Support Aspiring ICS Programme

Terms of Reference
Healthier Together STP (Bristol, North Somerset and South Gloucestershire)

September 2018

Contents:

1. Preparing for the future: a development programme for Aspiring ICSs

Introduction and context

In January 2018 NHSE/I launched a major capabilities building programme to facilitate the move towards whole system working, starting with the Commissioning Capabilities Programme. The Supporting Aspiring ICS Programme is the next phase of this, and is aimed at helping system leaders develop the skills they need to accelerate system progress.

Systems on the programme are aspiring ICSs, which NHSE/I believe have the potential to quickly progress to reaching shadow ICS status. The purpose of the programme is to enable leaders to work together on their joint development and deliver more effective planning and preparation for shadow ICS status across five core areas:

- Effective leadership and relationships, capacity & capability
- Coherent and defined population
- Track record of delivery
- Strong financial management
- Focus on care redesign

Preparing for the future: a development programme for Aspirant ICSs

The Optum Alliance was selected through a competitive tender process as the preferred supplier. The Optum Alliance is formed of Optum Health Solutions and PwC.

The programme is a tailored 11-week programme starting in mid-September that is focused on particular areas of development according to an ICS programme readiness exercise, with regional input. It will focus on supporting the systems to make accelerated progress this year.

The programme will focus on developing 'action learning' as a leadership team, working together on live problems with tangible outputs that will accelerate the development of the STP. It will be delivered through a combination of leadership events (NHSE/I-led), workshops, and peer learning events, alongside dedicated programme support and coaching from senior Optum Alliance facilitators and NHSE/I regional leaders.

Systems will be able to chose six workshops across five main topics, linked to the ICS baseline capabilities (see appendix) and tailored for system needs. We will partner with you to tailor the programme to your needs by:

- Identifying the specific challenges you want to address;
- Focussing the workshops on these specific challenges; and
- Dialling up or down the time and intensity of focus on particular workshops in line with where the STP requires the greatest support.

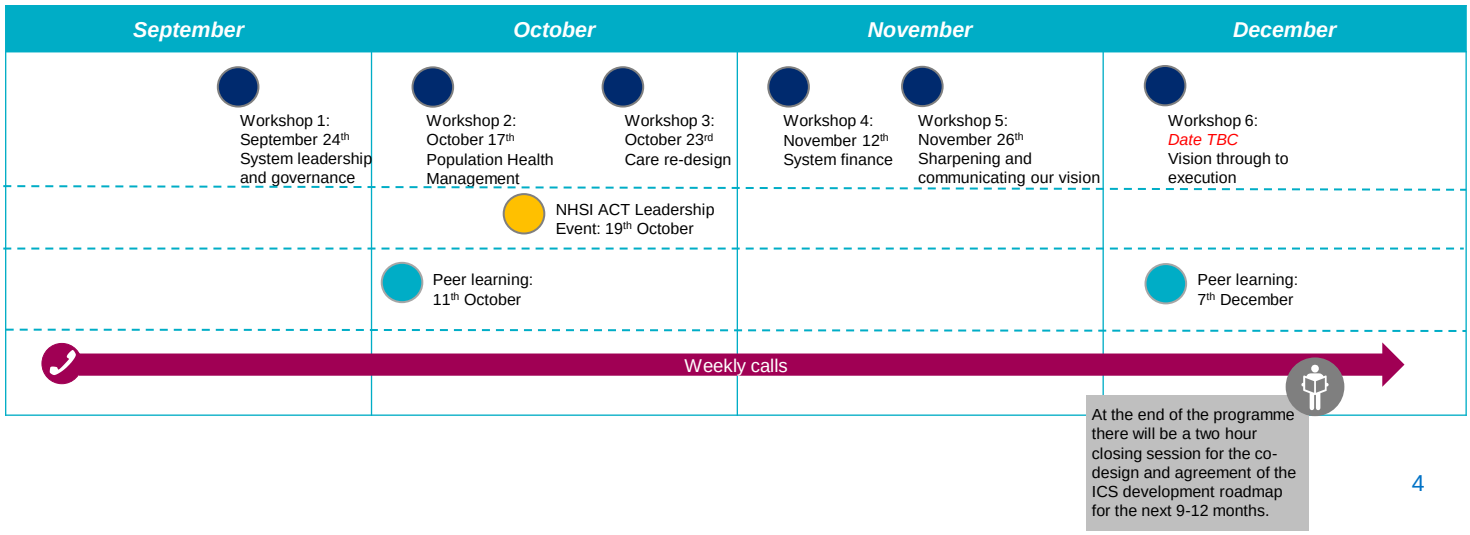
This document contains our plan for this programme based on the scoping meetings held with STP leadership.

