

Integrated Commissioning Board

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Twelve Month Review of Single Commissioning Function Development, Local Care Organisation Development and Transformation

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1.	Background and Aim	3
2.	Strategic Commissioning Function.....	3
2.1	Progress since last review	4
2.1.1	Development of the Integrated Commissioning Board	4
2.1.2	Governance	5
2.1.3	Pooled Budget Arrangements.....	7
2.1.4	Integrated Commissioning Directorate.....	7
2.1.5	Strategic Commissioning Function Peer Review.....	7
2.1.6	Integrated Commissioning Strategy and Outcomes Framework.....	8
2.1.7	Update on Strategic and Tactical Commissioning.....	8
2.2	Next steps	8
3.	Development of the Local Care Organisation.....	9
3.1	Progress since last report.....	9
3.1.1	Due diligence, contracting arrangements & scope.....	9
3.1.2	Organisational Development Programme	10
3.1.3	Development of the Family Services Model (FSM) and links with the LCO.....	11
3.1.4	LCO Peer Review	11
3.2	Next Steps	12
4.	Delivery of Transformation	12
4.1	Progress since last report.....	12
4.1.1	Transformation Delivery	12
4.1.2	Update of Delivery	13
	Integrated Neighbourhood Team’s – Eddie’s Story	13
	Focused Care Workers – Emily’s Story.....	14
	Family Services Model	14
4.1.3	Project Management Office.....	15
4.1.4	Transformation Performance Indicators (TPI’s).....	16
4.1.5	Update on Greater Manchester Themes	16
4.1.6	Master Plan	17
4.2	Next Steps	17
5.	Summary and Action Plan.....	17
	New and Ongoing Actions.....	17
	Completed Actions.....	19

1. Background and Aim

In November 2017 the Integrated Commissioning Board, CCG Governing Body and Council Cabinet received a paper¹ outlining the progress to date on the journey to a single commissioning function, Local Care Organisation development and transformation. This report seeks to inform ICB of the further progress made in the Rochdale Borough, highlighting the local successes and challenges in delivering this agenda in support of “Taking Charge of our Health and Social Care in Greater Manchester²”.

The report focused on the key milestones achieved in the last twelve months including:

- Development of the Single Commissioning Function
 - Progression of the Integrated Commissioning Board, since the appointment of an Independent Chair
 - Further development of the Integrated Commissioning Team including Public Health and Primary Care
 - Development of the pooled budget arrangements
 - Development of an Integrated Commissioning Strategy
- Development of the Local Care Organisation
 - Completion of Gateway 2 Due Diligence
 - Appointment of a Chief Officer and establishment of Governance arrangements
 - Successful Organisational Development programme
 - LCO Peer review
- Delivery of Transformation
 - Alignment of transformation plan to operating plan
 - Establishment of transformation assurance and delivery systems
 - Early success stories of transformation
 - Development of Transformation Performance Indicators

The report will provide an update in each of these areas including achievement to date, the key challenges and risks and the next steps to September 2018.

2. Strategic Commissioning Function

The Transformation Fund Bid set out the ambition to develop a single organisational leadership model incorporating the following as fully as possible by April 2018:

- Chief Executive from Local Authority taking on the Chief Officer responsibilities of the CCG
- Development of new management structures, processes and roles to allow accountability of the CCG and Local Authority to be maintained
- Formation of a pooled budget for health and social care

At the six month review in November 2017 it was reported that:

- The Chief Executive was in discussion with GM H&SCP regarding the NHSE approval process for new Chief Officer's and that staff were informed of the direction of travel in September 2017 at a staff briefing
- Significant progress had been made in establishing new management structures and processes including:
 - Delegations to ICB and an appointed Independent Chair
 - The Integrated Commissioning Directorate had been established under the leadership of the Joint Director of Integrated Commissioning
 - Initial thinking had started regarding tactical and strategic commissioning and how this could be enacted
- That pooled budget arrangements were in place with the following agreed:
 - Hosted by the LA with the CCG Chief Finance Officer as Pooled Fund Manager
 - Risk shared agreement approved
 - LA and CCG finance functions were integrated

2.1 Progress since last review

Work has continued at pace to develop the Strategic Commissioning Function. The below outlines progress, including updates against the key milestones highlighted in the last report.

