

Responding to the White Paper: Integration & Innovation; working together to improve health and social care for all

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**Integration and Innovation:
working together to
improve health and social
care for all**

Presented to Parliament
by the Secretary of State for Health and Social Care
by Command of Her Majesty
February 2021

CP 381



White Paper – Legislative Proposals (1)

- White Paper: *Integration & Innovation: working together to improve health and social care for all* published February 2021.
- Sets out legislative proposals for changes to the health & care system
- Statutory Integrated Care System (ICS) NHS Body & Board (GM), coterminous with ***GM** LA boundaries and accountable for NHS planning, spend, performance and quality.
- *This would place Glossop in Derbyshire, not GM. The process for agreeing boundaries is not clear in The White Paper and partners are actively seeking further guidance with the priority to protect the best interest of residents.

- Four overarching aims:
 1. Improving population health and healthcare
 2. Tackling unequal outcomes and access
 3. Enhancing productivity and value for money
 4. Helping the NHS to support broader social and economic development.

**Explicit confirmation from the Secretary of State recorded in Parliament that the White Paper will support the successful integrated care system currently in place in GM.*



White Paper – Legislative Proposals (2)

- CCGs will be abolished from April 2022 with functions transferring to GMICS.
- Shadow arrangements are expected from September 2021.
- Part of expected wider reforms to social care, public health and mental health.
- Flexibility around local ‘place based’ arrangements with no legislative arrangements at place-based (T&G) level.
- NHS organisations expected to continue to develop relationships with local government and communities to join up health and social care and tackle the wider social and economic determinants of health.
- All partners within systems will have a duty to collaborate across the healthcare, public health and social care system.
- Shift away from competition between healthcare organisations towards a new model of collaboration, partnership and integration.
- Significant changes to procurement and competition law.



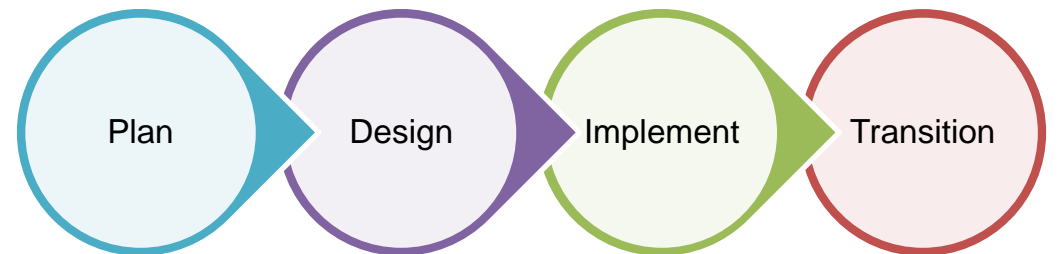
GM ICS – Emerging operating model

The emerging GMICS operating model builds on the existing system but places much greater emphasis on six major programmes of activity and focus:

1. Maintaining physical, social and mental wellbeing.
2. Creating more consistent evidence based preventive and proactive primary care.
3. Greater integration of the community based reablement, residential, rehabilitative, palliative and social care services (working to eliminate the traditional divide between hospital and out of hospital services).
4. Coordinating and improving the urgent and emergency care service response by mandating health and care providers to develop more coherent pathways of care and enabling patients to access the right level of care sooner.
5. Delivering more consistent planned care and delivering the planned care recovery programme.
6. Further developing GMs access to and delivery of world class specialised care and building a hugely capable innovation capability in Health Innovation Manchester.

