

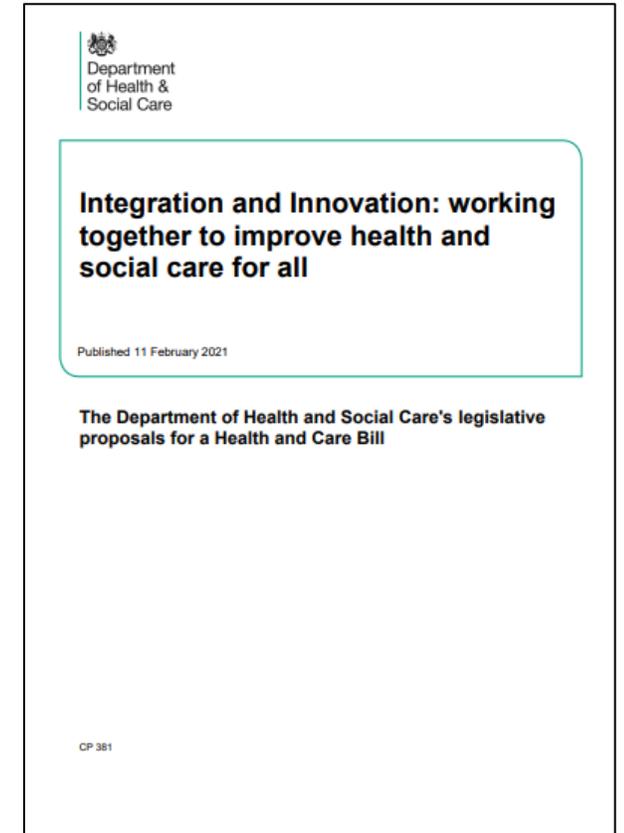
H&SC System Reform Update

Health and Wellbeing Board

Jan 2022

Background

- In February 2021 the NHS White Paper ‘**Working Together to Improve Health and Social Care**’ was published.
- This was followed by **Health and Care Bill 2021**
- Bill mandates establishment of Integrated Care Systems (ICS)
- Including Integrated Care Boards (ICB) and Integrated Care Partnerships (ICP):
 - CCGs will no longer exist as statutory bodies
 - Integrated care systems will be established
 - Statutory NHS functions will be undertaken by integrated care boards



Recent Changes / Priorities

- Nationally, CCGs and partners have been working towards 1st April for the Integrated Care Board (ICB) to be established. It has now been confirmed in order to allow sufficient time for the remaining parliamentary stages to take place a new target date of **1st July 2022** has been agreed.
- This will provide some extra flexibility to prepare and manage the immediate priorities in the pandemic response, while maintaining momentum towards becoming an ICB.
- National and local plans for ICS implementation will now be adjusted to reflect the new target date, with an extended preparatory phase from 1 April 2022 up to the point of commencement of the new statutory arrangements. During this period:
 - ❑ **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
 - ❑ **CCG leaders will work closely with designate ICB leaders in key decisions which will affect the future ICB,** notably commissioning and contracting
 - ❑ **NHSEI will retain all direct commissioning responsibilities not already delegated to CCGs.**
- Recruitment of GM ICB – Chief Executive, Executive Directors, Non-Executive

Emerging Draft Trafford Locality Operating Model

Transfer of functions from CCG and NHS England via new Health and Care Act

GM ICS Care Partnership

GM ICS Care Board

Horizontal

- service specialisation
- standardisation

System (GM)

One System

- Strategic planning
- Commissioning
- Accountability

Locality (Trafford)

Multi-agency Teams

Neighbourhood

Geographical

- Co-ordinate care
- Hold delegated budgets
- Hold accountabilities for sub-populations

North Trafford South Trafford
Central Trafford West Trafford

Thematic Partnerships

Rehab Mental Health Children's Care

- planning and delivery of integrated care at place
- delegated authority
- delegated budgets