2.1.1 Development of the Integrated Commissioning Board

The Integrated Commissioning Board (ICB) has been established under its new delegations from Council Cabinet and CCG Board since November 2017, led by Independent Chair Graham Burgess and meeting once a month. Following a forward plan of business, mainstream business of both CCG Governing Body and Cabinet has been delegated to ICB and decisions for health, care and wellbeing are being presented through the board. Core business reports relating to performance, transformation delivery and financial assurance have been presented systematically through the last six months. Where there have been identified areas of concern, more detailed 'deep dive' approaches have been delivered.

The JSNA has been refreshed and revised to reflect changes in population health and the requirements for the delivery of commissioning intentions to change population and community wellbeing. The LCO Board Chair and Managing Director have attended the ICB to provide assurance on progress to date and will join the board quarterly to provide ongoing performance and delivery system change.

To support this, an Organisation Development plan was designed with AQUA, the first of several workshops being held in January 2018. The workshop focussed on supporting ICB members to develop individual and collaborative system leadership capabilities. Future sessions will focus on managing conflict, decision-making, risk and governance, power and politics to fully integrate all aspects of health and social care.

2.1.2 Governance

Existing governance arrangements have been considered jointly by CCG and LA colleagues to streamline meetings and avoid duplication, whilst ensuring that governance is robust with appropriate challenge in place. There have been two key developments since last the report:

Leadership:

The existing CCG and LA leadership meetings have been disbanded and been replaced by a single executive level Leadership Team which commenced in February 2018. The Strategic Commissioning arrangements between CCG and the Council will be overseen via the Executive Leadership Team. The CCG and LA have now also disbanded their executive meetings to ensure that all business flows through the joint Leadership team. A similar approach has been taken with a new Wider Leadership Team (WLT). Two initial Organisational Development sessions have been completed to agree the shared vision and purpose for the new team. Work is ongoing in relation to the WLT to enable it to operate as a leadership network to inform, inspire and innovate.

Governance Structure:

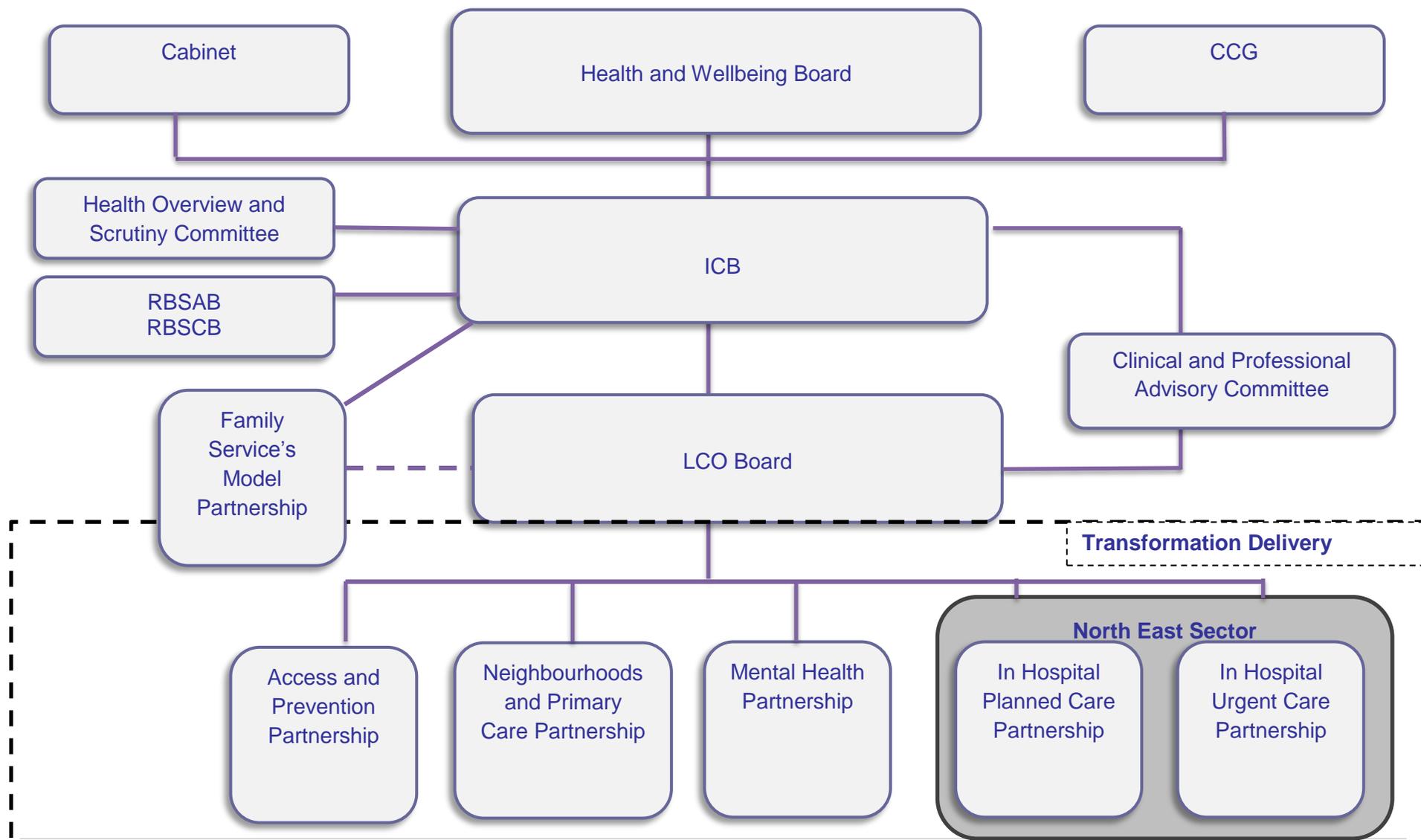
The Governance Structure has been programmed with two reports to Health Overview and Scrutiny Committee and two reports to Delivery Safeguarding Board. These outline developments around the three pillars of transformation; Integrated Commissioning; the development of the Local Care Organisation and the delivery of the Transformation programme of work. Both Boards were fully satisfied with developments and answered that the delivery of statutory duties were fully embedded within the new structures.

