

Integrated Care Partnership (ICP) Development Programme

Draft paper based on thoughts Tim Ryley shared 12/04/21

1. Purpose

We spoke about purpose quite a lot. We need to be sighted on both what the purpose of the ICP **will be** and what the purpose of the ICP Development Programme **is**

1.1 Purpose of ICP

The Leeds ICP is accountable for achieving improvements in the health of all the people of Leeds and securing for them the provision of high quality services within a delegated NHS budget; and discharging the duties of the ICS (formerly those of the CCG) in Leeds. This is on behalf of and in line with the strategies of both the West Yorkshire ICS and the Leeds Health and Wellbeing Board.

1.2 Purpose of ICP Development Board

The ICP Development Board exists to ensure that the necessary infrastructure and ethos is established so that the ICP is able to discharge the functions for which it is accountable in an integrated manner, sustaining the progress already made in Leeds and in such a way to drive continual improvement across all areas of the integrated care partnerships responsibilities in such a way to support our high level ambition.

2. Accelerators

We spoke about the need for two or three accelerator projects. Building on the Myron Maxim “*change happens in real work*”.

The way we have started to look at this within the CCG as part of our own staff learning and development is to create a group of people with different expertise gathered around a single shared goal. The people are experts in the subject matter (Trauma in Childhood in our case) and experts in QI, Data, Technology, Finance and contracting. Each of these has a technical expert group. We have then said to change the way we go about things in line with our integration approach in this area and learn what the fundamental changes needed are going to be to the way your specialties work generally. This has really energised people and teased out the barriers.

Potentially there could be 3 groups CAMHS/Adult Transition, Discharge and Outpatient Services for two specialities we could do something at partnership level. Sara, Julian and Cath only be involved in 1 or 2 each other's probably in them all, but it would be interested to have expert psychological or behavioural insight into say outpatients? It would be good to have a communities and voice component of these and clear measurement of success (QI)

3. Five Priority Work-streams

The five areas below appear to be fundamental to being in a position by October of being able to take on responsibilities that we are asking for from the ICS. These clearly feedback to our challenge of the top 4 things: Shared Vision, Good Governance, Shared Version of the Truth, Engine Room with finance added really as major subset of governance.

Work Stream	Problem/Opportunity specific to ICP Development	SRO	Lead
Vision, Hearts & Minds	<ul style="list-style-type: none"> ● There is a strong agreed shared purpose as set out in the Health and Wellbeing Strategy to improve health and reduce health inequalities. Within the Left Shift Blueprint this is given greater and more tangible depth across population groups. This and the underpinning PHM approach needs further embedding across the system ● The highly collaborative approach in the Pandemic and the beginnings of a sense of #TeamLeeds provides a platform to take the next steps of a journey to deepen ownership of the ambition and integration journey across the 57,000 Health & Social Care staff in Leeds ● It will be important that the ethos of Leeds is built into the development of the ICP governance from the outset establishing ways of working that align to shared values 	Sara / Hannah	Jenny Cooke / Kate O'Connell

Governance	<ul style="list-style-type: none"> ● In order that Leeds is able to receive the required level of autonomy over decisions and enact decisions independently of the ICS it will need a robust set of governance to manage £1.5bn and discharge the duties of the ICS in Leeds once the CCG disappears. ● To put many of our existing informal arrangements on a stronger footing with delegated powers and to align them with the vision ● There will be a strong need to link finance into this piece and ensure symbiotic development with the ICS and its Constitution 	Jim / Pip	Visseh / Manraj
One Shared Version of the Truth	<ul style="list-style-type: none"> ● We need to be able to share data in real time to support professionals interaction with patients, transform service delivery and plan effectively ● There is a broad in principle agreement to develop a Leeds Office of Data Analytics. 	Julian / Tim	Leonardo and Paul Jones
Finance	<ul style="list-style-type: none"> ● The CCG has had responsibility for the development of priorities and allocation of the financial resources through contracts. There will be the need to create mechanisms within the governance that enable the ICP to prioritise, allocate and move money across the system. ● There is the opportunity as we work in an integrated way to move away from organisation as the sole form of financial allocation and move to a more citizen, locality and population based approach 	Tim/Thea /Pip	Simon Worthington

Engine Room / Strategic Partner	<ul style="list-style-type: none"> • There is a period of intensive development during 2020/21 which will require a programme team to ensure that we maintain pace and there are a number of key individuals starting to operate in this space • The Board paper has asked for recognition of the role of integrating functions and capacity to support the ICP in the longer term. There is considerable work underway in the CCG to contribute to this role and existing teams such as the Academy, The HPT etc. An opportunity to reimagine these and ensure that there is full and well-crafted picture. • In line with ambition for excellence there is a desire to secure a strategic mentor and coach with a track record of bringing integrated systems into being to work alongside us. 	Tim/Cath	Gina Davy / Rob Newton / John Tatton
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4. Other Work-streams

These two work-streams emerged as very important and critical to our success as an ICP but there is work underway already and it is probably less time critical. However, we might want to see these more closely linked to the Accelerator work.

Work Stream	Problem/Opportunity	SRO	Lead
Quality Improvement	<ul style="list-style-type: none"> • There is an opportunity through Virginia Mason and work done through LTHT to build towards a common approach across those areas of the business that cross boundaries and require an integrated response. The CCG in moving its staff towards an integrating role have committed to adopt such an approach. • The commitment to Quality Improvement as an ICP with a set of methodologies in partners and standard across the system will be critical in the medium and long-term to the effective running of an ICP • Whilst there are team developments and upskilling required real change happens in real work and this might fit better as a technical expertise within an area of improvement 	Julian	

Enabler Coordination	<ul style="list-style-type: none"> • Currently the three enablers of workforce, digital and estates have not fully aligned activity against the integration agenda nor do have we looked at how these might work together. Since PEG in November work has started on this but it is in its early days. • There is already integrated working happening within each area of work itself • There is a sense that this might work better if shaped in real work in the form of an accelerator. 	Thea / Hannah	

Next Steps

- **SRO** – to start to work up thoughts and test problem to be solved / opportunity to be seized and if other work-streams are necessary
- **All** – identify two or three accelerator pieces of work