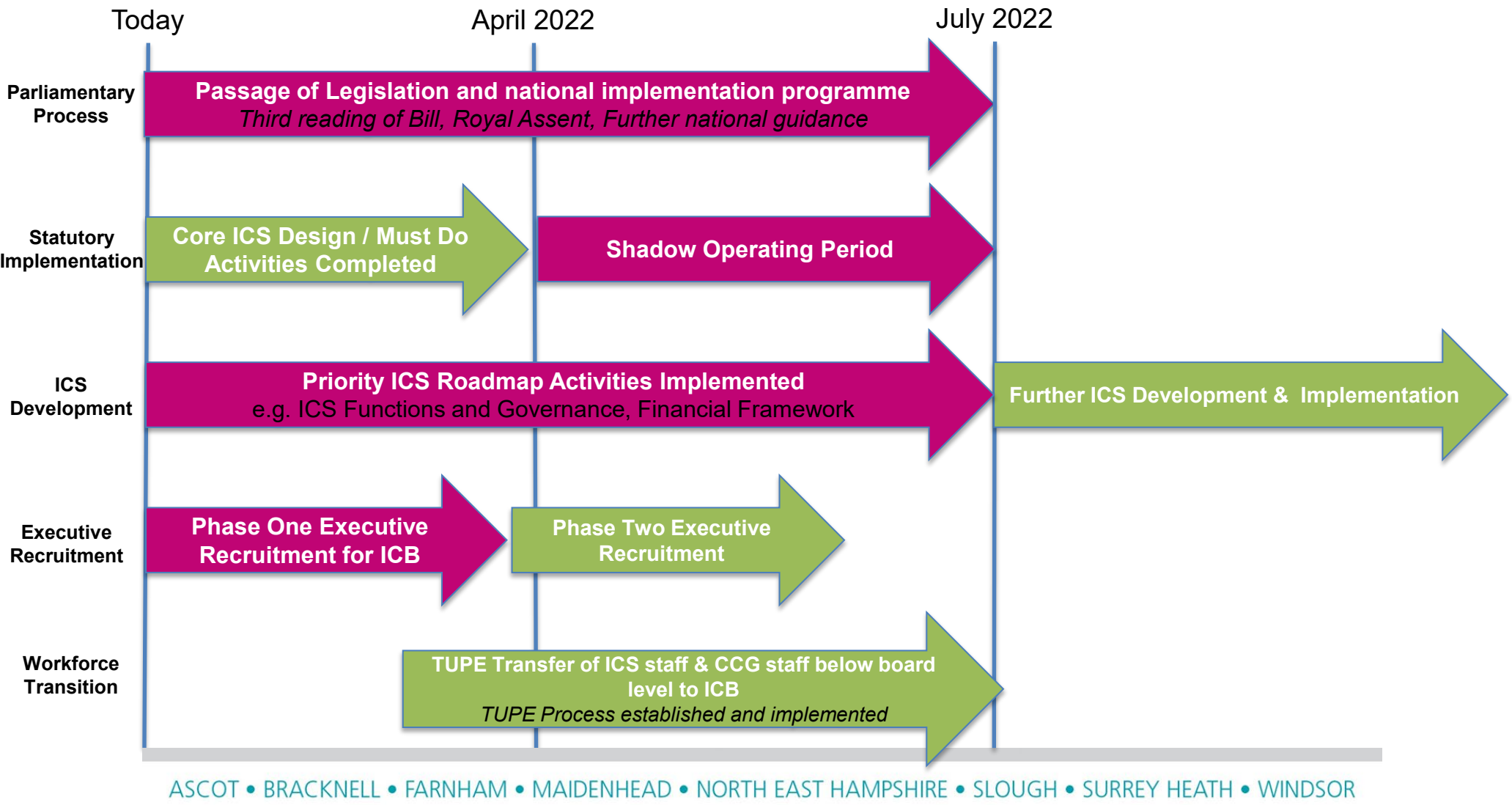
Frimley Health and Care

Frimley Health and Care ICS

System Development

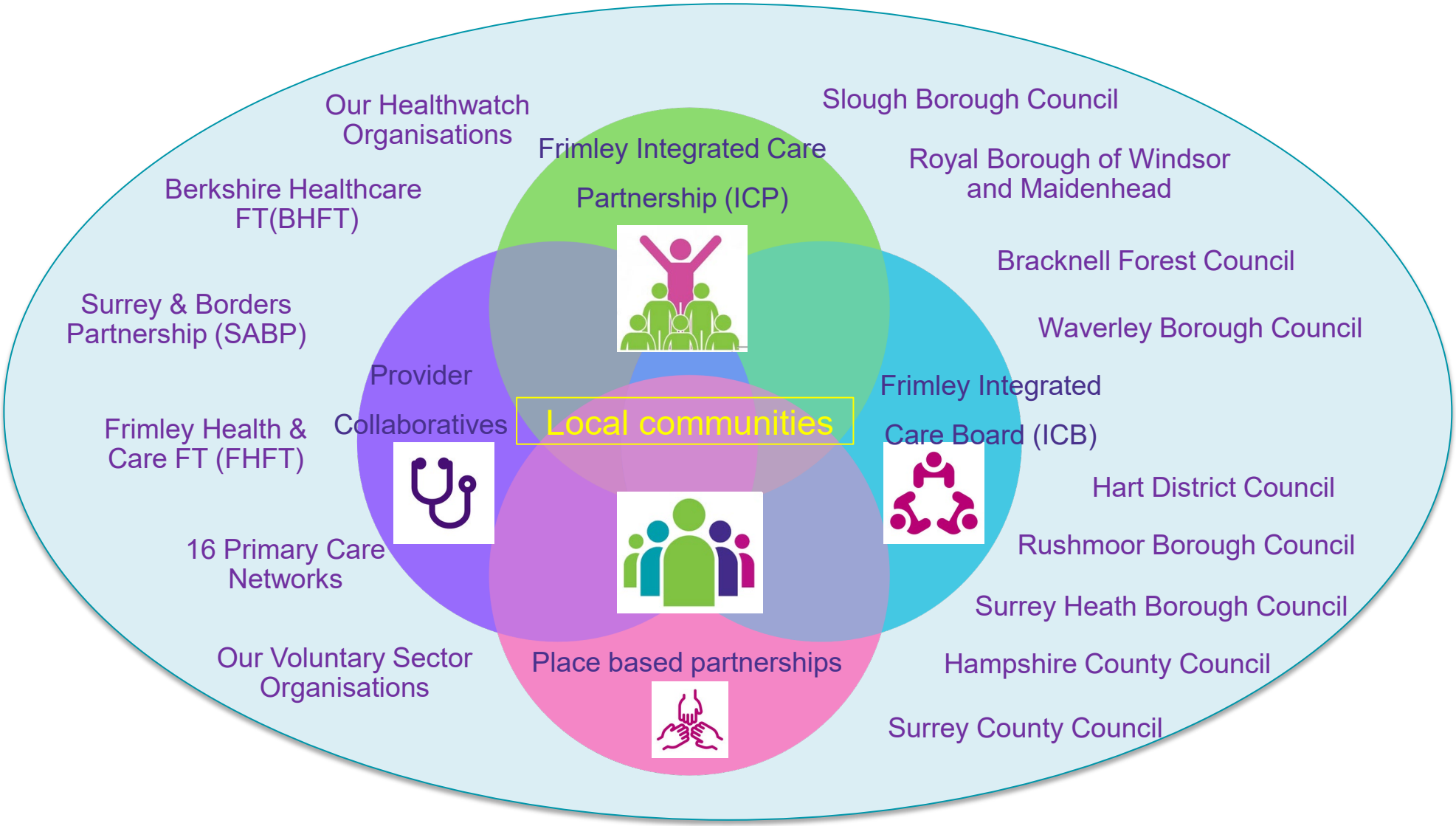
May 2022

National ICS Development Timeline



Frimley Health and Care

Our Future Structure



Moving into our future structure will impact all our existing organisations and the way we work together

Indicative Roadmap Timeline / Sequence

Current State

Pre-Legislative change; moving towards ICB in shadow and preparing for legal changes from July 2022

By July 2022

- Establish ICP and ICB
- Formalise Provider Collaboratives and initial delegations

