



West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

Summary report			
Date of meeting: 6 th April 2021		Agenda item: 19/21	
Report title:	White Paper: "Integration and Innovation"		
Joint Committee sponsor:	Jo Webster		
Clinical Lead:	N/A		
Author:	Esther Ashman		
Presenter:	Esther Ashman		
Purpose of report: (why is this being brought to the Committee?)			
Decision		Comment	✓
Assurance	✓		
Executive summary			
<p>1. The White Paper "Integration and Innovation: Working together to improve integration and innovation for all" was published on the 11 February 2021. It sets out a range of proposals for health legislation, including how Integrated Care Systems (ICSs) will be established in statute. The paper can be accessed at: https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all</p> <p>2. The presentation attached sets out the impact of the proposals on our Integrated Care System and specifically, on our CCGs. It outlines what the future employment arrangements will be for those staff working in CCGs, how this change will be managed leading up to April 2022, principles for organisational change and the expected timescales.</p>			
Recommendations and next steps			
Joint Committee is asked to: Note the update on the White Paper and the associated implications for CCGs alongside the planned future employment arrangements.			
Delivering outcomes: describe how the report supports the delivery of STP outcomes (Health and wellbeing, care and quality, finance and efficiency)			
Delivering the 10 ambitions of the West Yorkshire & Harrogate Health and Care Partnership will continue to be at the heart of the work of the ICS.			
Impact assessment (please provide a brief description, or refer to the main body of the report)			
Clinical outcomes:	Improving clinical outcomes is central to the White Paper proposals.		
Public involvement:	As above.		
Finance:	N/A		
Risk:	None identified at this point.		
Conflicts of interest:	None identified at this point.		

Joint Committee of CCGs Department of Health and Social Care White Paper: Integration and Innovation

6th April 2021



A reminder of our context...

- We have a mature partnership, built on strong place arrangements, mature provider collaboratives and inclusive and transparent system leadership arrangements
- Our 5 year plan sets out what is collectively important to us, and covid response further strengthened relationships
- The changes proposed by NHSE/I and the white paper reflects that legislation is catching up with practice. It matches what we do in many respects - we can work with it
- We responded to consultation as both an ICS and individual CCG's and they have listened, keeping what is good and strengthening LA partnership from original. The white paper also signals a good degree of permissiveness which is helpful whereby each ICS can make its own arrangements for how it will work.
- Legislation alone does not define tasks, values or behaviours.
- The impact of organisational change is difficult for staff – we need to provide clarity and support them into the new arrangements.

We expect that a number of things will stay the same...

- Role of place and principle of subsidiarity – doing the right work at the right level and building the West Yorkshire plan from local plans that are based on what is known about each district's population and their health needs
- Focus on collaboration rather than competition – including provider collaboration in place and across system
- Emphasis on partnership rather than hierarchy – between NHS, LA communities and the voluntary sector
- Ethos of distributed leadership – all partners are leaders in the ICS
- Focus on inequalities, population health and wellbeing – the solutions to which go much broader than just NHS services
- Peer review, mutual accountability and an improvement ethos will continue to be central to our approach
- The breadth of our partnership and ambitions – including contributing to the climate and economic recovery agenda.

Its also important to remember that...

- This is our partnership – we have developed a way of working that works for us over the past 5 years and we will continue to do so.
- Legislation alone will not drive the improvements we want for communities and staff.
- Our progress to date has been down to people and relationships. These people and relationships will ensure we continue to be successful.
- We have to embrace change in order to make progress.
- There are benefits and outputs of working at scale within a stronger legislative framework and we anticipate the West Yorkshire priorities will continue to be built from the priorities, ambitions and commitments of each Health and Wellbeing Board.

Future employment arrangements

- CCG statutory duties and functions will transfer to the ICS therefore CCG staff will also transfer to the ICS.
- Our operating model suggest most of these functions will be discharged in place, through place based Integrated Care Partnerships therefore for the vast majority of people, their role will continue to be in place.
- This means that the ICS will be the host employer however, the ICP's will provide the day to day direction, management and leadership.
- All CCG staff below board level will therefore transfer to the ICS on the 1st April 2022 with their current terms and conditions.
- Each ICP is at a different stage of development and how CCG staff work in these new arrangements is still being worked through by your local leaders.
- In the vast majority of cases we envisage job roles to be very similar to current job roles although for some there may be changes. However, as is always the case, we can't guarantee that people's roles won't change in the future.

Managing change

- We want to ensure these changes are managed well and are as least disruptive as possible
- There will be organisation design work at place, provider collaborative and ICS which will describe how these different features of the Partnership will be delivered in the future. This will build on existing arrangements where they have been designed with this future in mind.
- We will continue to engage with you all throughout this process
- There will be common organisation change principles that will apply to all those affected by this change
- We will follow recognised evidence and good practice in how we manage the transition from the old to the new
- We will seek to ensure consistency and timeliness of communications with all affected staff
- We will develop a localised HR framework and incorporate any national requirements of a national HR framework

Future Design and Transition

- As a partnership we value the strength of our clinical leadership. Building on the work being led by James Thomas on the development of proposals for system clinical leadership arrangements at place and ICS level, we will continue to ensure that it is at the heart of our future design.
- Likewise citizen engagement and voice will also be embedded within our future design.
- A future design and transition group has been established, chaired by Rob Webster and involving all CCG AO's and sector leads to oversee the next steps for the work including:
 - How the ICS body will be structured, and its relationship to the ICS Health and Care Partnership
 - The key elements of strong ICP arrangements that we would expect in each place.
 - How delegation and accountability will work between ICS, ICP and provider collaboratives, and how the funding will flow.
 - The shape of clinical and citizen leadership and engagement models at ICP and ICS level.
 - How we ensure alignment and connectivity between ICP led and ICS led working.
 - Human resources framework and estates.

Principles for Organisational Change

- Work consistently within the ambitions of West Yorkshire and Harrogate Health and Care Partnership as set out in the Five Year Plan and ensure this transition brings benefit to local people and their families.
- Ensure that our people are treated compassionately upholding the principles of the NHS People Plan and NHS People Promise and that employee wellbeing is our priority.
- Manage organisational change and transition locally in accordance with any national frameworks, guidance and legislation.
- Work collaboratively and in partnership with our Trade Unions.
- Ensure that our people are treated fairly and with dignity and respect.
- Work across our partnerships to ensure our approach is open and transparent.

Principles for Organisational Change

- Seek to provide security of employment for our people and ensure all reasonable steps are taken to minimise any compulsory redundancies.
- Ensure that our people feel valued and recognised for their contribution and skills.
- Communicate, engage and consult with our people in a clear, timely, consistent and sensitive manner.
- Strengthen and embed proactive equality, diversity and inclusion practices in our approach and implementation because we recognise the value of truly diverse representation and experience at all levels. This will include adherence to the recommendations made in the WY&H BAME Review Report with regard to recruitment.
- Ensure that our functions and services are maintained during the transition.
- Minimise disruption for our people in the way we handle the change and the transition.

Timescales (subject to legislative process)

By end of April:

Clarity of the high level structure of the ICS body including directorate structure and functions;
Agreed development plan [an NHS England requirement]

By end of September:

Confirmation of detailed structure of the place and ICS arrangements

By end of November:

Formal notification to all staff on the hosting arrangements and job role.
Commence TUPE consultation

By end of March:

New arrangements fully in place