Close Down Actions

9.1 NHSE & I have issued two guidance documents to support the closedown of CCGs and establishment of the ICB. These are 'ICS implementation guidance: Due Diligence, transfer of people and property from CCGs to ICBs and CCG close down' and 'ICS Implementation guidance: ICB readiness to operate (ROS) and checklists'.

9.2 The due diligence process is supported by a national detailed checklist covering HR, finance, Information and Technology, data protection and records management, governance, quality and risk which will underpin the process to be adopted by the CCG.

9.3 A working group has been established to commence the data collection as part of the due diligence evidence requirements. The process and proposed governance for closedown will be presented to Audit Committee in November for approval.

9.4 Greater Manchester has established a closedown group to gain assurance of the due diligence programme across the GM CCGs.

9.5 The outcome of the due diligence process will enable the Accountable Officers to provide written assurance to the ICB Chief Executive and Regional Director in March 2022. The output of the process is the completion of the transfer schemes for staff and property (assets). The outcome and outputs will enable the ICB Chief Executive to sign the Readiness to Operate Statement, a key document in the establishment of the ICB.

10 Recommendations

10.1 Health Scrutiny are asked to note the content of this report and progress to date