2. Programme content and delivery and timeline

How will it be delivered?
The programme will be delivered through 'action learning' workshops aimed at the leadership team, who will work together with subject matter experts and facilitators on live problems with tangible outputs that will accelerate the development of the STP. This will be combined with and complemented by leadership events and peer learning events.

Agreement on baseline capabilities and programme structure	Building relationships; problem solving; creating the capabilities to meet ICS entry criteria	Progressing to ICS authorisation
• Review of STP programme readiness exercise based on ICS selection criteria – conducted over the phone. • Regional feedback to systems. • **Output: Completed readiness assessment, agreed terms of reference, and programme tailored to meet ICS development needs.**	11 weeks of intensive support: • 1 full-day workshop with NHSI ACT, focused on system leadership, relationships and building trust and readiness. • 6 tailored workshops covering topics such as care design, partnership working and managing finances. • 2 peer learning events where you can present progress, and hear from wave 1 & 2 ICSs and key national executives on the latest policy thinking. • Weekly update calls between Relationship Director and STP Lead. • Dedicated support to develop roadmaps, other products, troubleshoot and offer coaching and support as required (this is 0.5 FTE per STP from the Alliance (Relationship Manager) and 0.3 FTE from NHSE (STG Relationship Manager) • The role of critical friend and coach will be key to delivery in Module 2. There is an expectation of weekly touch points with workstream leads to troubleshoot, drive the work plan forward, and support with any blockers in developing the roadmap. These conversations may feed into the tailoring of future workshops, or drive actions for either the Alliance support or the STP programme team which will contribute to a more rigorous and comprehensive roadmap. The Alliance teams will have regular touch points with workstream leads (led by the SME director), Programme Director (led by the Relationship Manager) and the STP lead (led by the Relationship Director). • **Output: Roadmap setting out system plan and next steps to move towards shadow ICS status, aligned with the ICS baseline capabilities matrix.**	• System assumes leadership for delivering the roadmap. • On-going regional support to implement system roadmap. • Continued national support where this will help progress. • Post programme support. • **Output: Strong application to join the third wave of the ICS programme.**

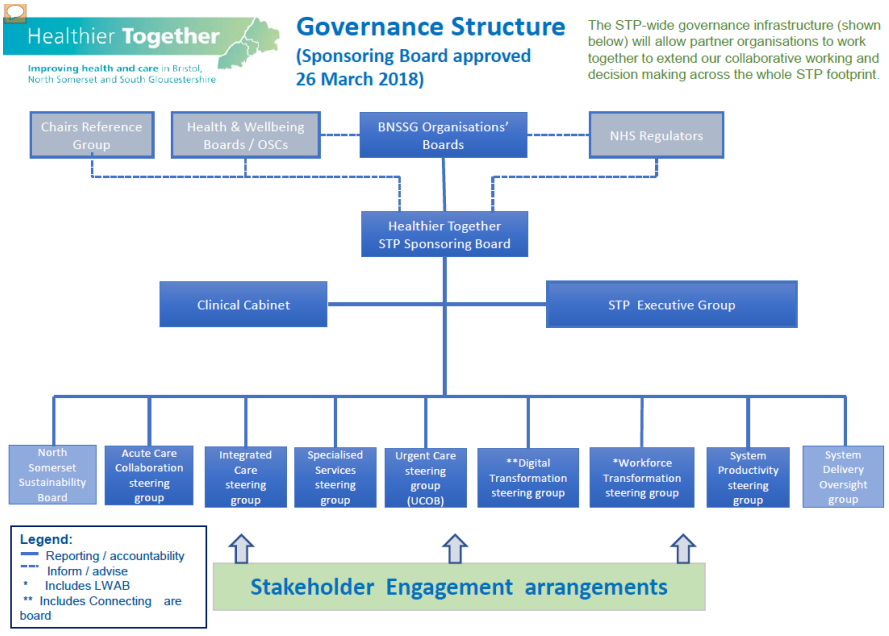
Indicative delivery phase timeline



3. System overview for Healthier Together STP (1 of 2)

Current situation
The Healthier Together STP comprises Bristol City, North Somerset and South Gloucestershire Councils, five NHS Trusts (2 Acute Hospitals, one Mental Health Partnership, and two NHS Foundation Trusts), Bristol Community Health CIC, North Somerset Community Partnership CIC, One Care, Sirona CIC, Care and Health and one CCG.