The Clinical and Professional Advisory Panel (CPAP) mobilised in April 2018 with new terms of reference and is currently seeking a Chair that will then advise the ICB clinically from June onwards.

The delivery governance and programme of work is now mobilised and in place and working efficiently across most of the partnership delivery. This is a remaining piece of work to resolve delegated decision making below ICB that will be concluded in the next quarter.

Governance arrangements are shown in figure 1 below:

Figure 1: Integrated Governance Arrangements



2.1.3 Pooled Budget Arrangements

Pooled budget arrangements are now in place, hosted by the Council and led by the CCG Chief Finance Officer (CFO) in the role of the Pooled Fund Manager. The Shadow Pooled Budget now includes Adults Health and Social Care, Public Health and Children's Health and Social Care. The ICB continues to be informed by regular reports on the pooled budget position and risks.

2.1.4 Integrated Commissioning Directorate

The Integrated Commissioning Directorate (ICD) continues to develop under the leadership of the Joint Director of Integrated Commissioning and includes the following teams:

- Adult Social Care Commissioning
- Children's Commissioning
- Health Commissioning
- Public Health
- Programme Management Office
- In addition Primary Care transferred into the ICD in April

This joint commissioning function now has the ability to rapidly respond to change and with developing systems in place will enhance delivery and drive across the locality. A high level plan continues to drive progress, and once approved, will follow the forward plan of the Strategic Commissioning Business Plan 18/19 covering all integrated objectives.

Further engagement with the whole ICD team took place in December, January and March, including staff briefs and the completion, by all staff, of an Organisational attachment and Change Management survey. The survey focussed on staff's awareness of the vision for the Directorate and their desire to take the vision forward. The outcomes of the survey were very positive with strong acknowledgement that whilst the vision was not yet in a position to be fully articulated due to the fast pace of change, they were fully supportive of the direction of travel and were very keen to contribute.

2.1.5 Strategic Commissioning Function Peer Review

In April 2018 Rochdale hosted the GM Health and Social Care Partnership to complete a Strategic Commissioning Function Peer Review. The assessment included three domains with assessment levels of emerging, developing and maturing identified for each:

- Design and set up
- Engagement
- Technical enablers

The review was very positive and the write up of this work is in the process of being mutually agreed with GM. Following agreement of the assessment the Integrated Commissioning Directorate will undertake a review of the assessment to identify any actions that need to be implemented by the SCF in order to achieve "maturing" in each domain.