By April 2023

- ICP Strategy agreed and adopted
- Model for Place based working agreed

By October 2023

- ICB review taken place and any repositioning agreed
- ICP strategy delivery first review

By April 2024

- Communities involved in delivering and shaping future delivery
- Elective recovery significantly achieved

April 2025 onwards

- Improved healthy life expectancy
- More diverse leadership
- Continue to deliver thought leadership in integrated system working

Developing Future System Working Constructs

1. The Integrated Care Partnership

The Frimley ICP Design Group is working to define a proposed operating model for the ICP

The ICP Design Group was established in January 2022 with the task of defining the next level of detail for how the ICP will operate, building on the work that was delivered during the Autumn of 2021

- **Determine the role and remit of the ICP:** understanding the statutory requirements of the ICP, how best to fulfil these within the Frimley system and realise the benefit of the whole system coming together as a broader partnership alongside the NHS construct of an ICB.
- **Propose the representation and membership model of the ICP:** reviewing how to ensure that the ICP is representative of the ICS partners, its population and their elected representatives.
- **Examine options for establishment and operation of the ICP**: examining the options for the setting up of the ICP and how to run it in such a way as to maximise its effectiveness.

- The work of ICS Design Group will determine the vision for the future operation of the ICP and **will be a direct build on the output of the engagement work already undertaken to date**.
- The table below provides a high level summary of the three working sessions

Session One: Role & Remit	Session Two: Representation & Membership	Session Three: Establishment and Operation
Reminder of statutory requirements and national guidance received from NHS England	Review statutory requirements and national guidance received from NHS England	Agree proposal for operating principles and supporting groups
Review high level principles created in December proposal following stakeholder engagement	Review high level principles created in December proposal following stakeholder engagement	Review high level principles created in December proposal following stakeholder engagement
Examine whether there are any additional asks which would be helpful for the ICP to take on	Ringfenced time to discuss the question of elected representatives and their relationship with the ICP	Agree a proposal for the timing of the establishment of the ICP
Propose the **"Purpose and Objectives"** section of the draft ICP Terms of Reference	Create the **"Membership"** section of the draft ICP Terms of Reference	Create the remaining sections of the draft ICP Terms of Reference

Developing Future System Working Constructs

2. The Integrated Care Board

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The Development of Integrated Care Boards

Duties and Responsibilities

- Following Royal Assent to the Health and Care Act, ICBs will be established in July 2022, with the functions currently performed by CCGs conferred on ICBs.

- Each CCG's staff, assets and liabilities will be transferred to the relevant ICB, and some NHS England and NHS Improvement direct commissioning functions will be delegated, notably Pharmacy, Optometry, Dental and (from April 2023) Specialised Services.

- Although ICBs will take on these CCG functions, they will bring health and care organisations together in new ways, with a greater emphasis on collaboration and shared responsibility for the health of the local population. ICBs will also have flexibilities to deliver commissioning activities differently - for example, to exercise their functions through, or jointly with, partners.

- ICBs will be established as new statutory organisations, to lead integration. The ICB will have a unitary board, responsible for ensuring the body plays its role in achieving the four objectives of the ICS. ICBs will be responsible for the allocation of resources to deliver the system strategy, determining what needs to be made available to meet population health improvement aims in each place and setting.

The Constitution

- Unlike the ICP, the ICB is required to have a constitution underpinning its operation. The ICB Chair-Designate and ICB CEO-Designate are expected to oversee the development of this new constitution for the ICB, with full engagement of system partners. Neither public engagement nor formal consultation are a requirement of this process.

- The constitution sets out the standing orders of the organisation, the role and membership of the Board and other key information underpinning the lawful operation of the organisation.

Flexibility of Local Design

- The core functions and duties of ICBs are both heavily prescribed by the Health and Care Bill. They will not be able to be modified although some responsibilities for the *delivery* of these functions or duties may be able to be delegated.

- As a result, the degree of local flexibility of design for the ICB is relatively limited when compared to other elements of ICS Design such as the ICP, Place or Provider Collaboratives.

The ICB Board

The following proposal was endorsed by the Frimley ICS Partnership Board in February 2022

The Board composition set out below will have 17 members, all of which are voting members.