There is already a governance structure in place to support the move towards integrated care. The structure can be seen in the diagram below.



The STP has made a commitment towards becoming an Integrated Care System (ICS) and this programme is to enable us to develop the building blocks. The current priority areas of change for Healthier Together are working to a single system plan to redesign models of care. Specifically:

1. Integrated community localities
2. Networked general hospital care
3. Regional centres of excellence for specialised services

This will be enabled by effective infrastructure:

1. Clinically and financially sustainable services
2. Staff are enabled to deliver exceptional care every day
3. Digitally enabled care, intelligent use of data to inform decision making

The 10 priority areas for the STP are:

- Integrated community localities
- General practice resilience and transformation
- Mental health strategy
- Prevention
- Acute care collaboration
- Maternity
- Urgent care
- Digital
- Workforce
- Healthy Weston

3. System overview for Healthier Together (2 of 2)

Areas of focus
The following are examples of areas of focus highlighted by Healthier Together STP. Six areas of focus exist for the purposes of the workshops and further detail on these is highlighted in section 5.

Sharpening and communicating our vision
Healthier Together wish to develop and abide by a set of behaviours to establish trust and mutual respect between each organisation. This will be enshrined in a memorandum of understanding, signed by the board of each membership organisation. A development programme will be established for Clinical Cabinet and other key clinical leaders.

System governance and leadership
An infrastructure that will enable and embed shared decision making with delegated accountability from each organisation will be established. Within this, there will be a revision to the system oversight framework for urgent care in 2019/20.

System finances
Move to the operation of a single budget for urgent care, establishing a framework to jointly manage performance, delivery and clinical and financial risk. Risk appetite will be agreed along with risk-share/contract incentive arrangements for urgent care and specific clinical pathway changes. Our aim for 2019/20 is to operate a single budget for urgent care, establishing a framework to jointly manage performance, delivery and clinical and financial risk.

Healthier Together has an agreed plan and ambition on how to get there as shown below. The work done within the programme AICS that follows, will be the next part of this plan

2020/21 Ambition	2019/20 milestone
Be accountable to one another for the delivery of services and use of resources	Establish a system performance management framework for delivery of all key Constitutional standards, building in peer review as a core element
Work to a shared vision within a single plan, built from one version of the truth and consistent ways of working	Publish a single system plan for 2019/20 that is jointly owned
Operate a single budget, making decisions together that enable the flow of resources to deliver our vision within the allocation available	Operate a single budget for urgent care, establishing a framework to jointly manage performance, delivery and clinical and financial risk
Establish a governance infrastructure which enables and embeds shared decision making with delegated accountability from each organisation	Establish a shared governance infrastructure to work in shadow form during 2019/20
Establish our vision and definition of the ICS in BNSSG. **Develop and abide by a set of behaviours to establish trust, mutual respect and interdependence**	A full roadmap for delivery of ICS. Secure Board sign up from each sovereign organisation to a Memorandum of Understanding. This will include an agreed statement of ambition and behavioural code to guide our work, and a framework for how we will hold one another to account for how we abide by it

The overall anticipated output from the programme is to put Healthier Together STP in a position to make a strong application for ICS status.

4. Summary of programme readiness exercise

As part of the Programme Readiness Exercise, the STP has scored itself against a number of capabilities. These are listed below (see Appendix B for further detail). Those highlighted have been identified as areas of focus for the STP.