2.1.6 Integrated Commissioning Strategy and Outcomes Framework

In February 2018 the ICB approved the Integrated Commissioning Strategy which detailed our ambitions for people and place, service reform, best practice and innovation. It described the principles by which we both commission and decommission and started to describe our approach to commissioning for outcomes.

A paper describing our decommissioning principles was further developed and approved by ICB. Work is ongoing to develop a comprehensive outcomes framework which will form the basis of our commissioning relationship with the Health and Care system.

2.1.7 Update on Strategic and Tactical Commissioning

The ICD has fully reviewed GM's definitions and recommendations in relation to Strategic and Tactical Commissioning. The Joint Director of Integrated Commissioning has engaged with all commissioning teams to consider Strategic and Tactical Commissioning functions, how any split might work and what the requirements for Rochdale are. Some key messages came out of this engagement and whilst all agreed that the Strategic and Tactical commissioning functions all needed to be delivered it is the "how" we deliver them that is most crucial.

The outcome of this work is that we intend to develop a single commissioning function that combines both Strategic and Tactical commissioning and to test this approach during 2018-19 to ensure that it delivers the functionality of both that is outlined by GM. This will see a much softer delineation between Strategic and Tactical commissioning, and provide the opportunity to test and learn as both the SCF and LCO mature and develop during 18-19. In practice this means that we will not, at this stage, be separating out tactical commissioning to sit within the LCO.

Discussions with the LCO take place on a fortnightly basis to ensure that any commissioning support required is identified and provided. An agreement was made for both finance and business intelligence to offer support and a dedicated member of each team now work at the LCO for a number of days per week.

2.2 Next steps

- Continue to develop ICB sub-governance arrangements and associated delegations
- Fully mobilise Clinical and Professional Advisory Panel
- Further develop thinking around Tactical and Strategic Commissioning and test out approach during 2018/19
- Finalise Outcome Based Commissioning Framework
- Identify and develop plan to address any key areas arising from the Strategic Commissioning Peer Review

3. Development of the Local Care Organisation

The Rochdale TF bid stated; *“Over the next twelve months we will work with our providers as a Shadow Provider Alliance to demonstrate effective shifts in commissioner and provider relationships, behaviours and approach to managing and targeting our combined resource to improve the outcomes for residents”.*

In addition Rochdale stated its commitment to identify a lead provider to be the prime contractor and host organisation.

- At the 6 month review it was reported that: Pennine Acute Hospital Trust, as part of the Northern Care Alliance, was identified as host provider of the LCO, pending due diligence.
- An interim Chief Officer was in place until the end of March 2018.
- An organisational development programme had taken place resulting in a series of recommendations to be implemented:
- Early discussions around LCO scope had identified the following interventions to be in scope by April 2018:
 - All Neighbourhood interventions
 - Primary Care
 - Urgent Care
- The FSM and LCO would develop separately at this time with a recommendation from the LCO Board to ICB that there should be a phased approach to developing a single; all age LCO, over a five year period.

3.1 Progress since last report

The LCO has been developing at pace in the last 6 months. The Managing Director of Bury and Rochdale Care Organisation is now in post as Chief Executive of the LCO.

3.1.1 Due diligence, contracting arrangements & scope

Due to complexity of the system and the LCO, by its nature, being a relatively untested delivery mechanism, the LA and CCG have developed a “gateway process” through due diligence in full consideration of the Integrated Support and Assurance Process (ISAP).

Gateways are described in 6 month blocks and consist of a series of contracts and/or services which may transfer to the LCO pending successful completion of the gateway review.

A paper describing these gateways up until April 2020 has been discussed at LCO Board and agreed at ICB in March.

Gateway 2 reached completion at the end of March 2018 following a formal due diligence process. It is acknowledged that there is significant learning to take place from this process and a series of discussions will take place during May which will result in recommendations

for the next Gateway. In addition, a Service Development Improvement Plan (SDIP) is being developed to ensure that any areas of gateway 2 that required further development are covered.