Vertical collaboration

- Co-ordinating locality and Neighbourhood Planning and delivery

Improved Access

Health Improvement

Improved Outcomes

Better Care Delivery

Better System Connectivity

Assets Maximised

Efficient Trafford £

Quality of Life improved

Social Value

Transitioning from CCG to ICS: Assumptions

- Single ICB running cost – likely to be lower in real terms
- Need common understanding of what is funded from programme budgets
- New structures will need to be affordable
- Likely that there will need to be some standardisation across localities
- ICB executive directors will have leading influence on functional teams (what is done at what level)
- Functions will be a mix of central and place based (hub& spoke)

Transitioning from CCG to ICS: Our Approach

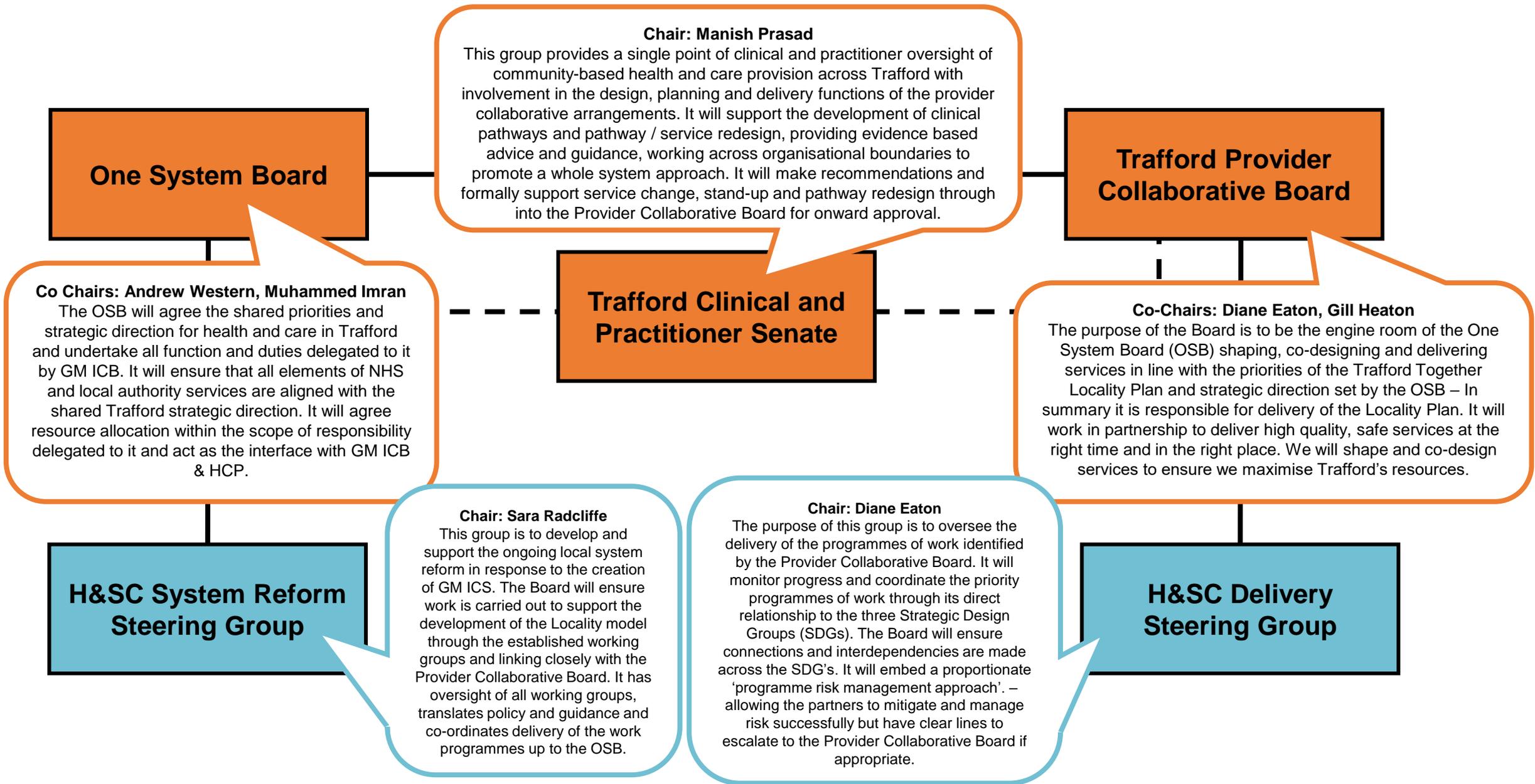
Any changes to structures will be subject to formal consultation:

- Won't happen before July 2022
- Minimal changes to support operation of ICB on 1st July 2022

Immediate priority – safe landing into ICS:

- Security and support to staff
- Continuity of service

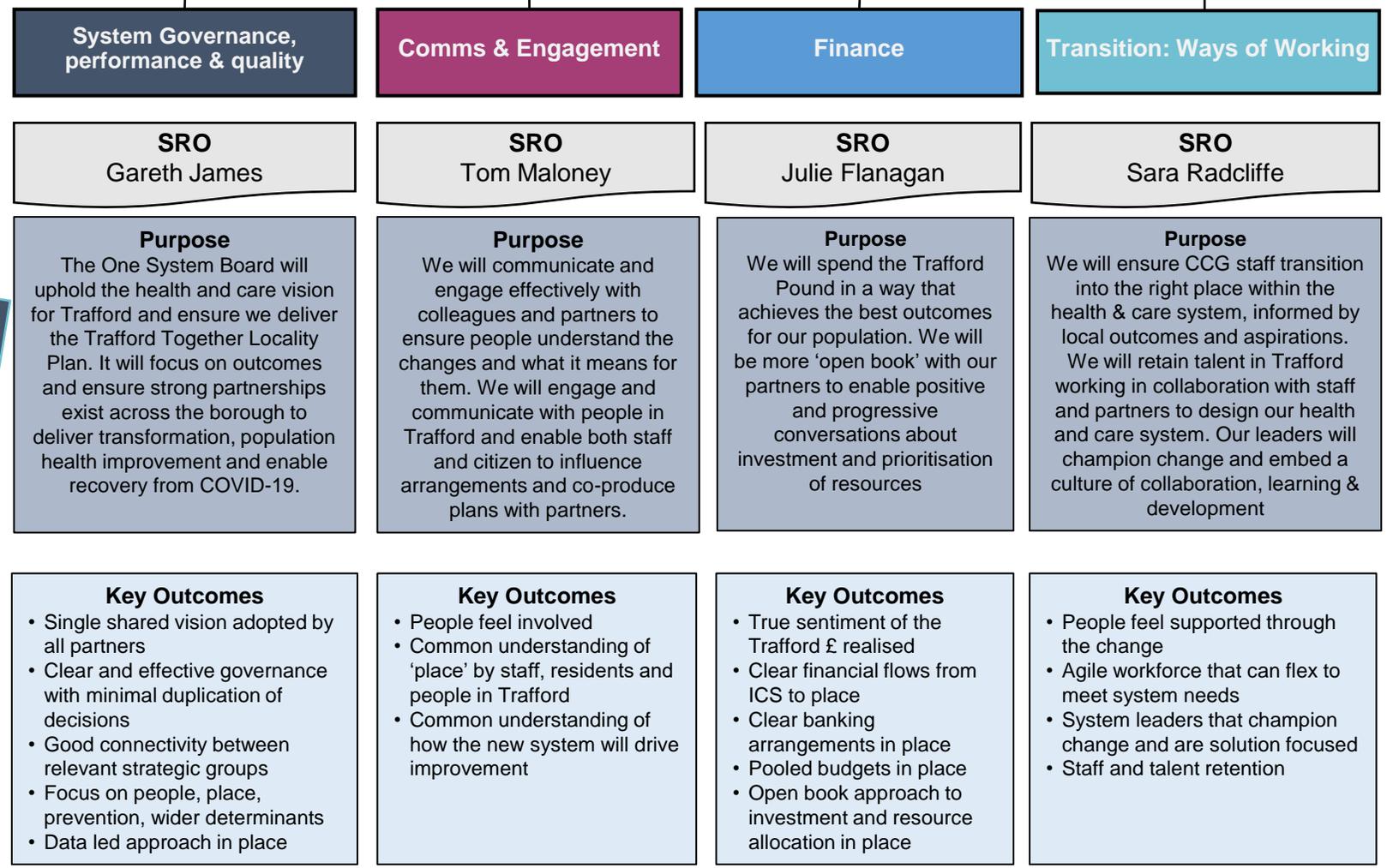
Subject to any decisions at GM our holding position is that staff will remain in 1 of our 6 teams in our locality