	Baseline capabilities to become a shadow ICS	Current maturity	Desired maturity
1. Effective leadership and relationships, capacity & capability	1.1. The system has strong leadership, with mature relationships including with local government.	2	4
	1.2. The system has a clear shared vision and a credible strategy.	*2*	*4*
	1.3. There are clear processes in place for effective collective decision-making.	2	4
	1.4. There are effective ways of involving clinicians and staff, service users/public, and community partners (including VCSE/IS).	2	3
	1.5. The system has the ability to carry out decisions that are made, with the capability to execute on priorities	*2*	*4*
2. Track record of delivery	2.1. The system has made tangible progress towards delivering the Five Year Forward View priorities: redesign of UEC system, better access to primary care, improved mental health and cancer services.	*2*	*3*
	2.2. The system has made progress in improving performance against NHS Constitution standards (or sustaining performance where those standards are being met).	1	3
	2.3. The system has the ability to carry out decisions that are made, with the right capability to execute on priorities.	*2*	*4*
3. Strong financial management	*3.1. There is strong financial management, with collective commitment from CCGs and trusts to system planning and shared financial risk management, supported by system control total and system operating plan.*	*2*	*4*
	3.2. The system has credible plans for meeting system control total and, where not already achieved, for moving towards system financial balance.	1	4
4. Focused on care redesign	4.1. The system has compelling plans to integrate primary care, mental health, social care and hospital services, and collaborating horizontally (between hospitals).	2	4
	4.2. The system is starting to use population health approaches to redesign care around people at risk of becoming acutely unwell.	2	3
	4.3. The system is starting to develop primary care networks.	2	4
5. Coherent and defined population	5.1. The system has a meaningful geographical footprint that respects patient flows of at least 500,000. Where possible, it is also contiguous with local government boundaries.	*Not covered on this programme*	

5. Areas of focus and workshop plans STP (1 of 2)

Key areas of focus
From the discussion at the Healthier Together Executive Group and the completed readiness assessments, some key development areas have emerged. It has been agreed that the focus of this programme will be based around the following topics:

	Area of focus	Preferred workshop(s)
1	Sharpening and communicating our vision	**Blend of workshops 4 and 5:** There is a vision, but we want to develop a narrative around the vision using a common language. We want to ensure that our partners, staff and public can understand and buy into what we are trying to achieve as an integrated care system. We would like our clinical colleagues across all organisations to buy into and advocate for the future way of working. We need to be clear on how we involve the public and communicate with them. **Baseline capabilities areas of focus**: 1.1, 1.2, 1.3, 1.4,
2	System governance and leadership	**Blend of workshops 1, 3 and 8:** We would like to hear about how other systems have addressed system governance. We wish to focus on the outcomes we are looking to achieve as an Integrated Care System and how future leadership and governance will need to be configured to achieve those outcomes. We would like to work on identifying the key steps we would need to take over the next 12 months **Baseline capabilities areas of focus**: 1.1, 1.2, 1.3, 1.4, 1.5
3	Vision through to execution	**Blend of workshops 7, 15 and 17:** We currently have a number of different groups and a complexity of different processes. Our aim is to clarify our plan and simplify processes. We would also like to explore how commissioners can drive a different approach in order to make this simpler for organisations across Healthier Together. We want to see a step change in working with our local authority partners, engaging with them within the system more centrally **Baseline capabilities areas of focus**: 1.1, 1.2, 2.3, 4.1
4	System finances and single plan	**Blend of workshops 8 and 10:** We would like to have a discussion around 'what are we trying to achieve in relation to system finances' and explore the different types of financial models and mechanisms that we can use going forward. This is an important area for us and we would like to work together with our partners to get a clear understanding of what we're aiming for and how we get there. We want to develop an implementation roadmap for the next 3 years. **Baseline capabilities areas of focus**: 3.1, 3.2
5	Care re-design	**Blend of workshops 15,16 and 17:** We have plans, but they are not consolidated and implementation is lacking. We would like to establish a clear road map for each of our priority areas. **Baseline capabilities areas of focus**: 4.1, 4.2
6	Population health management	**Workshop 12:** This has been highlighted as a key area of focus. Individual organisations have their own views on population health management, which aren't necessarily consistent. There are a number of different work steams progressing in this area (population health analytics), but these are not necessarily joined up or jointly understood. There is a wish to come together as a whole system to agree what we are trying to achieve longer term in order for us to make good decisions on future commissioning to improve health and wellbeing outcomes. **Baseline capabilities areas of focus**: 4.1, 4.2