The completion of gateway 2 resulted in Core+2 and 17 Transformation interventions transferring to the LCO on 1st April 2018. A new contract is being developed for Core+2 and this will incorporate any fully mobilised schemes which currently include:

- Core+2
- Primary Care Academy
- Discharge to Assess
- Respiratory in Integrated Neighbourhood Teams

It is aimed that all of the 17 interventions will be included in the contract by Q2, however it is recognised that this requires further review. The impact of this on further gateways needs to be understood.

For 2018/19 the LCO partnership agreement sets out the arrangements by which all Board and Core Partners will engage with and work together to deliver the integration of local Health and Social Care Services, ensure the delivery of specific areas of the HMR Locality Plan (as agreed with the Strategic Commissioning Unit) and progress the LCO development.

The LCO recognises the need and opportunities for meaningful primary care engagement beyond that of general practice. The Chair of the local GP federation, Rochdale Health Alliance (RHS) is a signatory to agreement and a member of the LCO board and Core members group. The agreement further describes:

- The HMR LCO Board, purpose, roles and responsibilities, mutual expectations and obligations of Board members
- The role of the Core Partners within the LCO, their responsibilities, mutual expectations and obligations
- The relationship between the LCO Board, core partners, the HMR Integrated Strategic Commissioning Unit and through these relationships, the Integrated Commissioning Board.

The LCO Partnership Agreement was signed and approved in March/April 2018.

3.1.2 Organisational Development Programme

From September 2017 the LCO has been challenged through a full OD programme consisting of multiple facilitated workshops with the board itself and to test and challenge events with operational leads. The workshops were designed around an evidenced-based model of how to make complex collaborations work, the success of which was summarised in 7 key recommendations presented and accepted by the LCO Board in October 2017. An action plan was developed and work to complete implementation of these recommendations is progressing. The recommendations are:

<u>Recommendation</u>	<u>Action to date</u>
Create and implement a Memorandum of Understanding	LCO agreed that a Partnership Agreement was required, and this is now in place
Identify and secure the right leadership	New board now established with an agreed membership
Develop leadership capacity and capability	Organisational development in place to support vision
Develop operational capacity and capability	LCO Development Team in place
Establish a safe environment in which collaborative behaviours can flourish	OD workshops have been held
Co-ordinate activities to bring together all aspects of delivery	Master plan in place to drive activity milestones
Develop an integrated communications and engagement function to engage staff and public about the LCO	2 staff briefings have been held and 4 public engagement events

3.1.3 Development of the Family Services Model (FSM) and links with the LCO

Mobilisation of the Family Services Model is broadly on track against the implementation of plans. The majority of posts have been recruited to, and the redesigned complex early help and safeguarding hub and the early help locality teams were formally launched in January 2018.

In December 2017, the Integrated Commissioning Board endorsed the exploration of an alliance agreement approach to underpin sustainable delivery of the FSM from April 2019. An initial session was held in February 2018 with alliances to inform planning and progression of this approach. Further sessions have taken place in March and April.

A Family Services Model Partnership (FSMP) has been established, meets monthly and is chaired by the Director of Children Services. The partnership oversees delivery of the children's transformation theme, and is driving development of the alliance approach. The partnership draws on membership from across the system, including four colleagues who also sit on the LCO Board. The Assistant Director of Children's Social Care also sits on the LCO board so that planning and developments are aligned and support the direction of travel to full alignment toward a single all age LCO and reciprocally three LCO representatives now sit on the FSMP.

3.1.4 LCO Peer Review

In November 2017 Rochdale was involved in an LCO Peer Review with GM H&SCP. This took the form of a guided conversation around a "conversation spine" covering the following areas:

- Capability to deliver
- Governance
- In scope services and transformational schemes
- Finance

This was a very positive conversation and it was noted by GM that Rochdale LCO had developed quickly over the previous year. It was acknowledged that this had been supported by Rochdale's track record in partnership working, integration and focus on delivery over the last number of years.

The outcomes of the LCO Peer Review will be considered to support the due diligence process for LCO Development going forward.

