

TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 27th January 2022
Report for: Information
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Trafford CCG, Gareth James, Acting Joint Accountable
Officer, Trafford CCG

Report Title

ICS Locality Programme Update

Summary

This report updates the Health Scrutiny Committee on progress made in advance of the Greater Manchester Integrated Care System (GM ICS) coming into effect in July 2022 (pending legislation) which is a 3 month delay from the previous ICS update presented to Scrutiny Committee.

The report focusses on key developments both locally and in the emerging GM ICS infrastructure, key achievements and points of positive progress building on the previous update provided in November 2022. 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:

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1. Introduction

- 1.1 This paper aims to build on the previous paper shared with the Committee in November to articulate key developments up to the current date and articulate the known developments in the coming months.
- 1.2 It is important to note the delay to the implementation of the ICS. This has now been postponed and a new target date of July 1st 2022 which equates to a 3 month delay to the original timeline (April 1st 2022), subject to the bill passing successfully through parliament. The journey towards a GM ICS

although delayed, will still result in the disestablishment of the ten CCGs in GM and establishment of the GM ICS and its associated governance – further detail on the delay is included in this report with detail of key milestones and revised deadlines where known and pertinent to the Committee.

- 1.3 The paper specifically notes progress on our approach to communications and engagement and proposed financial arrangements, to provide Health Scrutiny with assurance regarding the evolving Trafford system plans.

2. ICS Delayed Implementation

- 2.1 It has now been confirmed to allow sufficient time for the remaining parliamentary stages to take place a new target date of 1st July 2022 has been agreed. The full detail of the delay and the expectations of ICB's and its constituent organisations can be found in the recently published [NHS Planning Guidance](#). Further detail on specific areas of work relevant to the committee is captured within the relevant sections of this report, namely the impact on staff, finance and governance for the extended period.
- 2.2 The new implementation date will provide some extra flexibility for us to prepare and manage the immediate priorities in the pandemic response, while maintaining our momentum towards becoming an ICB.
- 2.3 CCGs will remain in place as statutory organisations and will retain all existing duties and functions and continue operating in line with current arrangements, but to the new target date of 1st July instead of 1st April 2022.
- 2.4 Trafford CCG for the duration of the extension (April – June 2022) will operate a slimmed down set of arrangements for the CCG Governing Body. It is important to note the arrangements will still allow the CCG to effectively conduct the minimum business requirements in line with statutory duties.

3. Key Developments – GM ICS

The new arrangements

- 3.1 GM Integrated Care Partnership will be the name of our integrated care system. It will replace GM Health and Social Care Partnership (which existed since 2016) as the partnership between all the different organisations which support people's health and care. It will be overseen by GM Integrated Care Partnership Board, which will replace GMHSCP Board and be responsible for developing and overseeing the implementation of an integrated care strategy to meet health, public health and social care needs. The Board will be chaired by Cllr Brenda Warrington, leader of Tameside Council and GM portfolio lead for 'healthy lives and quality care'.
- 3.2 NHS Greater Manchester Integrated Care is the name of the new statutory NHS organisation which will be in place from 1 July 2022. It will be responsible for

allocation of, and accounting for, NHS resource, it will fulfil primary care and specialised commissioning functions and it will create a plan for NHS services. It will be led by an NHS GM Integrated Care Board with Sir Richard Leese as Chair Designate.

- 3.3 Work is ongoing in respect of the constitution (Further information in 4.2) and governance arrangements are being finalised.

Chief Executive and Executive Director Recruitment and Appointments

- 3.4 Recruitment to key leadership roles within the ICB is continuing at pace and as of 12th January, the position was as follows:

- Designate Chair – this post has been appointed and Sir Richard Leese took up post 1 November 2021
- Statutory Non-Executive (audit and remuneration committee) have been appointed and will take up post 1 February 2022. A staff announcement will be made soon.
- Chief Executive Officer – applications close 21 January
- Finance Director - applications close 31 January
- Medical Director - applications close 31 January
- Chief Nurse – applications close 31 January
- Place based lead – consultation to commence 1 February
- Chief People Officer - consultation to commence 1 February
- Other defined executive posts will commence recruitment process in March 2022 once a final structure has been agreed by the Chief Executive

Greater Manchester Operating Model

- 3.5 The Joint Planning and Delivery Committee (JPDC) supported a paper in December 2021 that set out the Draft GM Operating Model. The paper recognised and identified the work that has been done since Summer 2021 and provided further clarity on implementing the operating model. The paper recommends actions on five integrating processes that are essential for the GM system to capitalise on these components and deliver its aims and objectives:

1. Creating a simple narrative as to how this new system will work
2. Finalising ICB and ICP governance and priority setting
3. Agreeing Financial Flows and Responsibilities
4. Signing off Locality Leadership Arrangements
5. Agreeing Running Cost Allocations and deploying staff within the national HR framework

- 3.6 The paper recommends how the operating model should be initiated and delivered in the next twelve months with the direction of travel clear for the 3-5 years.

