

# Accelerator Support Pack 1

## Module 2: Your New Care Model – Questions for Consideration



# Overview of the Accelerator Support Pack

## Introduction

This support pack is designed to assist with the development of your new care model by providing some of the key questions for consideration. The support pack describes the legal and workforce issues which are arising from the development of your new care model. HLP London Workforce are also developing a Working Group pan-London who can support us in exploring these issues in greater detail in order to find solutions.

## How has the pack been developed?

This support pack has been created following the development of the **London Workforce Strategic Framework** which highlights the workforce challenges with implementing the new care model. In addition a review of case studies developed by the Vanguard and conversations with those who have developed new models of care have helped to inform the questions. Hempsons solicitors, a national health and social care law firm with expertise in new models of care and other integration projects, have also reviewed and contributed to the content.

## Aims of the Support Pack

The information within the pack highlights the legal and workforce implications in relation to the new models of care. It's a step by step guide to support and test local thinking – a prompt card or aide memoire. The pack aims to highlight the key questions for consideration in developing a new model of care. It reflects key questions in the material areas for the development of a new model of care, including **organisational form, accountability, commissioning, governance, regulatory, clinical risk, stakeholder engagement, mission and values, culture, financial considerations, strategy and workforce**. Developing the workforce strategy for the new models is integral to ensuring the model is developed in the best way.

## Audience

This support pack is for health and social care **commissioners and providers** to aid conversations about developing your own new model of care. It is envisaged this will tease out the details and vision for the new model of care and ensure that each of the partners involved share a unified collective vision and approach. 2

# Background

**Key workforce and legal implications in relation to the new care model**

# Integrating – getting it right for patients and our staff

Despite the drive towards integration using the new care model, the challenge to deliver high quality integrated services, by adequately trained and developed staff, is huge and significant barriers remain, not least the shortages within different professional groups and lack of visible workforce data across the system.

A system wide approach to integration across both social care and health is required in order to deliver against the scale of the workforce challenge. Not only in terms of **accessible, co-ordinated and proactive care but through the analysis of skills and attributes of existing and future staff**, which will help those who look to provide integrated care to understand fully how many workers there are or are needed and what they need to do.

## Other key issues include:

- establishing the right governance and organisational form to support integration
- improving quality of service and having the right shared outcome measures
- finding and retaining the right people with the right values to ensure the right cultural fit
- having adequately skilled and qualified staff at both professional and vocational levels
- multi-disciplinary/multi-agency team working to develop 'locality bond'
- establishing the right new roles for the whole system
- working across organisational boundaries and resolving ongoing issues such as professional indemnity, NHS Pensions etc

# Workforce implications for new models of care

The **London Workforce Strategic Framework** highlights the issues in relations to the development of the new care model. It is envisaged the Vanguards will act as the blueprints for the health and social care system moving forward and be the inspiration to the rest of the system. Thematic reviews of each vanguard site, undertaken in collaboration with the NHS England identified that a modern flexible workforce is integral to the success of vanguards. Reference was made to the fact that multi-disciplinary team working will be pivotal, with networks of care organised around patients and local populations – reflecting the diversity of the communities served. Below is a summary of the recognised workforce implications:

## **Workforce Development –**

although NHS HR professionals will already be used to this, there will be an increase in the number of different contracts, policies and procedures being run alongside each other as integration increases. This will require a greater vigilance and the potential need for new HR systems and a clear plan to support workforce development that aligns to new models of care.

**New and extended roles, skills and training –** in establishing the new roles it is important to think about the future education and service commissioning alignment to ensure it reflects the future requirement for multi-agency and multi-professional training. Engagement with Health Education Institutions (HEI) is required to ensure this need is reflected in future curricula.

**Pay and reward –** it is anticipated there will be multiple issues to consider in relation to pay and reward. Greater geographical mobility, 7 days working, pay differences (ie where AfC is not recognised), inner/outer London weighting and pay harmonisation as employees from different sectors come together as part of a single organisation. Staff shortages due to 7 day working may also have impacts on pay.

**Grading and Role Design -** there has been discussion about a number of new roles within the NHS and redesign of existing roles (e.g. physician associates/assistants, consultants working within community settings, Clinical Pharmacists and Paramedics working in General Practice or for GP Federations) and extending the scope and knowledge of existing roles

## **Organisational Development and Culture Transformation -**

All of this change will require a culture which has integration and collaboration at its heart. It is vitally important the new models reflect the requirement for greater workforce flexibility, innovation and agility as core principles and the workforce is empowered to develop and create innovative solutions to shared care and shared pathways.

**System Reform -** more integration will require NHS providers to work more closely with local authorities, charities and private providers and so having employees who understand other sectors will become more important. This will require staff to work more flexibly and have greater versatility.