3.2 Next Steps

- Plan and implement gateway 3 by September 2018
- Finalise new contract for Core+2 and Transformation interventions, including Service Development Improvement Plan
- Continue to develop FSM Alliance Contracting arrangements
- LH Alliances being brought in as a delivery partner

4. Delivery of Transformation

Rochdale Locality Transformation bid described its vision as *"By 2021, we will have reduced health and wellbeing inequalities between our most and least deprived communities and between the Borough and the rest of Greater Manchester"*. The bid described how getting early help to those who need it, having joined up care in the place where people needed it and building individual and community resilience would deliver the vision.

The following were reported in the 6 month report:

- High level assurance and reporting mechanisms had been established
- Initial governance arrangements were in place, including Partnership Boards and the Transformation Delivery Board
- The PMO had successfully completed a GM review
- An update on delivery was provided
- Early stages of the Performance framework had been developed.

4.1 Progress since last report

4.1.1 Transformation Delivery

Delivery of the Transformation interventions has continued. A refresh of the finance and activity assumptions for all interventions was completed in association with providers in November, the outcomes of which were reported to ICB. In addition, Rochdale responded to

a request from Greater Manchester to identify any slippage in spend in 2017/18 which resulted in declaring a £1.7m underspend and agreement being gained for this funding to come back to Rochdale in 2018/19.

Plans were further refreshed in March 2018 to ensure that the locality operating plans were in line with the investment agreement. This plan continued to be aligned during April to arrive at an agreed position with Greater Manchester. This has led to a reduction in our deflection aspiration. This change has had a significant impact on our ability to close the financial gap by 2020/21 and GMH&SCP are fully sighted on this.

The LCO have expressed the need for discussion at LCO Board in relation to the phasing of the 17 interventions into the contract. This will be reviewed at the May LCO Board.

During the last quarter improvements have been made in terms of maintaining and reporting on delivery of the Transformation interventions. A recovery process has also been established for those interventions identified as requiring additional support to deliver. However, it is acknowledged that at this early stage in some instances it is too soon to consider an intervention as in “recovery”.

Governance arrangements have continued to be strengthened to assure delivery. The Neighbourhood and Primary Care Board is now chaired by the LCO Chief Officer with the Joint Director of Integrated Commissioning as co-chair.

4.1.2 Update of Delivery

Transformation interventions are still carrying a set back from the delay in receiving approval for the bid. However, with 20 interventions now either fully or partially mobilised focus has firmly shifted to identifying and tracking performance indicators to monitor deflections delivery for 18/19. While systems and processes are being developed and being tested out there has been a drive to really understand what effect Transformation is having. Specific Theme updates can be found in April’s Transformation Highlight Report, in the meantime below are just a few good news stories from the system:

Integrated Neighbourhood Team’s – Eddie’s Story

Eddie³ lost his left leg 12 months ago due to an infection following a knee operation. He has multiple long term conditions and reported low activation scores. The Integrated Neighbourhood Team’s (INT) Wellbeing Champion worked with Eddie to develop his wellbeing plan which is part of the case management approach. The champion first met Eddie at the meet up group in Littleborough which followed him being part of the neighbourhood MDT ‘huddle’ conversation.

After a lengthy chat he expressed that he would love to give swimming a go but felt unable to attend a public pool. The root cause was identified as confidence and not knowing what to do with his false limb. INT informed him about the accessible swimming session at Rochdale leisure centre and explained that they have swimming teachers on hand to assist if required. Eddie was keen to try and the champion accompanied him to his first swim. Eddie was introduced to the staff.

³ Names have been changed

At first he found the swimming difficult and managed three lengths, but really enjoyed it and was willing to continue. Fast forward ten weeks and Eddie is swimming twenty six lengths and is also attending two exercise classes per week. Eddie feels his fitness levels have increased and is feeling much happier and activated to care for himself. His clinical indicators of long term condition control also improved.

The redesigned integrated neighbourhood teams include a wellbeing champion and this offer is provided by link4life the borough arts, culture, sports and activity provider. The INT is delivered through a multi sector provider partnership.

Focused Care Workers – Emily’s Story

Emily⁴ was referred to Focused Care with multiple medical conditions and social concerns which included historical diagnosed breast cancer, poor mobility due to COPD, severe anxiety and depression, isolation and outstanding carers arrears. She was also not engaging with medical services.

