



Updating our Strategic Partnering Agreement

Version 1 March 2021

(amended post SPA meeting 2nd March)



What is the SPA?

- The Strategic Partnering Agreement (SPA) is the document that describes the shared governance arrangements and approach to decision making, which we adhere to in the Bradford district and Craven Health and Care system.
- It is built on our existing ways of working together. It does not take away any statutory authority or responsibilities from Boards or Governing Bodies of the partner organisations
- We developed it through a collaborative process in 2018/19 and all our local organisations agreed it through their formal governance mechanisms in 2019.
- Since then we have been putting it into practice on a daily basis, learning along the way, as we have become more skilled at working together as a system.

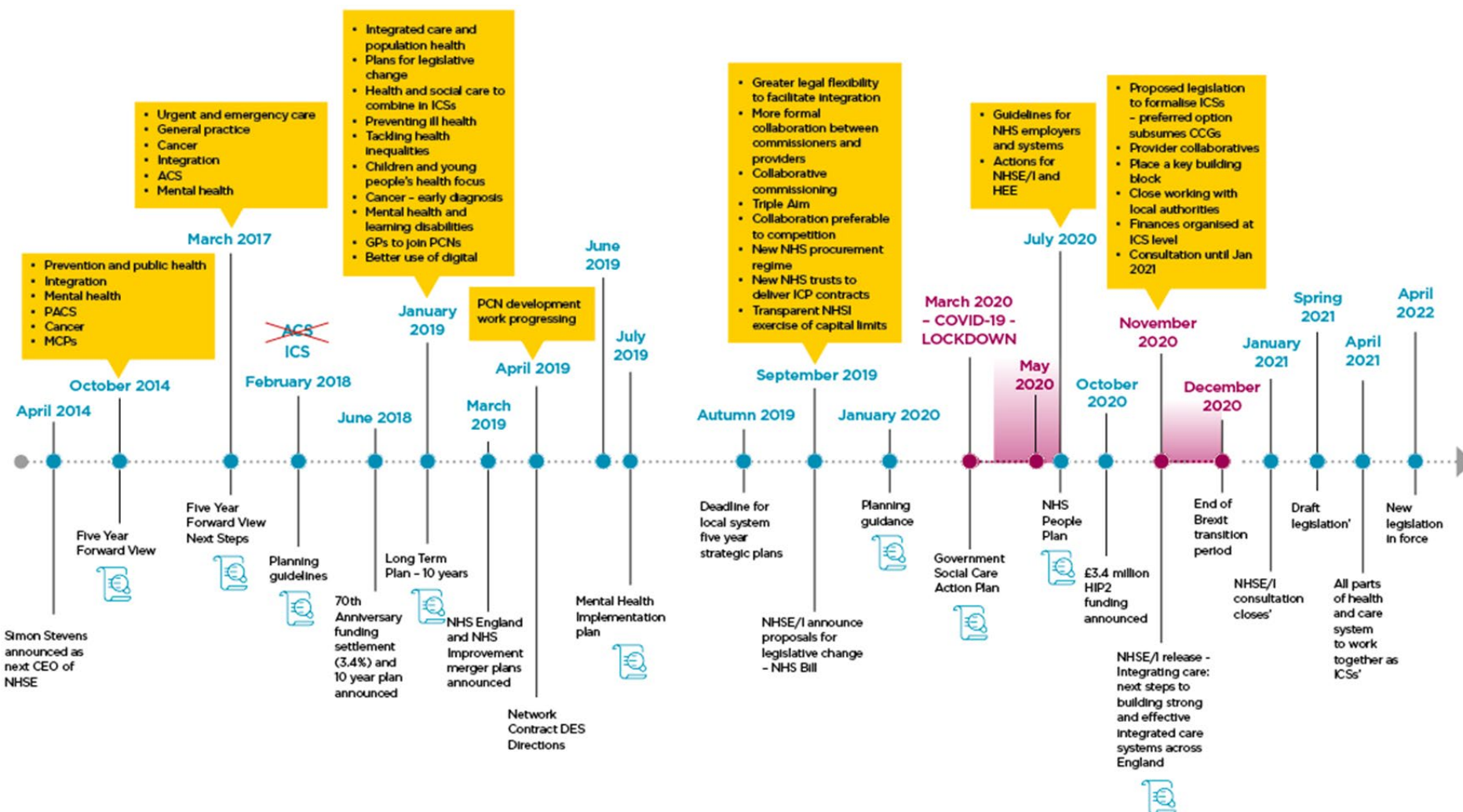


Key points of the current SPA

- **Leadership Principles**
- **Values and Behaviours**
- **Place-based governance and collaboration structure**
- **Starts with communities. Principle of subsidiarity.**
- **Commissioners and providers together – not separate**
- **Decision making (collective) & Decision taking (formal organisational processes to give effect to consensus)**
- **All CCG commissioning resource determined through this approach. Local Authority resource ‘in view’**



Consistent national policy direction





Evolution of our Partnership

- As national policy has evolved, so have our partnerships; both our place based health and care partnership, our 'ICP' (Integrated Care Partnership) and our ICS (the West Yorkshire Health and Care Partnership)
- In several ways we can see ourselves reflected in the DHSC White Paper (Jan '21) – our approach is influencing the future
- The Covid pandemic has tested our partnership and shown us that we are at our best when we Act As One. It has also shown us that we must focus more on tackling inequality for our citizens
- Our Act as One approach guides everything we do
- Our system working has matured. Led by the Executive Board, our system committees keep a balanced focus on Quality and Use of Resources. Our transformation programmes engage the whole system in driving the left shift towards prevention.