## **Alignment to Local Workforce Strategies.**

As part of the local STP developments it is important that workforce strategies align closely in order to develop a local coherent voice around new models of care and their implications for the workforce both in the short and long term.

## **Leadership Development**

In times of great change the leadership will need to set clear values and objectives due to the ambiguous nature of change and to ensure the workforce understand what is expected of them and can work to develop integrated and shared care pathways at every level across the new model of care.

# The legal challenges

The new care models are likely to involve some degree of structural change across organisations, which means we are likely to see an increase in the numbers of TUPE transfers, secondments and changes to terms and conditions.

**TUPE** – with closer integration and with organisations working closer together there is always the potential risk that a TUPE transfer could take place, as a matter of fact and law, without the organisations becoming aware of it. It will be important for the HR professionals working with the new care models to look out for this potential risk

## **Changing terms and conditions –**

There have been developments on the national stage in terms of new consultant and junior doctor contracts and we expect that this will continue with the potential for further changes to the Agenda for Change framework. In addition to these national developments, there will undoubtedly be a need to look at changing terms and conditions on a local level to introduce the required level of flexibility in the workforce.

## **Secondments/shared roles and joint posts–**

working across different sectors is often best achieved by the use of secondment arrangements. Or joint posts There will be a need to ensure that the arrangements are robust and fit for purpose and enable employees to work in a variety of suitable locations with appropriate professional indemnification.

**Pensions** – moving to new care models could have important implications for employees' continued membership of the NHS pension scheme and access for new members. It is quite possible, given the nature of some of the new care models, that staff will lose their eligibility under the NHS scheme. It will be key, at the outset, to understand the pensions implications of a new care model.

## **Professional regulation –**

it is important to be aware, at this early stage, that changes in roles and responsibilities are likely to lead to new issues of professional regulation. Some of the "hybrid" roles being considered at the moment could arguably be regulated by more than one of the existing professional regulators. Careful thought will need to go into how these new roles are to be regulated. There is also the related issue of how far existing indemnity arrangements will cover new roles and arrangements.

**Pay harmonisation** - it is likely that there will be significant differences between staffing bands as health and social care staff and secondary and primary care staff are brought together. Careful thought will need to be given about how to establish fair pay for all across all sectors and this is likely to need to be nationally reviewed and reflected in policy.

# Module 2

## Your New Care Model – Questions for Consideration

# What could you consider in developing a new model of care?

1



**Organisational Form**

2



**Accountability**

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**Commissioning**

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**Governance**

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**Regulatory**

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**Clinical Risk**

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**Stakeholder Engagement**

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**Mission and Values**

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**Culture**

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**Financial Considerations**

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**Strategy**

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**Workforce**



# Organisational Form Considerations



## Additional Reading:

Dalton review:  
examining new options  
and opportunities for  
providers of NHS care

Good governance in  
public sector

Nolan Principles

Code of Conduct for  
NHS Board Principles

The Healthy NHS  
Board Principles for  
Good Governance

- What is the proposed organisational form – in other words, how will one or more organisations interact to deliver your new model of care?
- Do you have a preferred model across key stakeholders and if so why?
- How will this model support better integration across health and social care?
- Can you clearly explain what each organisation will do in the new care model?
- How much organisational integration do you want or are willing to accept and how quickly do you want to set up your new care model?
- Which legal model will you need to deliver your new care model: contractual joint venture, corporate joint venture and/or merger/acquisition or a combination of these?
- Do you have the resources and skills to implement your chosen organisational form?
- How will the organisational form improve patient choice and drive up quality?
- What values will guide the organisations' work to reflect the Nolan Principles (selflessness, integrity, objectivity, accountability, openness, honesty and leadership)?
- Have contingencies and exit agreements been considered and agreed?
- What are the implications of the organisational form for key enablers such as estates, IT, intellectual property and workforce?

# Accountability Considerations



## Additional Reading:

Integrated Care and  
Support:  
Our Shared Commitment

Examples of Pioneer  
Profiles and Case Studies  
2015

Better Care Fund Support  
Packs

What will be the key function(s)/services to be delivered in the new model of care?

How will the duties to deliver these function(s)/services be discharged?

How will pathways of care change as a result of the new organisational form (it is important to consider patient/client flow through services to optimise processes)?

Who will be in charge of the organisational form used to deliver the new model of care?

Have you determined the key leadership roles and who is responsible for what?

Is clinical and financial accountability clear?

Have you considered how the new structure will support integrated working and how shared roles can support reduced duplication and operational efficiency?

# Commissioning Considerations



## Additional Reading:

Procurement of healthcare (clinical) services: Briefings for CCGs: 1-6

How does procurement fit with the different commissioning stages?

How should a procurement process be conducted?