Due to her poor mobility and mental health issues she had failed to attend her breast screening and had ignored the bowel screening letter. Furthermore, she had no current dentist and needed new dentures.

Leah⁵ arranged home visits to build a rapport with Emily and arranged and supported her to attend the breast screening appointment which resulted in a letter stating she was cancer free. The bowel screening test kit was arranged, and this now been completed and sent off.

Through joint working with the GP Leah was able to refer Emily to the community dentist service regarding her dentures, she is now engaging with services and home visits have been completed by the GP and practice nurse to carry out her medication review and singles vaccination.

Leah liaised with adult social care to arrange a financial assessment and the corporate debt services to have her debts frozen and a payment plan set up to prevent future debt which helped to reduced Emily’s anxiety.

Family Services Model

Lindsay Torrance – Head Teacher of Castleton Primary School – “I was a supporter of the previous system but at times it felt like either I had to challenge to be listened to or that we were told to ‘do a CAF’ and left to do it in isolation.

Since the Family Services Model has been working and on the two occasions I have had need to contact the Early Help and Safeguarding Hub I can see a difference in the responses, in the level of partnership working and in the level of communication.

Without breaking confidences, one was a call for advice that I then followed with the MARF, and then I had a call back from the hub to ask me about further information, and when I said we had not received any, the person in the hub said they would chase this up with health, where in the past at best it would have been ‘let me know when you do’. As a result the case is being assessed and I know that child is safe.

⁴ Names have been changed

⁵ Names have been changed

The second call was a conversation I had with the social worker on the Hub (Khizer). He listened and then shared the information he had and then he decided that the risks, at CAF level, were too high and that he would escalate this up; as a result there was a strategy meeting. This was a significant step and led to prompt action that protected the children.

In both cases they were conversations where the needs of the child were prioritised, where the risk assessment model was clear for both parties, communication was effective and the process felt like more of a partnership and true multi- agency working. It felt like the Hub was actively working with us and not processing information.”

4.1.3 Project Management Office

The Project Management Office (PMO) has undergone rapid development over the last quarter uniting the following functions in a fully integrated team:

- Programme and project management for delivery
- Leadership and change
- Finance
- Performance
- Business Intelligence
- Risk

The PMO team are focussed on the following areas:

- Deep dives into 40 interventions to bring together a fully assured set of project and programme briefs
- New and revised programme and project reporting across the interventions in transformation
- A programme and project method tailored to suit our locality
- A recovery process to support our interventions where required
- Embedded financial performance information
- Integrated risk analysis, management and reporting
- Development of Transformation Performance Indicators to evidence the deflection realisation
- A performance monitoring framework
- Refined governance cycle to rapidly aid change and unblock system challenges
- Promote good practices in the locality throughout the Greater Manchester portfolio
- Gathering of good news stories

Significant changes are being made to the day-to-day operating and reporting systems used by the team to demonstrate the programme's progression as it moves into assured deflection delivery.

4.1.4 Transformation Performance Indicators (TPI's)

A piece of work commenced in January 2018 to identify primary indicators for each intervention.

- Workshops have been held with particular focus on finding direct connections between activities in the interventions and the strategic outcomes aligned to them with the important distinction that these indicators are not business as usual Key Performance Indicators but specific to Transformation.
- Follow up work has taken the ideas that came out of each workshop to identify what can be used as a TPI and aligned with regular accessible data. The four interventions in the LCO contract have been the first to be presented at a Board for review, an approval route will now be set up for every intervention in Transformation following suit.
- A dashboard will be created and in a phased approach will be used to report the progress of deflections to ICB moving forwards.

4.1.5 Update on Greater Manchester Themes

Taking Charge⁶ sets out the Greater Manchester themes as outlined below:

- Theme 1 - Radical upgrade in population health and prevention
- Theme 2 - Transforming community based care & support
- Theme 3 - Standardising acute and specialist services to the best evidence
- Theme 4 - Standardising back office and support functions
- Theme 5 - Enabling better care

Alignment of the Greater Manchester themes to localities continued with a programme of work taking place in November/December 2017, to establish a Maturity Matrix for all Greater Manchester programmes of work. This involved all localities assessing their progress and understanding a whole range of Greater Manchester programmes. It was acknowledged that Greater Manchester was ambitious in its aims and a prioritisation process took place to identify programmes to be delivered in 2018/19. The process ensured that localities would not be regularly impacted on by this prioritisation.