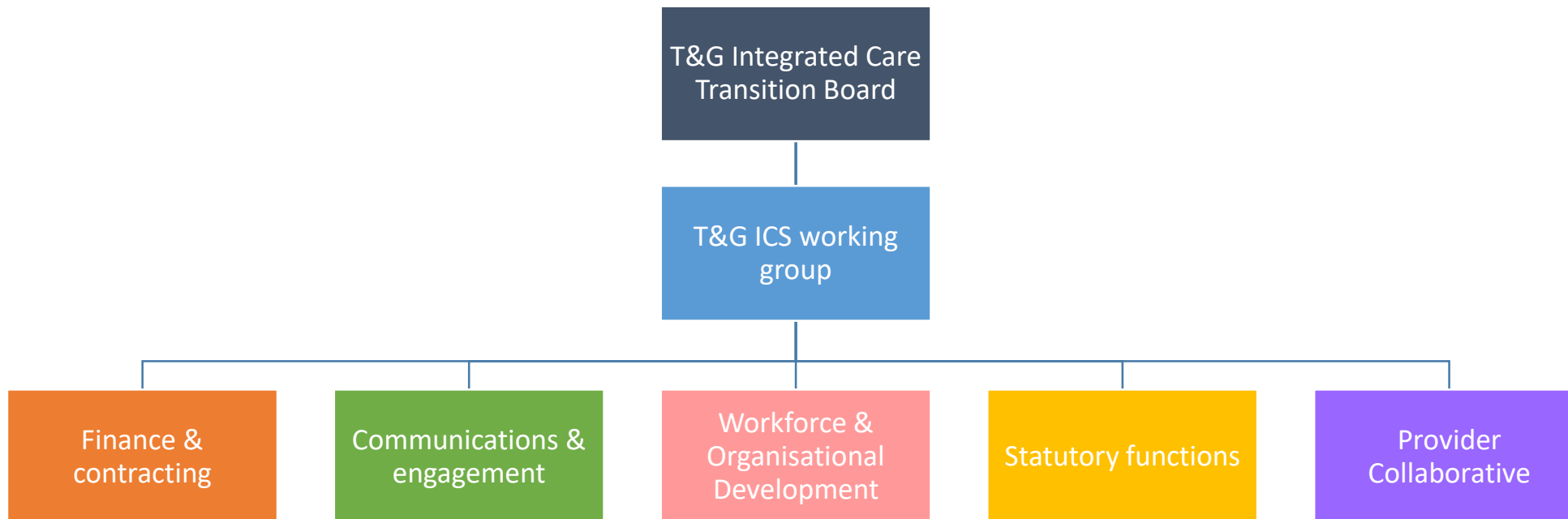


Programme governance: T&G ICS development and CCG close-down



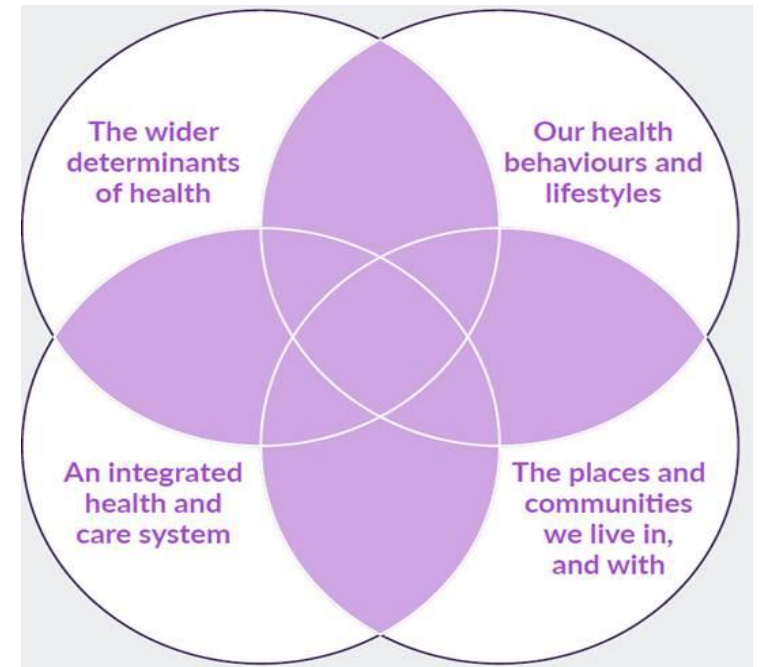
T&G Integrated Care Transition Board *(from July 2021)*

Purpose	<ul style="list-style-type: none"> ▪ System-wide programme board with overall responsibility for setting the direction of the transition programme. ▪ Consider, advise and approve future model and governance. ▪ Oversee the close-down of the CCG, including appropriate due diligence. ▪ Bi-monthly until March 2022. ▪ Oversee the transition to a T&G Partnership Board. 	Membership (indicative) Chair: CCG Co-chair The ICTB will take place prior to the T&G Strategic Commissioning Board (SCB) and will include all core SCB members. The following additional non-SCB members will be invited to attend:	The following will have a standing invitation to attend the meetings of the ICTB:
Priorities	<ol style="list-style-type: none"> 1. Approve local design principles for the system changes. 2. Set the direction of the work programme. 3. Receive programme updates. 4. Manage risk. 	<ul style="list-style-type: none"> ▪ Chief Executive T&GICFT ▪ Chief Executive Pennine Care FT ▪ Chief Executive Action Together ▪ Primary Care Network representative. 	<ul style="list-style-type: none"> ▪ CCG / TMBC Single Leadership Team ▪ A representative of Derbyshire County Council ▪ A representative of High Peak Borough Council ▪ A representative of Derbyshire CCG. In attendance: *All sub-group leads as required.



