

Meeting Title	Board of Directors		
Date	20 January 2021	Agenda item	Bo.1.21.22

## NHS ENGLAND CONSULTATION ON THE FUTURE OF INTEGRATED CARE SYSTEMS

<b>Presented by</b>	John Holden, Director of Strategy		
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<b>Lead Director</b>	John Holden, Director of Strategy		
<b>Purpose of the paper</b>	To present the BTHFT response to the NHS England engagement on the future of integrated care		
<b>Key control</b>			
<b>Action required</b>	To note		
<b>Previously discussed at/ informed by</b>	The Engagement was discussed at the Executive Team Meeting on 21 December. Information about, and a draft response to the engagement was circulated to Board members.		
<b>Previously approved at:</b>	<b>Academy/Group</b>	<b>Date</b>	

### Key Options, Issues and Risks

NHS England published a document in November 2020 outlining proposals for legislative changes that:

- make Integrated Care Systems statutory bodies
- abolish Monitor, the Trust Development Authority, and NHS Improvement, with their remaining functions transferring to NHS England and
- change the way NHS services are commissioned and paid for, with the current CCG functions being absorbed into Integrated Care Systems and specialist commissioning functions transferring to ICSs from NHS England.

Attached to this cover paper are responses to this engagement exercise from Bradford Teaching Hospitals NHS Foundation Trust (Appendix 1), West Yorkshire and Harrogate Health and Care Partnership (Appendix 2), the West Yorkshire Association of Acute Trusts (Appendix 3), and the Bradford District and Craven Health and Care Partnership (Appendix 4). The Board is asked:

- to **note** the content of the paper and
- to **note** the text of the BTHFT response to the engagement. (Appendix 1)

### Analysis

NHS England launched an engagement exercise on its proposals to put Integrated Care Systems on a statutory footing, making them a formal part of the NHS infrastructure: <https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf>

The document outlines proposals for integrated care at all levels through place-based collaboration, provider collaboratives, under the auspices of an enhanced ICS.

We worked with our partners in West Yorkshire and Harrogate, in WYAAT and in Bradford District and Craven as they developed their responses to the consultation. Alongside this, it was felt that BTHFT should develop its own response to the consultation to ensure three areas were covered effectively – the involvement of acute trusts at Place, the involvement of patient voice in the commissioning process, and the inclusion of the voluntary sector at ICS level.

NHS England will take the responses to the engagement to inform the Health Bill, which is expected to be published in 2021 to come into effect in April 2022.

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Analysis of the implications of the proposals and the development of next steps is being carried out at all three levels across West Yorkshire and Harrogate to ensure at ICS, WYAAT and Place arrangements meet the requirements of the new legislation. This is particularly important as Place develops into an Integrated Care Partnership and as work programmes develop at all levels.

#### Recommendation

The Board is asked:

- to **note** the content of this paper, and
- to **note** the text of the final response to the engagement submitted on behalf of BTHFT.

#### Risk assessment

Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input type="checkbox"/>

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Performance Implications	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Regulation, Legislation and Compliance relevance</b>
<b>NHS Improvement: (please tick those that are relevant)</b> <input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
<b>Care Quality Commission Domain:</b> Choose an item.
<b>Care Quality Commission Fundamental Standard:</b> Choose an item.
<b>NHS Improvement Effective Use of Resources:</b> Choose an item.
<b>Other (please state):</b>

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>