5. Areas of focus and workshop plans STP (2 of 2)

Workshop outputs

	Area of focus	Workshop outputs	Outcomes
1	Sharpening and communicating our vision	• Narrative around the vision. • Consensus from partners that the vision and narrative is clear. • An outline communication strategy and shared roadmap towards an integrated care system.	• Vision is refined, refocussed and fully owned. • System wide buy in to the vision, especially by clinicians. • Staff becoming advocates for change. • Shared roadmap toward an ICS.
2	System governance and leadership	• High level view on the governance arrangements required for an ICS • Roadmap towards end state governance framework	• Recommitment with our organisations and boards. • Developed individual components of the governance framework. • Strengthened joint working and decision-making.
3	Vision through to execution	• Agreement on how the delivery of the vision will be achieved. • Clarity on the role of all partner organisations, including local government	• Move from having good ideas to delivering good ideas. • Enabled and equipped workforce. • Urgent and emergency care focus
4	System finances and single plan	• Agreement on what the system is trying to achieve in relation to system finances • Improved knowledge the financial models and mechanisms that can be used • 3 year implementation roadmap	• Understanding the benefits of a shared budget including financial risk sharing. • Collective appreciation of what we are trying to achieve in relation to system finances.
5	Care re-design	• Roadmaps for each priority area	• Agreed strategy for acute care and specialised services. • Capacity for mental health strategy and within community services.
6	Population health management	• Consensus within Healthier Together on what our long term priorities are	• Insight into the demand on our system and the capacity required to meet this demand. • Single version of the truth.

Appendix A

ICS Maturity Matrix

Baseline capabilities: ICS (1 of 3)

	Baseline capabilities required to become part of the aspirant ICS programme	Baseline capabilities to become a shadow ICS	Baseline capabilities to become a full ICS
Effective leadership and relationships, capacity & capability	• STP lead is in place. • All system leaders signed up to working together, including local government. • An agreement to developing a shared vision. • All system leaders signed up to becoming part of the aspirant ICS programme. • Sufficient capacity in the system to dedicate time and resources to the programme over the 12 months.	• Strong leadership, with mature relationships including with local government. • Clear shared vision and credible strategy. • Effective collective decision-making. • Effective ways of involving clinicians and staff, service users/public, and community partners (including VCSE/IS). • Ability to carry out decisions that are made, with the capability to execute on priorities	• Dedicated capacity and infrastructure to executive system-wide plans. • Transparent governance with local government, non-executive, clinical/staff and community involvement. • Transparent work programme that constituent organisations lead and implement. • Sufficient capacity and infrastructure to manage and assure system performance.
Track record of delivery	• Thinking about how working as a system can improve delivery. • Agreement from systems to work together to support delivery of the *Five Year Forward View*.	• Tangible progress towards delivering the *Five Year Forward View* priorities (redesigned UEC services, better access to primary care, improved mental health and cancer services) • Progress in improving performance against NHS Constitution standards (or sustaining performance where those standards are being met). • Ability to carry out decisions that are made, with the right capability to execute on priorities	• Consistently improving performance against the *Next Steps on the Five Year Forward View* priorities and NHS Constitution standards (or sustaining performance where those standards are being met).

Baseline capabilities: ICS (2 of 3)

	Baseline capabilities required to become part of the aspirant ICS programme	Baseline capabilities to become a shadow ICS	Baseline capabilities to become a full ICS
Strong financial management	• Agreement from systems to take on a shared system control total in the future. • Dedicated finance leadership. • Shared set of principles to manage finances collectively.	• Strong financial management, with a collective commitment from CCGs and trusts to system planning and shared financial risk management, supported by system control total and system operating plan. • Agreement to individual control totals or acceptable proposal for reapportioning system control total. • Credible plans for meeting system control total and, where not already achieved, for moving towards system financial balance.	• System must be on track to deliver system control total. • Agreed 2018/19 system operating plan that reconciles CCG/trust plans. • All CCGs and trusts signed up to work within a system control total for the following financial year and all trusts/CCGs must agree that full share of PSF/CSF is linked to system control total.
Focused on care redesign	• Early thinking about care redesign models, how to scale up primary care and how to vertically integrate services around the needs of the population. • Keen understanding of the population and their needs.	• Compelling plans to integrate primary care, mental health, social care and hospital services, and collaborate horizontally (between hospitals). • Starting to use population health approaches to redesign care around people at risk of becoming acutely unwell. • Starting to develop primary care networks.	• Integrated teams working across primary, secondary and social care to prevent hospitalisation. • Primary care networks operating in at least parts of the system, with plans to expand. • Demonstrable, practical collaboration between hospitals. • Analysis of population health needs and agreed system-wide plans for improving population health.