Trafford One System Board

System Governance, performance & quality	Comms & Engagement	Finance	Clinical & Practitioner Leadership	Transition	Provider Collaborative
Enablers and cross cutting themes					
SRO Gareth James	SRO Tom Maloney	SRO Julie Flanagan	SRO Manish Prasad	SRO Sara Radcliffe	SRO Naomi Ledwith
<p>Purpose</p> <p>The One System Board will uphold the health and care vision for Trafford and ensure we deliver the Trafford Together Locality Plan. It will focus on outcomes and ensure strong partnerships exist across the borough to deliver transformation, population health improvement and enable recovery from COVID-19.</p> <p>Key Outcomes</p> <ul style="list-style-type: none"> • Single shared vision adopted by all partners • Clear and effective governance with minimal duplication of decisions • Good connectivity between relevant strategic groups • Focus on people, place, prevention, wider determinants • Data led approach in place 	<p>Purpose</p> <p>We will communicate and engage effectively with colleagues and partners to ensure people understand the changes and what it means for them. We will engage and communicate with people in Trafford and enable both staff and citizen to influence arrangements and co-produce plans with partners.</p> <p>Key Outcomes</p> <ul style="list-style-type: none"> • People feel involved • Common understanding of 'place' by staff, residents and people in Trafford • Common understanding of how the new system will drive improvement 	<p>Purpose</p> <p>We will spend the Trafford Pound in a way that achieves the best outcomes for our population. We will be more 'open book' with our partners to enable positive and progressive conversations about investment and prioritisation of resources.</p> <p>Key Outcomes</p> <ul style="list-style-type: none"> • True sentiment of the Trafford £ realised • Clear financial flows from ICS to place • Clear banking arrangements in place • Pooled budgets in place • Open book approach to investment and resource allocation in place 	<p>Purpose</p> <p>We will place clinicians and practitioners at the heart of health and care design and implement high quality, evidenced based services. There will be parity and equity of voice from clinicians and practitioners across all organisations and they will be enabled to influence planning, design and delivery.</p> <p>Key Outcomes</p> <ul style="list-style-type: none"> • C&P have strategic and operational influence • Evidenced based services in place • C&P are enabled to engage in system change and re-design whilst meeting care demands • Trafford C&P system leaders champion and embed change 	<p>Purpose</p> <p>We will ensure CCG staff transition into the right place within the health & care system, informed by local outcomes and aspirations. We will retain talent in Trafford working in collaboration with staff and partners to design our health and care system. Our leaders will champion change and embed a culture of collaboration, learning & development.</p> <p>Key Outcomes</p> <ul style="list-style-type: none"> • People feel supported through the change • Agile workforce that can flex to meet system needs • System leaders that champion change and are solution focused • Staff and talent retention 	<p>Purpose</p> <p>Our partnership of providers will continue to move care closer to home, prioritise prevention and tackle health inequalities and the wider determinants of health. We will deliver high quality, safe services at the right time and in the right place. We will shape and co-design services to ensure we maximise Trafford's resources and opportunities.</p> <p>Key Outcomes</p> <ul style="list-style-type: none"> • Single shared vision adopted by all partners at all levels • Community assets fully harnessed • Integrated working at all spatial levels that drives population health improvement • Multi-disciplinary neighbourhood structures for design/development • A well functioning system, resourced and enabled