The work across GM is complex and in the last two months work has begun to ensure that the GM work is aligned to transformation underway in all localities. To this end a GM Programme Directors Forum has been established, which the Strategic Commissioning Programme Director attends.

4.1.6 Master Plan

A high level Master Plan process is now in place prioritising focus for each quarter towards service delivery milestones. The Master Plan supports the delivery of all three pillars of transformation and will ensure that there is no duplication in effort or gaps in work areas. The Master Plan will be held and co-ordinated by the Project Management Office and will be a key assurance tool for ICB and GMH&SCP moving forwards.

The Master Plan will include the following areas:

- Strategic commissioning function development
- LCO development
- Transformation delivery
- Family Services Model development
- Governance milestones
- Greater Manchester Themes
- North East Sector

4.2 Next Steps

- Continue to develop a suite of assurance and monitoring tools to include delivery, finance and outcomes
- Standardised templates for interventions and for themes at a project and programme level
- Further develop the performance framework and monitoring
- Fully develop and track the Master Plan
- Completion of the Transformation Performance Indicators and deflection information
- Continued communication of Good New Stories from across the integrated system

5. Summary and Action Plan

The following action plan provides a summary of the actions in all the key work areas in the report.

New and Ongoing Actions

	Work Area	Action	Completion date
Single Commissioning Function	Strategic and Tactical Commissioning	Continue to develop ICB sub-governance arrangements and associated delegations	July 2018
		Fully mobilise Clinical and Professional Advisory Panel	June 2018
		Further develop thinking around Strategic and Tactical Commissioning and test our during 2018/19	Ongoing

		Finalise outcome based commissioning framework	June 2018
		Identify and develop plan to address any key areas arising from the Strategic Commissioning Peer review	June 2018
		Continue to review opportunities for shared working – work completed on governance and joint risk strategy	Ongoing
	Governance	Develop and agree Scheme of Delegation to support governance arrangements	Ongoing
	Contractual arrangements and scope	Complete due diligence process	Ongoing
Development of Local Care Organisation	Contractual arrangements and scope	Plan and implement gateway 3	Sept 2018
		Finalise new contract for Core+2 and Transformation interventions, including Service Development Improvement Plan	Sept 2018
		Continue to develop FSM Alliance contracting arrangements	Ongoing
		LH Alliances being brought in as a delivery partner	
	Organisational Development Programme	Implement OD recommendations	Ongoing
Development of Family Services Model	Contracting Assurance and monitoring	Develop suite of assurance and monitoring tools	Ongoing
Delivery of Transformation	Assurance and monitoring	Finalise performance framework	Ongoing
		Fully develop and track Master Plan	Ongoing
		Continue to develop a suite of assurance and monitoring tools to include delivery, finance and outcomes	Ongoing
		Standardise templates for interventions and for theme at a project and programme level	June 2018
		Further develop the performance framework and monitoring	Sept 2018
		Completion of TPI's	Sept 2018
	Communication	Continued communication of Good News Stories from across the integrated system	Ongoing

Completed Actions

	Work Area	Action	Completion date
Single Commissioning Function	Strategic and Tactical Commissioning	Define leadership team spanning strategic and tactical commissioning functions	Complete
		Determine strategic and tactical commissioning resources – Different approach being taken with softer delineation between strategic and tactical commissioning	Complete
		Develop Integrated Commissioning Strategy and Outcomes Based Commissioning Framework – Developed with approval in March	Complete
	Pooled Budget	Completion of Section 75 agreement for pooled budget	Complete
	Governance		
Development of Local Care Organisation	Contractual arrangements and scope	Agree contractual scope	Agreed
		Agree contractual arrangements	Agreed
		Agree services transition	Agreed
	Organisational Development Programme	Produce plan to implement OD recommendations	Agreed
Development of Family Services Model	Contracting	Agree interim arrangements for shadow year FSM 2018-19	Complete
		Agree preferred contractual model	Complete
Delivery of Transformation	Assurance and monitoring		