Baseline capabilities: ICS (3 of 3)

	Baseline capabilities required to become part of the aspirant ICS programme	Baseline capabilities to become a shadow ICS	Baseline capabilities to become a full ICS
Coherent and defined population	• A meaningful geographic footprint that respects patient flows. • Contiguous with local authority boundaries, or – where not practicable – clear arrangements for working across local authority boundaries. • Covers one or more existing STPs, with a population of ~1m or more.	• A meaningful geographic footprint that respects patient flows. • Contiguous with local authority boundaries, or – where not practicable – clear arrangements for working across local authority boundaries. • Covers one or more existing STPs, with a population of ~1m or more.	• A meaningful geographic footprint that respects patient flows. • Contiguous with local authority boundaries, or – where not practicable – clear arrangements for working across local authority boundaries. • Covers one or more existing STPs, with a population of ~1m or more.

Appendix B

Programme Readiness Exercise

Readiness Assessment – Cover Note

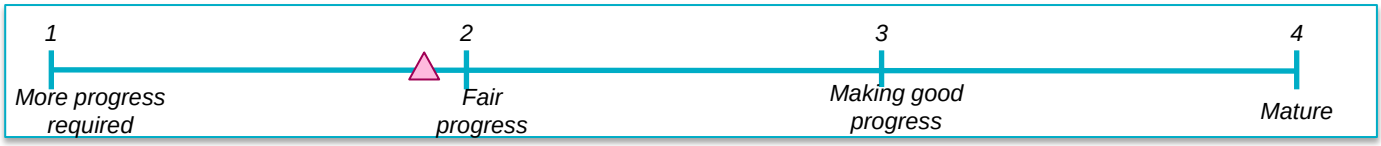
The aspirant programme will help the STP to explore how an ICS created from our system of systems work could achieve this. However, the STP recognises that its record of delivery on constitutional standards and strong financial management is not yet at the level it needs to achieve.

With this in mind the ‘desired’ maturity on the attached matrix is linked to the outcomes of the workshops described on page 6 .

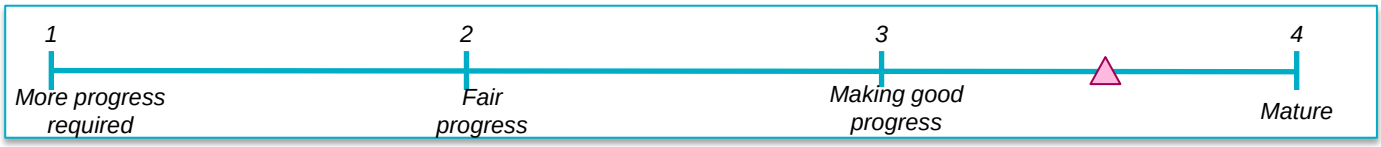
During the scoping phase, we completed a programme readiness exercise for our STP

As part of the scoping phase (after the launch meeting), participants rated the STP against NHSE's ICS baseline capabilities. We rated the system as 1.9 overall with the desire to gain shadow ICS status by 19/20.*

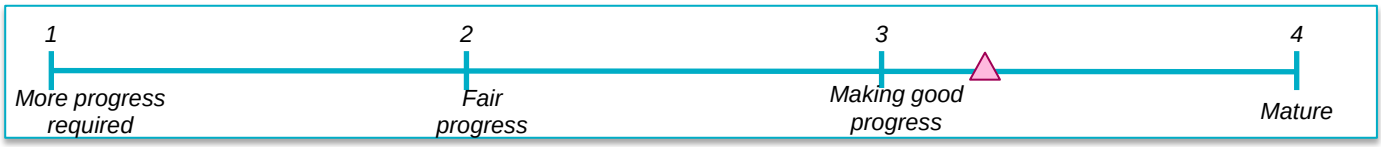
Against the NHSE ICS baseline capabilities, where are we now?



Where do we aspire to be in 18 months?



Where do we realistically think we will be in 18 months?



* See Appendix B for details

Key: Average score from programme readiness exercise

Appendix C

Healthier Together Aspirant ICS Alliance Team

Programme participants

Design Group

The STP and NHS England regional teams have identified the individuals below, chosen from the relevant STP and local authority executive teams to form the basis of the participant group. These individuals will be responsible for producing their part of the STP's future roadmap, supported by the rest of the STP and Alliance. They will be determined as we're clearer about precise interventions. There is an understanding that the programme cannot work without engagement with providers, the local authority, and the wider health community.