Integrated Health & Social Care in T&G

- For many years partners in T&G have made significant progress towards establishing a comprehensive integrated H&SC system, but the complexity and the scale of our ambition means that we are still only at the start of the journey.
- There are still significant improvements to be made to improve the health and wellbeing of our population and develop a sustainable system.
- Responding to the pandemic provided us with a shared purpose and together we achieved great things.
- As we recover and respond to The White Paper we are provided with a renewed opportunity to reset and redefine a shared Common Purpose.
- An integrated health and care system is only one of the four pillars of population health. Improving population health requires action on all four of the pillars. Our neighbourhoods should be built around supporting this wider system delivery.



Our local principles

Principles	We will...
Partnership	<ul style="list-style-type: none">✓ We will be accountable to the local population and to each other.✓ We will co-design and co-produce services with residents and community partners.
Powered by people	<ul style="list-style-type: none">✓ We will empower our population and support them to take responsibility for their own health and wellbeing.✓ We will recognise and develop resident, voluntary, clinical, political and managerial leadership.✓ We will empower our workforce to work in collaboration across organisational, professional and service boundaries.
Person-centred	<ul style="list-style-type: none">✓ We will take a proactive and preventative approach, intervene early and respond to the person in the context of their community.✓ We will develop place-based approaches to tackling the social determinants of health that build on the assets within our communities.
Productive	<ul style="list-style-type: none">✓ We will implement ways of working that support collaboration not competition.✓ We will work together to make best use of financial, workforce, estate and other resources.✓ We will maximise social value and jointly manage the system budget sharing risks, deficits and surpluses.
Progressive	<ul style="list-style-type: none">✓ We will create a 'can do' culture with a focus on innovation and continuous improvement.✓ We will develop a strong learning culture where new ways of working are reviewed and evaluated.

AN INTEGRATED SYSTEM AT EVERY LEVEL IN TAMESIDE & GLOSSOP

ORGANISATIONAL FORM	OVERVIEW
<p>DELIVERY: 5 x T&G Neighbourhood Partnerships</p> <p><i>*Integrated neighbourhood delivery model</i></p>	<ul style="list-style-type: none"> *Clinical, political, managerial and VCFSE leadership provided by multi-agency partners. *Central role for PCNs. *Development of cross-system neighbourhood priorities. *Multi-agency neighbourhood collaboration recognising wider determinants of health. *Proactive and preventative approach, intervening early and responding to the person in the context of their community.
<p>DELIVERY: T&G Provider Partnership</p> <p><i>*Includes health and care delivery partners</i></p> <p><i>*Mutually accountable to T&G Partnership Board for the delivery of services and outcomes.</i></p>	<ul style="list-style-type: none"> *Collaborative of T&G services, principally based in communities. *Identifies and agrees priorities for neighbourhood partnerships and holds them to account. *Provides infrastructure for neighbourhood partnerships including workforce, estate and digital infrastructure. *Drives proactive and preventative approaches to the wider determinants of health & Public Sector Reform. *Provides, sub-contracts and commissions services with partners *Collaboration not competition; build not buy. *Vehicle for receiving funding, transforming and delivering services.
<p>DESIGN: T&G Partnership Board</p> <p><i>*System design board to address all determinants of health</i></p> <p><i>*Integrated governance holds system to account</i></p>	<ul style="list-style-type: none"> *Strategic partnership board to include political, clinical, managerial and VCFSE leadership. *Oversight of financial allocations to further strategic priorities and ensure system financial sustainability. *Population health management. *Understands and responds to the role of the wider determinants of health including education, employment, crime, housing, leisure, transport etc. *Incorporates integrated strategic commissioning function including Quality, assurance, policy and transformation.
<p>DESIGN: Greater Manchester Integrated Care System (ICS)</p>	<p>GMICS: Statutory NHS Body and Board: Responsible for the day to day running, planning and resource allocation, accountable for NHS spend, performance and quality. Board to include as a minimum ICS Chair & Chief Executive, NHS trusts, General Practice, Local Authorities.</p> <p>GMICS Health and Care Partnership: *Wider system integration (may additionally include VCFSE, Housing, Social Care etc.).</p>



Questions
