City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Health and Care Executive Board to the meeting of Bradford District Wellbeing Board be held on 12th January 2021

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Subject:

Integrating Care: proposed changes to Integrated Care Systems and place-based Integrated Care Partnerships

Summary statement:

The NHS England/ Improvement engagement paper 'Integrating Care' proposes significant change for both regional 'Integrated Care Systems' (ICS) and local place based partnerships for health and care 'Integrated Care Partnerships' (ICP).

This report sets out the main opportunities and challenges, and clarifies how this agenda will be handled within our local place based partnership for health and care.

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Portfolio:

Healthy People and Place

Overview & Scrutiny Area:

Health and Social care

1. SUMMARY

This paper from our Health and Care Executive Board relates to changes to the local and West Yorkshire partnership context, which arise following the publication by NHS England/ Improvement of an engagement paper Integrating Care which proposes significant change for both regional 'Integrated Care Systems' (ICS) and local place based partnerships for health and care 'Integrated Care Partnerships' (ICP).

The report 'Integrating Care: Next steps to building strong and effective integrated care systems across England' was published at the end of November and is the latest in a series of evolving national NHS policy documents, arising from the NHS Long Term Plan published in 2018. It suggests a number of changes, several of which will require legislative change. That will be a matter for Parliament, and so the NHSEI paper takes the form of an engagement exercise, seeking responses by 8th January 2021, to inform a new NHS Bill which was included in the most recent Queen's Speech. A number of policy changes requiring action are set out with a timetable which includes key milestones at April 2021 and April 2022.

The general direction of health and care partnerships as described in the NHSE/I paper is informed by and is supportive of, the approach which has been taken in Bradford District and Craven, and across West Yorkshire. We are well placed to respond, and we can see this as an opportunity to accelerate our existing direction of travel.

However, some of the changes are significant and will require careful navigation. The headline changes described in the paper are:

- To establish Integrated Care Systems (ICS) such as the West Yorkshire and Harrogate Health and Care Partnership as a new form of NHS organisation defined in law. Or alternatively to strengthen current arrangements via joint committees.
- To transfer the commissioning responsibilities of CCGs to the new ICS organisations, and to abolish CCGs. Or alternatively to create one CCG for the ICS footprint, with revised governance arrangements.
- To clarify the role of place based partnerships (ICPs) with ICSs, including making provision for delegation of budgets and decision making from ICSs to ICPs.

2. Introduction

The NHS England / NHS Improvement paper sets out the direction of travel for integrated care systems and proposed options for legislative change to support this. Much of the vision set fits well with the approach we take in our local health and care partnership and in the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP)

There is a strong emphasis on provider collaboration, the role of partnership working at place level and close partnerships between NHS, local authorities, and the VCSE sector.

Over several years we have worked together to build a way of working that keeps the focus in the right place: people, inequalities, outcomes. This delivered significant improvements for people who live and work here.

Without this partnership approach to our work, we would not be able to tackle the wider determinants of health which have a significant impact on the health and wellbeing of our population. In particular how we work with NHS, councils, VCSE to support people locally is an important component of how we tackle health inequalities

The changes are an evolution of our ways of working rather than a change of direction.

3. Key themes

The NHSE/I document contains several themes; within which we have good existing progress that we can build upon:

- **Provider collaboratives**: Across West Yorkshire and in the Bradford District and Craven place. For example, the West Yorkshire Association of Acute Trusts, and the Mental Health and Learning Disabilities Provider Alliance. Locally we have arrangements including the Bradford Care Association grouping of care providers, a mental health provider alliance, and collaboration between community and primary care providers.

- **Place based partnership working with a broad population health focus**: Our Wellbeing Board convenes all our local partnerships to collectively improve all aspects of wellbeing. This includes our Health and care system, which has a well-established Integrated Care Partnership (ICP) led by the Executive Board; and delivered through every part of our health and care system Acting as One.

- **Clinical and professional leadership**: for example, Clinical Forum, Stroke, Vascular, and Cancer Networks. Locally we have a shared system Quality Committee and Clinical Forum, and a growing cadre of clinical leaders in Primary Care Networks.