Locality Check and Challenge

- 3.7 GMHSCP has recently communicated via the JPDC that a Check and Challenge exercise will take place with each of the ten GM localities to ensure progress on their respective locality operating models. This will be a supportive process and more information, including the approach will be made available at the end of January 2022 following a local meeting with Sara Price, Interim Chief Officer GMHSCP and Sir Richard Leese, Designate Chair of the NHS GM Integrated Care Board.

4. Locality Operating Model

Trafford One System Board

- 4.1 The OSB has now agreed its draft Terms of Reference (ToR) on the understanding further changes can be made as system architecture and clarity on operating models and GM governance emerge. 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 – this work is being addressed by a group of OSB members whilst also utilising the established multi-partner ICS System Governance Working Group.
- 4.2 The OSB has also supported a Trafford system response to the draft ICB Constitution which was shared in December 2021. Pending further system conversations, we are broadly supportive of the proposals within the draft constitution, but we did have additional points of feedback and reinforced particular important aspects of the constitution, summarised as follows which are currently being digested by the GM team:
- We expect the number of Non-executive Directors (NEDs) to be greater than the minimum of 2 and would be similar to the number of executives and, potentially match the executive portfolios.
 - We understand the delay in confirming the number of executive directors and will comment further when the designate Chief Executive outlines his/her executive team.
 - We agree with the proposal for representation from local authority, primary care and NHS providers. However, we have some concern of the level of locality representation. We recognise that all 10 localities are represented on the Joint Planning and Delivery Committee, and this is welcomed. However, if there is little delegation to the joint committee then we have concerns that localities will not be part of key decision making. In addition, due to the significant emphasis on prevention, reducing inequalities and population health we would support the input of public health. If this is not at the ICB we

would be interested to understand where this will be included in GM ICS governance.

- We support the inclusion of the voluntary sector. We would also support the inclusion of Healthwatch to the ICB membership with their role supporting all 10 localities.

HR Transition

- 4.4 Due to the delay of the implementation of the new statutory organisation we await the revised national timescales which we anticipate will be published by the end of January 2022.

At a local level the CCG has an HR ICS Sender Project Plan in place which details regional and local HR activities and milestones to ensure the safe transfer of colleagues into the ICB. Due to the deferral of the establishment of the new statutory organisation timescale of activities detailed in the plan will be amended as necessary however it is critical that work continues at pace to stay on track to meet the revised implementation date.

Phase 1 consultation with Senior Leadership colleagues commenced on 22 November 2021 for a period of 2 weeks. Phase 2 consultation with Senior Leadership colleagues, which was expected to commence on 24 December 2021 has been deferred, and is now expected to commence from 1 February 2022. This will be followed by a 3rd Phase of consultation, dates for which are to be confirmed.

The indicative date for TUPE consultation with the wider workforce was planned to commence 17 January 2022. We are awaiting confirmation as to when this will commence but expect that this will form a period of structured staff engagement before moving into more structured TUPE consultation.

The delay to the implementation date does not impact on the national employment commitment that was made to colleagues in February 2021. The employment commitment mandates that colleagues (below board level) of the CCG will 'lift and shift' to the new statutory organisation.