- **We now need to reflect all of this great progress in the SPA**



Arrangements for revision of SPA

- *“The process you use to get to the future is the future you get”*
Myron Rogers
- Work of reviewing and updating SPA undertaken by a working party drawn from across our partnership
- Regular reporting to Executive Board
- Engagement and connection to all other aspects of ICP development, and to system committees and groups
- Supported by Hill Dickinson LLP – helped formulate original SPA, and bring connectivity to other ICPs and national policy development

The SPA today

(updates as at March 2021)



In March 2021 the SPA has been updated to reflect the following:

Our Act as One approach	incorporated into the Vision and Objectives section
The future direction for ICSs and ICPs as set out in the recent White Paper and associated NHSEI guidance	incorporated into the opening narrative and in the Vision and Objectives section
Terms of reference for Exec Board, and all HCPBs	Incorporated latest versions into relevant schedules
Relationships between our ICP and the wider partnership context – e.g. Wellbeing Board and ICS	Incorporated into opening narrative and throughout
System Conflict of Interest Protocol	Incorporated into Schedules. No new changes but this protocol was agreed and implemented after the original SPA was signed
Information Governance and Sharing Protocol	Incorporated into Schedules. No new changes but this protocol was agreed after the original SPA was signed



The road ahead

- The White Paper anticipates implementation of changes to Integrated Care Systems and CCGs from April 2022, subject to Parliamentary process.
- It is also clear that there is no intention to specify in legislation the form of local place based Integrated Care Partnerships.
- Our intentions are:
 - ICP operating in shadow form by October 2021
 - ICP 'load bearing' by April 2022 (capable to taking responsibility for maximum delegation from ICS)
- Which means that by September 2021 the SPA must comprehensively address the way our ICP will operate