Trafford One System Board



Summary of changes:

- Provider Collaborative Working Group stood down now the Trafford Provider Collaborative (formerly LCA) has been established
- Clinical and Practitioner Leadership working Group stood down as the Trafford Clinical & Practitioner Senate has been established

Who is in the Team?



1. Commissioning

2. Finance, Governance, Corporate and Contracting

3. PMO and Strategy

4. Nursing

5. Performance and Quality

6. Medical Directorate

July 2022 – Prior to any transformation process enacted by GM ICS



Place Leader

Commissioning
13 FTE

Finance, Contracts & Governance
29.5 FTE

PMO & Strategy
4 FTE

Nursing
18 FTE

Performance & Quality
13 FTE

Medical Directorate
26 FTE

Shared with
Trafford
Council

Shared with
MHCC

- Urgent Care
- Planned Care
- LTC
- LWAH
- Cancer
- Maternity
- MH
- LD
- Children's

- Finance
- Contracts
- BI
- HR
- Comms
- IT

- PMO
- Strategy

- Patient Experience
- Individualised Care
- Personalised Care
- IMHaD
- Safeguarding Adults
- Safeguarding Children & LAC

- Performance & Quality - MH, Small providers, acute community services
- Primary Care Quality
- Corporate Performance
- Serious Incidents & Patient Safety
- Resilience

- Medicines Management
- Primary Care Clinical Advisors

Spatial Levels articulation of 6 functions



1. Commissioning

Locality under Place Leader aligned with providers

2. Finance, Governance, Corporate and Contracting

Hub and Spoke Model GM & Locality under Place Leader aligned with providers

3. PMO and Strategy

Locality under Place Leader, aligned with providers

4. Nursing

Hub and Spoke Model GM & Locality
Locality alignment for delivery functions

5. Performance and Quality

Hub and Spoke Model GM & Locality Place Leader (Manchester & Trafford)

6. Medical Directorate

Locality under Place Leader, aligned to providers.
Locality alignment for delivery functions

Place Leader – Key Characteristics and Duties

Characteristics:

- Advocate for the Trafford patient voice
- Experience of providing leadership across health and care systems
- Experience and understanding of the wider determinants of health
- Strong influencing skills
- Facilitate a culture of collaboration
- Experience of leading within and NHS or other relevant public sector organisation

Duties (Pending publication of national role profile):

- Represent and advocate for Trafford throughout GM governance arrangements (currently JP&DC)
- Provide system leadership and relationship management
- Responsibility for ICB delegations:
 - Individually for certain delegated functions
 - Via Trafford locality board (One System Board)
- Jointly accountable to the ICB and local authority chief executives
- Management of ICB locality team; locality line management structure TBC
- Lead on local performance management
- Budgetary responsibility for ICB delegated funds and any locality pooling arrangements
- Work with Trafford colleagues to reduce inequalities and unwarranted variation across Trafford
- Question around chairing the Trafford Locality Board (Being discussed on 14th Dec / 12th Jan 22)

Critical Factors and Key Next Steps

- Appointment of Chief Executive and Executive Director posts
- Appointment of Place Leader
- GM Operating Model
- Locality Operating Model – Alignment
- Continued Trafford engagement in GM ICS conversations surrounding safeguarding – and other related agendas (Quality) – to shape future arrangements

Questions and Discussion

- What are the opportunities – How can we do things differently to improve our current approach / arrangements?
- What are the known risks? And how can we mitigate against them?