Introduction: Why do CCGs need to understand procurement?

Summary of the decision making process

What are the procurement options?

Which rules apply to a procurement process?

Are commissioners' intentions (health and social care) clear in relation to the services falling within the new model of care?

How will the new model of care be commissioned?

Can the new model of care be delivered through an existing contract without breaching procurement rules?

If not, can a new contract be awarded without running a competitive process?

Have you taken legal advice?

Is there likely to be more than one capable provider?

Have appropriate steps been taken to identify other capable providers?

Have conflicts of interest been declared and managed?

**If yes a competitive procurement process is required:**

Have you considered which procurement process is appropriate and developed appropriate documentation to inform bidders?

What are your award criteria?

Is your process transparent, proportionate and non-discriminatory?

How will you ensure you treat all bidders equally?

# Governance Considerations



## Additional Reading:

Dalton review: examining new options and opportunities for providers of NHS care

Good governance in public sector

Nolan Principles

Code of Conduct for NHS Board Principles

The Healthy NHS Board Principles for Good Governance

NHS Providers and Hemptons: Governance between organisations

Depending on the preferred organisational form to be used to deliver the new model of care, how will organisations work together where they operate under different regulatory, statutory and financial regimes?

Will new governance structures be set up?

How will governance structures focus on delivery of the new model of care and outcomes for services users and the wider population?

How will governance structures ensure organisations perform effectively in clearly defined functions and roles?

How will governance structures promote values for each organisation and the system as a whole and demonstrate the values of good governance through their behaviour?

How will governance structures ensure organisations take informed and transparent decisions and manage risk?

How will governance structures ensure organisations develop the capability and capacity to be effective?

How will governance structures ensure organisations engage with stakeholders and ensure real accountability?

Have partners agreed a joint strategy to maintain shared mission, values and culture to minimise opportunity for divergence?

What are the plans to share information and integrate technology?

# Regulatory Considerations



## Additional Reading

Hempsons New care models: Governance between organisations making integration happen

- | Does the preferred organisational form give rise to any changes in registration requirements of the CQC or NHS Improvement?
- | Is a new delivery vehicle being set up which will need CQC registration or a licence from NHS Improvement?
- | Are amended or new registrations required with the Information Commissioner's Office for sharing of data?
- | Are there any other registrations or licences that need to be amended or secured?
- | Does your new care model involve significant collaboration between, or integration of, organisations which may give rise to merger control issues under competition law?

# Clinical Risk Considerations



## Additional Reading

Information on Clinical Governance from NHS Professionals

The Healthy NHS Board Principles for Good Governance

Who will be accountable for clinical care?

How will the accountable governance structures within the new model of care identify what could go wrong during care?

What are the factors that will influence this?

How will the new model of care put in place processes to understand lessons learned from any adverse events and to ensure action is taken to prevent recurrence?

What systems will be put in place to reduce clinical risks?

How will you ensure arrangements for the following are adopted:

- Clinical Audit
- Education, training and continuing professional development
- Evidence-based care and effectiveness
- Patient and carer experience and involvement
- Workforce management

Is appropriate indemnity cover in place?

# Module 7 – Stakeholder Engagement



## Additional Reading

NHS IQ Stakeholder Mapping

Shared Decision Making Programme

NHS England Transforming Participation in Health and Care

## Quadrant Tactics

Communicate	Engage
Inform	Communicate

Have partners developed branding for the new model of care?

What stakeholder mapping has been completed?

Has everyone affected by the changes been identified?

What is your priority in engaging stakeholders at this phase (reacting to external pressures? Developing strategic insights? Protecting your reputation? Seeking innovation? Building relationships?)

Do patients and the public need to be involved in accordance with statutory duties where services are being reconfigured?

Where does engagement fit in the new model of care?

Is the list of relevant stakeholders focused on who are important to the future efforts of the organisations within the new model of care?

Do the organisations within the new model of care have a good understanding of where stakeholders are coming from, what they may want, whether they would be interested in engaging with the new organisation, and why?

Based on the prioritised stakeholders, can you define a granular level of engagement? Will this inform tactics, formats, and investment considerations?

Have the organisations within the new model of care given thought to what type of resources (expertise, people, and budget) would be needed to support engagement strategy and follow-up activities?

# Module 8 – Mission and Values



## Additional Reading

NHS Constitution

Nolan Principles

High Quality Care for all

myNHS

What are the new model of care's mission and values?

How will the mission translate into improved quality and outcomes for citizens, service users and carers?

What can you do that will enrich their lives and care received both now and in the future?

How will your care model differ from others?

How can you work with local stakeholders to improve services for patients and carers?

How will you use workforce, technology, estates and processes differently to improve quality, access and outcomes?

