

<b>Meeting Title</b>	<b>Council of Governors</b>		
<b>Date</b>	<b>21 October 2021</b>	<b>Agenda item</b>	<b>CGo.10.21.11</b>

## Update on Integrated Care System and Place Developments

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<b>Governance responsibility</b>	Council of Governors		
<b>Purpose of the paper</b>	To provide an update on the developments associated with the Integrated Care System and Bradford District and Craven Place, in line with the proposals set out in the Health & Care Bill		
<b>Action required</b>	To note		
<b>Previously discussed at/informed by</b>	N/A		
<b>Previously approved at:</b>	<b>Committee/Group</b>	<b>Date</b>	

### Situation and Background

The Health and Care Bill, published on 6 July, proposes that Integrated Care Systems (ICSs) are formally established as statutory bodies from 1 April 2022. This will mean that Clinical Commissioning Groups (CCGs) will be abolished with effect from 31 March 2022 and the majority of their functions will be delivered through these new statutory bodies. ICSs will comprise an Integrated Care Partnership (ICP) and an Integrated Care Board (ICB). It is anticipated that place based working will remain critical in the future and many of the ICS functions will be discharged through place based partnerships. Locally, we will have a West Yorkshire ICS with five separate places, mirroring the current CCG footprints.

### **Integrated Care System Developments (West Yorkshire)**

The ICB will be directly accountable for NHS spend and performance within the system. As a minimum, the ICB board must include a chair and 2 non executives, the ICB Chief Executive and clinical and professional leaders, and representatives from NHS trusts, primary care and local authorities. Others may be determined locally. Proposals for the membership of our ICB are currently being considered, and are expected to go beyond the minimum requirements of the Bill, reflecting the importance of place and inclusion of VCSE sector and citizen perspectives.

The Integrated Care Partnership (ICP) will be a wider group than the ICB and will develop an integrated care strategy to address the health, social care and public health needs of the system. The membership and detailed functions of the ICP will be for each ICS to decide. Place-based arrangements between local authorities, the NHS and providers of health and care will be left to local areas to arrange. The statutory ICB will work to support places to integrate services and improve outcomes. Health and Wellbeing Boards will continue to have an important role in local places. NHS provider organisations will remain separate statutory bodies and retain their current structures and governance, but will be expected to work collaboratively with partners.

High level ICS timelines include:

By the end of September 2021:

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- Carry out the agreed national recruitment and selection processes for the ICS NHS body chair and chief executive.
- Draft proposed ICS operating model and governance arrangements, in line with the NHS England and NHS Improvement model constitution and guidance.
- Begin due diligence planning.

By the end of December 2021:

- Confirm designate appointments to ICS NHS body finance director, medical director and director of nursing roles and other board and senior level roles
- ICS NHS bodies and ICS Partnerships to be ready to operate in shadow form.
- Engagement on local ICS Constitution and governance arrangements for ICS NHS body and ICS Partnership.

By the end of March 2022:

- Confirm designate appointments to any remaining senior ICS roles.
- Complete due diligence and preparations for staff and property (assets and liabilities, including contracts).
- Submit the ICS constitution for approval and agree the 2022/23 ICS MoU with NHS England and NHS Improvement.

From 1 April 2022:

- Establish new ICS NHS body; with staff and property (assets and liabilities) transferred and boards in place.

### **Place Developments (Bradford District & Craven)**

Within Bradford District and Craven the Wellbeing Board sets the overall direction, and coordinates action between each of our strategic partnerships to maximise our impact on all the factors that influence our social, economic, and environmental wellbeing. The Health and Care Executive Board leads the coordinated planning and delivery of our local health and care system, via our Bradford District and Craven Health and Care Partnership. Our Bradford District and Craven Health and Care Partnership arrangements already include:

- shared system committees focused on quality, and finance and performance
- a clinical forum ensuring clinical and professional views are heard, and clinical leadership is embedded in all parts of our partnership
- coordinated action on the critical enabling functions of our health and care system – our workforce, our use of technology, data, and our physical estate.
- priority change programmes addressing access to care, mental health, childrens health and wellbeing and the illnesses which have the greatest impacts on the lives of people in our District.

Our current partnership arrangements are underpinned by the Strategic Partnering Agreement (SPA), which documents the way we work together, how we reach decisions collectively, and confirms our shared ambition. The SPA was most recently reviewed and agreed via each organisation's formal decision making arrangements in Spring 2021. It was presented to the BTHFT Board on 20 May 2021.

This Autumn, the SPA will be updated again to reflect the proposed partnership governance and decision making arrangements, ensuring alignment with the constitution of the West Yorkshire Integrated Care Board (ICB), and preparing for the anticipated changes in

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responsibility from the CCG to the ICB.

### Leadership

Each place based partnership must have arrangements which provide strategic leadership of place and ensure clear and aligned leadership and line management of place-based staff. The Executive Board reached a unanimous view that Mel Pickup would be put forward as Place Leader. The Reference Group of Trust Chairs and Elected Members has also endorsed this recommendation. The formal appointment of Mel as our place based lead is subject to further process undertaken with the ICB, and will follow the appointment process for the ICB chief executive.

### Governance

Our proposed governance arrangements will be built upon the existing, strong, place based health and care partnership arrangements. There will be a need to develop these further to enable decisions to be formally taken at place. The Health and Care Bill and related guidance sets out a number of legal options for the formation of such place based partnership boards. Governance staff from partner organisations (including BTHFT's Associate Director of Corporate Governance), supported by professional legal advisors have evaluated the options and agreed with the Executive Board that the best way to establish the local Health and Care Board in readiness for April 2022 will be as a Committee of the Integrated Care Board. This is an initial proposal, which can be established relatively easily, but does not preclude the further development of the legal form for the partnership board, if required, over the next few years, for example, to create a joint committee of local statutory bodies. It is noted that the assessment of relative benefits of each of the governance options is based upon the current draft of the Health and Care Bill, and this may of course be revised as a result of Parliamentary process, prior to being enacted as legislation.

The preferred option offers the following advantages:

- Ability to include a range of non-statutory partners as board members. Supporting our aim to retain a broad partnership and to increase participation in decision making.
- Ability to include in scope of the Board, any element of the responsibilities of the ICB which relate to Bradford District and Craven, including primary care. (All subject to agreement with the ICB).
- Easier and faster to establish than a joint committee.

### Programme delivery arrangements

A Programme Board meets every two weeks and reports regularly to the Health and Care Executive Board. Work is underway through workstreams to take forward the key elements of partnership development. These are: Assurance; Citizen engagement; Clinical and professional leadership; Collaborative commissioning; Communications and engagement; Digital and data; Governance; Inequalities alliance; Leadership and behaviours; Operational and financial planning; Quality and performance; and Vision and strategy.

In addition to these areas a separate programme has been established to oversee the CCG transition. This programme will oversee the close down of the CCG and the safe transition of staff and functions to the ICS.

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Both the CCG transition and place based partnership programmes work closely with parallel streams of activity which are planning and implementing new ways of working for the West Yorkshire ICS. Work is also being undertaken with each of the other places in West Yorkshire as they develop their own local partnership arrangements. To assist each of us in creating compatible and high quality partnership arrangements, we are using a shared Partnership Development Framework to guide our development plans, and allow us to focus attention as required on specific aspects of our partnership. It is anticipated that the first meeting of the place-based Health and Care Partnership Board in 'shadow form' will take place in November, in preparation for new statutory arrangements from April 2022.

#### Recommendation

The Council of Governors is asked to **note** the content of this paper.