A wider number of participants of interest from across the system, including providers and local authorities, that have not been listed below, will be invited to attend the workshops and expert seminars of the programme as they are intended to be delivered to a wider audience. Invitees to workshops will be agreed with the STP leadership team in advance.

Participant	Role	Topic Lead
Julia Ross	CEO, BNSSG and lead for ICS development programme	Sharpening communication and vision
Robert Woolley	CEO, University Hospitals Bristol NHS Trust and lead for ICS development programme	Sharpening communication and vision
Amanda Deeks	CEO, South Gloucestershire Council	
Ruth Taylor	CEO, One Care	
James Rimmer	CEO, Weston Area Health NHS Trust	
Laura Nicholas	STP Programme Director, Healthier Together	
Mark Shepperd		
Stephen Lightbown	Director of Communications, North Bristol NHS Trust	Sharpening communication and vision
Sarah Truelove	Deputy CEO and CFO, BNSSG	System governance and leadership & System finances and single plan
Rebecca Dunn	Deputy Director, Weston Area Health NHS Trust	Vision through execution
Martin Jones	Medical Director of Commissioning and Primary Care, BNSSG	Care re-design
Bill Oldfield	Medical Director, University Hospitals Bristol NHS Trust	Care re-design
Sara Blackmore	Public Health Consultant, South Gloucestershire Council	Population health management
Peter Brindle	Medical Director of Clinical Effectiveness, BNSSG	Population health management

The Alliance delivery and NHSE/I teams

Alliance delivery team

Kalee Talvitie-Brown, Relationship director
Kalee will be the key, regular point of contact for the STP Lead. Kalee will attend all workshops, and be available to provide coaching to the STP executive where appropriate. Kalee is a Partner in PwC's Strategy consulting practice, and leads PwC's work in health in the South West and South East regions. She brings a wealth of experience which has been built across a range of major healthcare projects involving the Department for Health and a number of STPs, Vanguards and health and care systems. Kalee has also worked with over 50 CCGs, both pre- and post-authorisation.

Sunni Murdoch, SME director
Sunni is an experienced Director from Optum, who will attend all workshops and offer SME support.
She has extensive experience of clinicall solutions and integrated pathways across the NHS system.

Nancy Park, Finance SME
Nancy has extensive experience in NHS finances and will help you apply this expertise to your system, e.g. during workshops. She will also help you create actions to move towards your ambitions.
Nancy is a Director in PwC's healthcare restructuring team. Nancy is experienced in large and complex operational restructuring situations, with a proven track record of success.

Catherine Evans, Delivery manager
Catherine will be the your day-to-day contact on the ground with the system. Catherin will work alongside the STP Programme Director to tailor content and delivery of the programme. She will also manage the development of the roadmap. Catherine specialises in providing support to the public sector to transform their services through understanding their current service offer and designing and implementing future operating models. Catherine has extensive understanding of the public sector through her time in consulting and over 10 years working in the public sector.

Christopher French, Delivery coordinator
Chris will support the logistical running of the programme (e.g. scheduling and preparing materials for workshops, calls and meetings). Chris will also support with producing content on behalf of SME Programme Leads for the ICS. Chris is a Senior Associate and has experience in statutory regulation of health and social care professionals from a registration and fitness to practice perspective.

NHSE/I team

Neeraj Sharma, STG Relationship Manager, NHSE/I
Neeraj is the lead for the programme. STG relationships managers will also be responsible for co-designing the Terms of Reference and post-programme package of support. Neeraj will work on the ground with the system and will focus on product development, troubleshooting and providing insight on NHSE/I policy developments. Neeraj will co-produce content for the workshops and drive key initiatives to maintain momentum in between workshops.

Rachel Pearce, Healthier Together Locality Director, NHSE/I DCO Team
Rachel is the representative from the NHSE/I regional team. She will be involved in the programme readiness exercise and advise on tailoring of programme content to ensure it aligns with regional / local strategy. Rachel will be kept up to date on how the programme is progressing.

Audrey Linton, CCP Lead, NHSE/I
Audrey will act as the delivery resource for the NHSE/I Region. Audrey will do this by coordinating NHSE/I regional governance and implementation, for example through establishing steering groups and weekly huddles. Audrey is involved in scoping/tailoring of the programme and post-programme support and will provide relationship management between the Alliance and regional colleagues.