- 4.5 Progress has been made on the 2 phased plan as part of transition to ensure that the CCG's six teams have a clear and agreed transition into the ICB. Tables 1 and 2 below describe the teams and the spatial level (s) at which the teams work is carried out:

Table 1

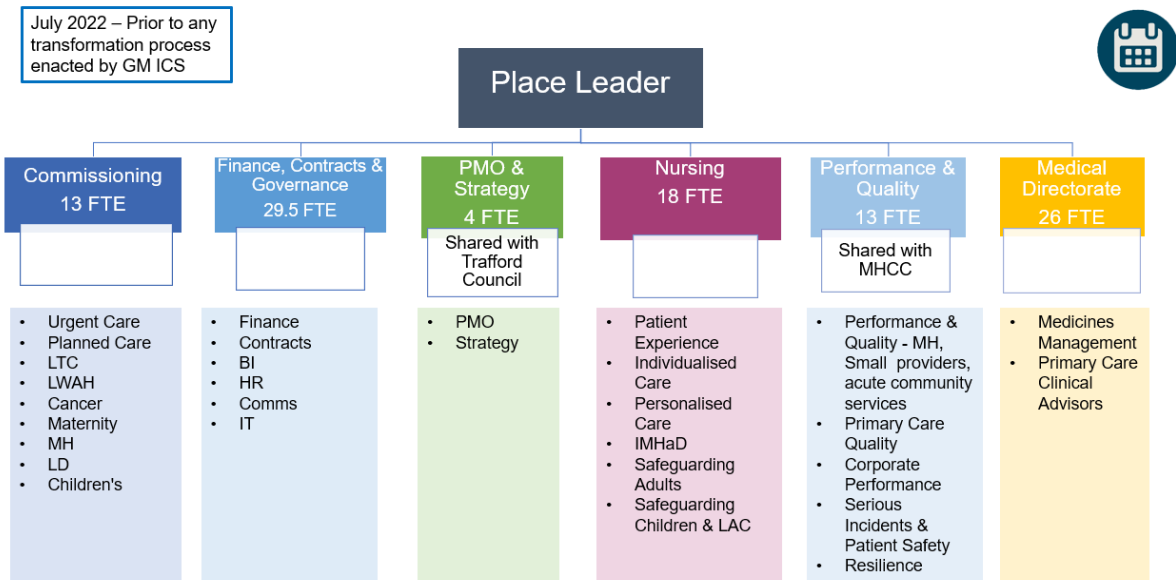


Table 2

Spatial Levels articulation of 6 functions



4.6 Phase 2 has been paused due to the ICS delay and operational response to the pandemic but will progress in February and March, as outlined in the previous report submitted to the Committee, to ensure our preparation for alignment and new ways of working.

Place Leader

4.7 At the January OSB meeting a paper was presented articulating the Place Leader position for Trafford – this paper contained a draft set of characteristics and duties as follows:

4.9 Leadership Characteristics:

- Advocate and champion for the Trafford residents voice in health and social care
- 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

4.10 Duties (Pending publication of national role profile):

- Ensure the continuous development and delivery of the locality plan
- 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)
- Accountable to the ICB
- Management of ICB locality team; locality line management structure TBC
- Lead on local performance management
- Budgetary responsibility for ICB delegated funds
- Work with Trafford colleagues to reduce inequalities and unwarranted variation across Trafford

4.11 Following counsel from members of the OSB further detail was constructed to outline the proposed arrangements. This version was circulated to partner organisations of the OSB and the CCG Governing Body (18.01.21). The notable amendments and clarity are captured below:

- The Trafford Place Leader role will be a senior leader who is directly accountable to the ICB Executive but is anchored in the Trafford Locality as a place, and to the people that the role will serve.
- To ensure this happens the Trafford One System Board have agreed that the role will be invited to be a partner member of the Trafford Borough Council Corporate Leadership Team, which is led by the Trafford Council Chief Executive. This is not an accountable line to the Trafford Council Chief

executive but is a working arrangement into the Trafford team to enable a consistent contribution and influence on the wider health and wellbeing agenda for Trafford residents. It will also enable the role to influence other areas of public life which affect the health and wellbeing of Trafford residents and be influential in some of the council led forums e.g. HWBB.

- It is acknowledged that the role will need to have such a connection to other partners around the Locality Board table. Therefore, it is assumed such an arrangement, as with the Trafford Borough Council Corporate Leadership team, may be replicated with other statutory health organisations who serve the people of Trafford.
- In so doing we believe this role will help to deliver the agreed vision of the Trafford Locality Plan which is to focus on Trafford as a place, its people, its population and its partnerships.

4.13 This above remains in draft and any revisions will only be made collectively, following any relevant national and regional guidance and the planned consultation process which underway.