Our SPA work plan to September 2021



	Area for development	Proposed focus
1	Governance structures	<p>Development of the current governance groups across Bradford District and Craven to include:</p> <ol style="list-style-type: none"> 1) the possible introduction of Statutory Joint Committee structures 2) further use of Section 75 Agreements with the Local Authority for joint commissioning and also for joint provision 3) consideration of how to extend the ability for the parties to take decisions / allocate resources through decisions in the group meetings 4) consideration of how the funding and staff for the infrastructure and maintenance of the ICP functions would work 5) review of the membership of the various groups and status of the respective members (influenced by what is set in the legislation) 6) consider necessary revisions to existing governance structures to reflect the new roles and requirements under the proposed legislation. For example: <ol style="list-style-type: none"> o will the SJC replace EB o where will clinical leadership feature (clinical forum, CAB, alternative)) o how will the Health and Wellbeing Board operate within the governance structure o how will ICP representation at ICS level be determined o how will non-executives be represented in the ICP structures <ol style="list-style-type: none"> 1) Oversight arrangements – consider how this could operate for the ICP whether via the Health and Wellbeing Board or other arrangements 2) Dispute resolution at ICP level and how and when you would refer this to ICS or to other bodies for resolution
2	Scheme of delegation	As part of the governance structures for the interim period and into 2022 consider the current scheme of delegation to the representatives in the SPA groups (including finance and HCPBs and even at a programme level) and whether this needs to be clarified and extended to deliver the desired development of joint decision making.
3	Services	<p>Consider what is to be included under the SPA and to be the focus of the work across the Parties (this will be linked to the SPA membership and what is ultimately set out in the legislation). Identify priority areas for testing of the approach in this period that will be able to demonstrate results prior to April 2022 where possible.</p> <p>This could also include an update of the list of budgets in scope for the SPA. It would be linked with any pooled or aligned funds between the CCG and LA.</p>
4	Workforce/ HR	<p>Considering development of a more integrated workforce model with clear principles for the ICP to govern the following:</p> <ol style="list-style-type: none"> 1) a more robust structure around the workforce in the SPA to facilitate co-working, sharing of resource, multi-disciplinary teams, efficiencies in back office HR etc. 2) Consider how the collective workforce employed by the Parties will be enabled to Act as One (e.g. to work collaboratively, to rearrange service provision without needing to TUPE people between organisations). In the same way that it is expected that money will move between parts of the ICP, develop a clear way for people to do the same where necessary
5	Shared functions across ICP	Identifying functions which could be more integrated, shared and managed by the ICP across place (e.g. BI, safeguarding, quality)

Our SPA work plan to September 2020 continued



	Area for development	Proposed focus
6	Financial flows	<p>Consider how the financial flow and allocation mechanism will work across the ICP and how representations will be made to the ICS on finance.</p> <p>Clear financial principles have been developed and will need to be tested against the initial priority areas where possible and link into the governance and delegation work described above.</p>
7	Contracting	<p>Develop a clear contracting model from the ICP to provider parties. Link this to the development of the finance, governance and delegation processes at ICP and discussions with the ICS in terms of the proposed model of delegation.</p> <p>Anticipating that the ICS will have some form of delegation agreement (or ICP Population Health Contract) with the ICP at place and that there will need to be continuing arrangements from the ICP host to the providers themselves.</p> <p>Identify the elements which will be picked up at ICS level and work through how the ICP based arrangements should operate from April 2022.</p>
8	Quality principles	<p>Consider the quality principles for the ICP and bring the process for consideration of quality into line with finance for a linked process when making/taking decisions.</p>
9	Exclusion/inclusion of members	<p>Consideration of the stakeholders at the ICP – and into the provider alliance approach.</p> <p>Are there different stakeholders who should be involved and consider which level they could engage with the ICP and SPA. For example there could be an associate tier of membership for organisations with limited engagement with the ICP.</p> <p>Review the current SPA mechanism and consider if needs repurposing for the future intent of the ICP.</p>



Action now and next

- March 19th ICP Engagement Event is an opportunity to hear more about changes to ICSs and ICPs, and to help shape the development of the Bradford District and Craven ICP.
 - ACTION: make sure all partners are appropriately represented
- In April partner organisations will be asked to consider the approval of the March iteration of the SPA through their Board or equivalent governance arrangements.
 - ACTION: Board readiness for consideration of SPA
- Between March and September the pace of work on the SPA and ICP development will accelerate. Critical that all partners engage in development of components to be updated by September. Coordinated through your reps on the SPA group.
 - ACTION: Check have appropriate connectivity and address gaps
- From October partner organisations will be asked to consider the approval of the SPA for our ICP arrangements, through their Board or equivalent governance arrangements.
 - ACTION: Board readiness for consideration of ICP SPA