What underlying philosophies or values guided your responses to the previous questions?



# Module 9 – Culture



## Additional Reading

Better leadership for tomorrow: NHS leadership review

Compassion in practice

If it's about NHS culture, it's about leadership

Collective Leadership

Freedom to Speak Up Report

- | How will you co-create the core values and mission?
- | What will your core values and mission be?
- | Where will you reflect these core values within your branding?
- | How will the core values and mission be shared internally?
- | What will be the leadership approach?
- | How will you ensure this is clearly and regularly communicated to all external stakeholders?
- | What (standardised) staff policies will be adopted?
- | How will you improve working conditions, training and development opportunities for the workforce?
- | How will you articulate and describe the quality systems?
- | How will you establish the right culture and one which supports innovation and openness?
- | How will you monitor organisational and staff performance?
- | How will you develop shared, system-wide outcomes?
- |

# Module 10 – Financial Considerations



## Additional Reading

Productivity in NHS  
Hospitals

Lord Carter Review

- Have the potential costs of setting up the new model of care been established?
- Are Directors of Finance signed-up to the fact that there might be an upfront cost to formation?
- What are the financial implications of your preferred organisational form?
- Are there estates/asset implications? Will a charge be levied to any new entity?
- Do you have sufficient expertise to manage contracts internally (if the new care model involves new contracting arrangements)?
- Do you have sufficient data on real costs of procedures and patient flows relevant to the new model of care?
- Has external advice been sought?
- What is the risk/gain share? How will any surplus be distributed?
- If applicable will NHS Tariff prices remain? Can you explore alternative payment and contracting mechanisms with commissioners? Can you agree a pricing structure which is acceptable to all partners (it is important to ensure savings made by one part of the system do not negatively affect another)?
- What is the proposed contract duration (if the new care model involves new contracting arrangements)?

# Module 11 – Strategy



## Additional Reading

Five Year Forward View

Shape of caring review

Compassion in Practice

STP Planning guidance

Dalton Review

Are you clear on the strategy behind the new model of care?

How will the new model of care quantifiably improve services to the local population?

Are the service delivery models/standard operating procedures codified and replicable across the system or will the new model of care facilitate this?

Is there sufficient executive and clinical capacity available to undertake expansion/change to activities, services and performance monitoring?

Have you evaluated/ undertaken due diligence to understand the current performance, clinical workforce configuration, activity and any relevant risks/challenges?

Do you understand the local health economy needs and can you negotiate with key stakeholders?

How will the brand be developed for the new model of care? Will you use one of the partners' brands or develop another brand?

Do patients associate the preferred brand with high quality care?

# Workforce Considerations



## Additional Reading

Think Workforce, Think Integration

The Principles of Workforce Integration

National Voices - the principles for integrated care

- What are the staffing requirements of the new model? Who will employ the staff?
- Are there TUPE implications? If so, need to develop an information and consultation plan. Also, need to consider post-transfer issues such as harmonisation / equality.
- Will there be any further HR implications such as standardising employee terms and conditions and policies and the ability to provide NHS pension etc?
- Have systems, policies and procedures been designed to support the goal of coordinated and integrated care and support that meets peoples' needs?
- Does the workforce have the right skill mix to deliver integrated services? Will appropriate training programmes be available?
- Have the LETBs and CEPNS been in the conversations about skills development?
- Identify the need for workforce strategies focused on integration to enable workers from different professional backgrounds be supported to deliver real change.
- Are your teams co-located? If so, does this create contractual mobility/financial issues?
- How can managers at all levels ensure that workers are involved, engaged and listened to, and supported to work collaboratively and create opportunities for learning and sharing across boundaries as well as within teams?
- Could you develop integration champions and how could they be supported?

# Workforce Considerations (continued)



## Additional Reading

Skills for Health six Steps methodology to integrated workforce planning

Kings fund Integrated Care Summary

Integrated Care and Support: Our Shared Commitment

- | How can workforce development opportunities be shaped to ensure that the goal of integrated care and support with people at its heart is paramount?
- | How can individual workers best be supported to equip themselves to grow as practitioners so that they become confident, knowledgeable and capable of contributing to and delivering high quality integrated services and co-produced care?
- | What is the role of workforce development in ensuring that resources are identified, developed and used to their maximum benefit in achieving value for money alongside excellence in care and support?
- | Is there an environment that encourages participation, openness and constructive criticism? Are workforce issues and strategies discussed across all partners?
- | Are there opportunities for people from different teams and with different experiences to come together and learn from each other?
- | Have opportunities been created and time allowed for new relationships and networks to be involved?

# Get involved.....



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You can also follow us on Twitter at [www.twitter.com/#healthyldn](https://www.twitter.com/#healthyldn)



Get involved with the Working Group



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