

**Social Partnership Forum – Integrated Care Systems - Transition Partnership Group  
Terms of Reference – April 2022**

<b>1. PROJECT TITLE</b>	Integrated Care Systems – Transition Partnership Group (TPG)
<b>2. SECRETARIAT</b>	James Shepherd, SPF Programme Manager
<b>3. MEMBERSHIP</b>	<p><b>CO-CHAIRS</b> Helen Bullers, Director of HR &amp; OD, NHS England Alan Lofthouse, National Officer, UNISON</p> <p><b>DHSC</b> Philippa Baker, Deputy Director Denise Vanstone, Head of NHS Employment Services Lynn Slater, NHS Workforce Engagement Manager Rachel Markey/Sean Palmer (Job share) Lead on Implementation, Change and Engagement Yoshi Panwar, Senior Policy Advisor Nyla Cooper, Senior Policy Manager Ellie McCann, DHSC Legislation programme team</p> <p><b>NHS England</b> Wayne Colthirst, ICS Development Programme HR &amp; OD Lead Kerrie Montoute, Senior Advisor, ICS Development Samina Ladhani, Project Manager Ema Ojiako, Director of HR and OD Operations Peter Hall, Head of Employee Relations, Partnership and Policy Matt Neligan, Director for Primary Care Commissioning and Transformation Chris Gormley, Deputy Director Mandate, Legislation &amp; Accountability Dan Rattigan, Senior Policy Lead</p> <p><b>NHS Employers/NHS Confederation</b> Rebecca Smith, Director of Engagement (Deputy co-chair) Gayna Deakin, Assistant Director Naveed Ahmed, Senior Programme Officer (SPF) Nicola Syslo, SPF Admin and Comms Support Officer Syeda Munim, Policy and Delivery Officer for the ICS Network</p> <p><b>NHS employers - ICS/CCG/CSU</b> Charles Summers, Dorset ICS Janet Wilkinson, Executive Lead for Workforce, OD and system leadership, Greater Manchester Health and Social Care Partnership Sarah Morgan, Director of Organisational Development &amp; Interim Strategic Lead for the SEL ICS Workforce Mike Walker, Director of Business Services, Arden &amp; GEM CSU Theresa Nelson, Director of HR for the Coventry and Warwickshire ICS</p> <p><b>Trade Union reps</b> Rebecca Hall, Managers in Partnership Gill Morgan, Royal College of Nursing Nick Duckworth, British Medical Association Jacalyn Williams, Unite</p>

	It is recognised that membership may need to be flexible to ensure that the right people attend at the right time to enable work to progress.
<b>4. AIM</b>	To effectively support staff, whether directly employed, assigned, or seconded to functions that will be impacted by organisational change arising from the 2021 Health and Care Bill, by minimising uncertainty and maximising employment stability, limiting employment changes and working to the principles of simple, local and evolution.
<b>5. OBJECTIVES</b>	<ul style="list-style-type: none"> <li>• Have a clear focus on equality, diversity and inclusion and maximise opportunities to enhance diversity at a system level.</li> <li>• To clarify which people are in scope for the transition and share data on that group and the sender organisations.</li> <li>• Define what is meant by 'board level'.</li> <li>• De-risk change for staff through protections to terms and conditions.</li> <li>• Facilitate a strong staff and employer/ICS voice in the transition process.</li> <li>• Provide a forum for candid conversations where members can raise issues arising at a local or national level in confidence.</li> <li>• Shape the direction of travel for organisational change resulting from the ICS transition and provide clarity in relation to how this will relate to the legislative process and decisions on funding arrangements.</li> <li>• Co-produce organisational change workforce related documentation to facilitate consistency of approach where this is needed nationally and enable sufficient local flexibility to accommodate the variation in circumstances across the country.</li> <li>• To understand the transfer mechanism and ensure correct legal and organisational change processes are followed, for example staff consultations, at employer level.</li> <li>• Communicate relevant messages on the transition process.</li> <li>• Support timely and effective social partnership working (at a regional SPF, system, place, and organisational level) to inform the development and implementation of transition arrangements.</li> <li>• Ensure a consistent and coordinated approach in delivery of workforce change between the national, regional, ICS, place, and organisational levels.</li> <li>• Work together to identify opportunities for improving employment practices that the creation of 42 new statutory bodies provides.</li> <li>• Consider the impact of the implementation of non-legislative arrangements.</li> <li>• Support ICSs to create their own internal partnership structures and have them up and running from day one, sharing good practice and learning.</li> </ul>
<b>6. DELIVERABLES</b>	<ul style="list-style-type: none"> <li>• Work together to ensure all national guidance and process with workforce implications is supportive of the delivery of the transition in line with the core principles and intended approach.</li> <li>• Support a smooth transition and minimise disruption.</li> </ul>
<b>7. LINKS AND DEPENDENCIES</b>	This is a subgroup of the national SPF and reports to the SPF Wider Group and the SPF Strategic Group. Issues that cannot be resolved in

	<p>the TPG can be escalated to the NHS Chief People Officer; NHS Employers, Chief Executive; and the Head of Health at UNISON.</p> <p>The TPG links to following:</p> <ul style="list-style-type: none"> <li>• Regional SPFs</li> <li>• Regional People Boards</li> <li>• ICS People Boards</li> <li>• NHSE/I System Transformation Board</li> <li>• NHSE/I Executive</li> <li>• NHS England and NHS Improvement's Partnership Forum.</li> </ul>
<p><b>8. POTENTIAL RISKS</b></p>	<ul style="list-style-type: none"> <li>• Complexities involved in transferring people from multiple organisations with different terms and conditions of service and organisational cultures into the new ICS statutory organisation.</li> <li>• Co-creation is not achieved due to decisions being taken ahead of the meeting, or over-ridden after the meeting.</li> <li>• An evolutionary approach results in change happening at different speeds in different places resulting in a detrimental impact on certain groups of staff, for example the employment commitment is not being adhered to.</li> <li>• A national approach which is too rigid or just replicates past organisational change processes may hamper positive innovation in the development of the ICSs.</li> <li>• Conflicting roles of organisations/individuals impacted by change.</li> </ul>
<p><b>9. TIMING</b></p>	<ul style="list-style-type: none"> <li>• Frequency of meetings – 90 minutes fortnightly supported by detailed work off-line as required.</li> <li>• These Terms of Reference will be reviewed periodically.</li> </ul>