In-Sight Service Finance Reporting

4.14 Contained within the aforementioned GM Operating Model paper there is a description of the key components as to the proposed financial arrangements needing to be in place and signed off by constituent partners to allow the ICS to pursue its objectives and make sure the next financial year (2022/23) is the starting point for the new approach we wish to take. The key points raised in the paper are:

- Mission critical to align financial incentives
- Simplicity; simple contracting and financial flows
- Principle of joint stewardship & resources being 'brought to the table' are fundamental to the transformation of services
- Need to deliver efficiency and reduce health inequalities
- Financial arrangements will be included in the GM/locality check and challenge process

4.15 Building on the agreement reached at the OSB in November 2021 where colleagues agreed to no additional pooling of funds (At this stage), it was agreed to work towards having an initial set of 'in-sight' budgets with a commitment to explore an expansion of those arrangements for the long term, with full agreement of partners. As part of the draft Locality Operating Model and in advance of the imminent 'check and challenge' process (Jan/Feb 2022) a draft set of finance reporting arrangements have been developed built on a set of locality principles:

Trafford Locality Principles:

- Accountability remains with individual statutory bodies

- Joint stewardship to support delivery of the Trafford Together Locality Plan
- Agreed set of 'in-sight' budgets
- Joint reporting at OSB

4.16 The above would ensure there is joint financial reporting of performance against service lines to support joint decision making and delivery of the Trafford Together Locality Plan. Table 3 articulates the proposed in-sight services. Further conversations are planned in the Finance and System Governance Working Groups to build on this initial position in the coming weeks:

Table 3:

Proposed in-sight service finance reporting	
Trafford Partner Organisation	Services In-Sight
Manchester Foundation Trust / Trafford Local Care Organisation	Community Services
Trafford Council	Adult Social Care; Public Health
Primary Care	Local Commissioned Services
Greater Manchester Mental Health	Primary Care Mental Health and Wellbeing; Community Mental Health Teams
Integrated Care Board	Continuing Health Care Placements; GP Prescribing; VCFSE; Community IS Services; Hospice

5. Trafford Key Locality Developments: Provider Collaborative

- 5.1 We are pleased to announce that we have formally secured a Co-Chair arrangement for the newly convened Provider Collaborative Board – the new Chairs of the Board are Diane Eaton (Corporate Director of Adults and Wellbeing, Trafford Council) and Gill Heaton (Group Deputy Chief Executive, Manchester Foundation Trust).
- 5.2 The Provider Collaborative Board has now agreed its draft ToR on the understanding further changes can be made as system architecture and clarity on operating models and GM governance emerge.
- 5.3 The Provider Collaborative has also made progress in developing its 'critical path' for shadow arrangements and defined where possible the key milestones and objectives. The recent publication of the NHS Planning Guidance 2022/23 alongside other sector and organisational priorities contained within the Locality Plan will influence the areas of prioritisation over coming weeks and months.

6. Trafford Key Locality Developments: Communications and Engagement

- 6.1 Locally we have been channelling our efforts through the established ICS Communications and Engagement Working Group. The groups two main objectives are:
- Development of a multiagency approach to ensuring public, patient and community engagement in the design, planning and delivery of services.
 - Effective System and Stakeholder communications
- 6.2 The ICS Design Framework is clear that a “a strong and effective ICS will have a deep understanding of all the people and communities it serves” and it remains a key pillar of our Locality Plan – with a shift to true coproduction.
- 6.3 It is worth noting the development of the Greater Manchester ICS People and Community Engagement Strategy. Currently Healthwatch Trafford are our Trafford system representatives on this steering group.
- 6.4 NHSE has developed guidance to support ICS development. In the ICS Implementation Guidance on working with people and communities and through our group we have completed an initial assessment of the 10 principles to identify good practice and any gaps.
- 6.5 The assessment has created awareness of success but also areas for improvement and approaches to build on. This detail is captured in a draft presentation/report and is due to go to the OSB in February. The report will contain a set of recommendations to strengthen governance, rationalise our collective engagement efforts, create new approaches and clarify responsibilities.
- 6.6 In order to have effective public, patient and community engagement we must ensure:
- There is the correct infrastructure, processes and sharing of information/intelligence
 - That the public, patients and communities have an opportunity (where appropriate) to determine priorities for change, shape the design of services from a position of lived experience, contribute to decision making and inform the evaluation and continuous improvement of services
- 6.7 A series of recommendations to enable the above have been drafted and will be shared in due course with the committee.

7 Recommendations

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