Non Executive Members (3)

- Chair
- Non Executive Director (and Chair of Audit Committee)
- Non Executive Director (and Chair of Remuneration Committee)

Executive Members (6)

- Chief Executive
- Director of Nursing
- Medical Director
- Chief Finance Officer
- Chief People Officer
- Chief Transformation and Digital Officer

Partner Members (8)

- **Three** Partner Members from Local Authority Organisations:
    - One shall have relevant recent knowledge, skills and experience of being a member, executive or director in a **unitary council**.
    - One shall have relevant recent knowledge, skills and experience of being a member, executive or director in a **county council**.
    - One shall have relevant recent knowledge, skills and experience of being a member, executive or director in a **district or borough council**

- **Two** Partner Members from Primary Medical Services providers:
    - One shall have relevant recent knowledge, skills and experience of being a **Primary Care Network Clinical Director**.
    - One shall have relevant recent knowledge, skills and experience of holding a **System Leadership role**

- **Three** Partner Members from NHS Trusts and Foundation Trusts:
    - One shall have relevant recent knowledge, skills and experience of the provision of **acute hospital** services.
    - One shall have relevant recent knowledge, skills and experience of the provision of **community health** services.
    - One shall have relevant recent knowledge, skills and experience of the provision of **mental health** services.

Developing Future System Working Constructs

3. Placed Based Working

ASCOT • BRACKNELL • FARNHAM • MAIDENHEAD • NORTH EAST HAMPSHIRE • SLOUGH • SURREY HEATH • WINDSOR

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We have five diverse Places across the Frimley System

Context for Place-based development

- Our five places within the Frimley system have a well-established history.
- Each has a relationship with a different upper tier local authority, and some with additional lower tier local authorities, without clearly defined and aligned boundaries in some cases
- CCGs were originally established across the five geographies of North East Hampshire and Farnham, Surrey Heath, Bracknell and Ascot, Windsor Ascot and Maidenhead and Slough before the Frimley system was formed.
- We now have a single Frimley CCG and have five Places which align more closely with our local authority boundaries, and with an opportunity to redefine the ways of working within those Places and the partnerships they embody.
- We see Place as an opportunity for our residents and their families, their communities and the unique characteristics they have to be at the heart of our integrated working at place, with and for those residents, families, communities and our public services.

Process for Place-based development

- We have held a series of three place development workshops together and continued to have a range of conversations within places and across places.
- Those workshops focused on discussing and shaping:
  - Principles of place-based working, their strengths and alignment with heath and well-being boards
  - Role and purpose of place, relationships and ways of working for success
  - Enabling elements to support places: people and capabilities, joint decision-making approaches, benefits and opportunities of pooled budgets
- The **Integration White Paper** has since been published and offers a further framing for our ongoing development of our five places, in the context of the more mature shaping we have agreed across our ICP, ICB, and Provider Collaborative structures.

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The Integration White Paper

Summary

- This White Paper has a focus which is rooted in Place. The definitions of Neighbourhood / Place / System remain unchanged from those we have been using since 2017.
- Three main approaches are proposed in the paper for accelerating progress against the objectives of improving health and wellbeing outcomes for the population:

1. Greater definition of shared outcomes at a both a national and local level to reduce “health disparities”
2. Creating clarity of responsibility for health and care collectively at Place
3. Improvement in the underlying enablers of this work – digital, workforce, finance and engagement.

- The White Paper proposes the following main focus areas in achieving the intended aim of improving population health outcomes:
  - Designing and implementing a **Shared Outcomes Framework**
  - New models of **Leadership and Accountability**
  - An evolution of the current **Shared Financial Framework**
  - Further progress with Shared **Digital & Data Systems**
  - Developing our collective **Workforce** model

We will bring this blueprint for future Place based working into our Place Development workstream

Design Principles for the development of Places across the Frimley System

- Place as a vehicle for both bottom up and top down
- Identifying local needs and building on the sense of common purpose
- Seeing through residents' lens
- Involving frontline staff in design
- Ability to pool budgets
- Strategy together at system and at place, delivery local where possible/relevant
- Recognising that population at System are the same people who live in our Places – continuum built with people (resident, neighbourhood, PCN, Places, System)
- Not letting organisational boundaries define what we do
- Bringing the right people together to address different issues at different levels or on different scale