- **Governance and accountability**: for example, our West Yorkshire partnership has a comprehensive Memorandum of Understanding signed by all partners; and is able to undertake shared decision making via a Partnership Board which meets in public, and a number of Joint Committees and Committees in Common. In Bradford District and Craven we have a Strategic Partnering Agreement that sets out our shared decision making arrangements, and our governance includes the Executive Board and a system Finance and Performance Committee.

    - **How commissioning will change**. We have well developed joint commissioning arrangements between CCGs across the West Yorkshire footprint, and collaborative commissioning arrangements between local government and NHS locally. In addition, the Commissioning Futures programme is already shaping ways in which collaboration can be further strengthened.

4. Place based partnerships

The NHSE/I document sets out expectations for each local Integrated Care Partnership, such as ours led by the Executive Board, which serves Bradford District and Craven.

The offer to the population of each Place should be to ensure that everyone is able to:

- access clear advice on staying well;
- access a range of preventative services;
- access simple, joined-up care and treatment when they need it;
- access digital services (with non-digital alternatives) that put the citizen at the heart of their own care;
- access proactive support to keep as well as possible, where they are vulnerable or at high risk; and to
- expect the NHS, through its employment, training, procurement and volunteering activities, and as a major estate owner to play a full part in social and economic development and environmental sustainability.

This offer should be **provided through place based partnerships**, which will typically have these features:

- Full involvement of all partners who contribute to the place's health and care;
- an important role for local councils (often through joint appointments or shared budgets);
- a leading role for clinical primary care leaders through primary care networks; and
- a clear, strategic relationship with health and wellbeing boards

Place based partnerships will have **four main roles**:

- to support and develop primary care networks (PCNs)
- to simplify, modernise and join up health and care
- to understand and identify (using Population Health Management) people and families at risk of being left behind and to organise proactive support for them; and
- to coordinate the local contribution to health, social and economic development to prevent future risks to ill-health

Place based partnerships will take on **delegated authority and budgets** from the Integrated Care System. *"Systems should ensure that each place has appropriate resources, autonomy and decision-making capabilities to discharge these roles effectively, within a clear but flexible accountability framework that enables collaboration around funding and financial accountability, commissioning and risk management. This could include places taking on delegated budgets"*

In our Bradford District and Craven health and care system we have a well-established Integrated Care Partnership (ICP). Our existing Exec Board and SPA will be our starting point. Delivering our 'ICP Development Plan' will be a critical priority for us over the next 18 months. We have commenced a diagnostic process to understand our development needs and will refine the plan in conjunction with all local partners and with our ICS, so that we can deliver the benefits of these changes for our population.

Our ICP development plan must ensure we focus on relationships as well as governance architecture and organisational structures. Crucially we must focus on the behaviours of partnership that have served us well so far and will continue to be the bed-rock upon which our ICP is built. Our Act as One approach has taken root across our system and will be our guiding principle.

5. Two legislative options for strengthening ICS'

We currently operate in line with the 2012 Health and Social Care Act. Over the last eight years of working within this legislative framework, partners have found that the emphasis on competition and the range of regulatory and accountability arrangements sometimes makes it more difficult for organisations to work closely together to integrate services. Integrated Care Systems do not feature at all in the 2012 Act.

Two main legislative options are proposed by NHSE/I for putting ICSs on a fuller statutory footing:

Option 1: Establishing an ICS board through a joint committee mechanism to allow commissioners providers and local authorities to take decisions collectively

Option 2: Establishing a statutory ICS body that brings in the current functions of CCGs

Under both options the aim is that a new system would be in place by April 2022, although there is an expectation that significant movement would be made towards them before that. Both of these options will mean changes for the way we all work, and for CCG teams, a change in the organisation that employs them.

NHSE/I is engaging on these options and we are developing responses as individual organisations, as a local place based partnership, and as an ICS as a whole.

6. Consistent priorities

As we consider our response to this engagement exercise, and continue to develop our ICP, it is important that we remain focused on our shared purpose and addressing the needs of our population. We will maintain our attention on:

- How does this set of changes deliver our Five Year Plan?
- How does this set of changes help cement our contribution to economic recovery?
- How does this set of changes accelerate progress on the areas where we still need to do more?

- How does this set of changes ensure we can deliver a recovery from the worst Pandemic for decades?
- How do we keep people, and their health and wellbeing at the centre of what we do (i.e. don't become distracted by structures)?
- How do we maintain our ethos of partnership and distributed leadership as the ICS moves to a statutory footing?

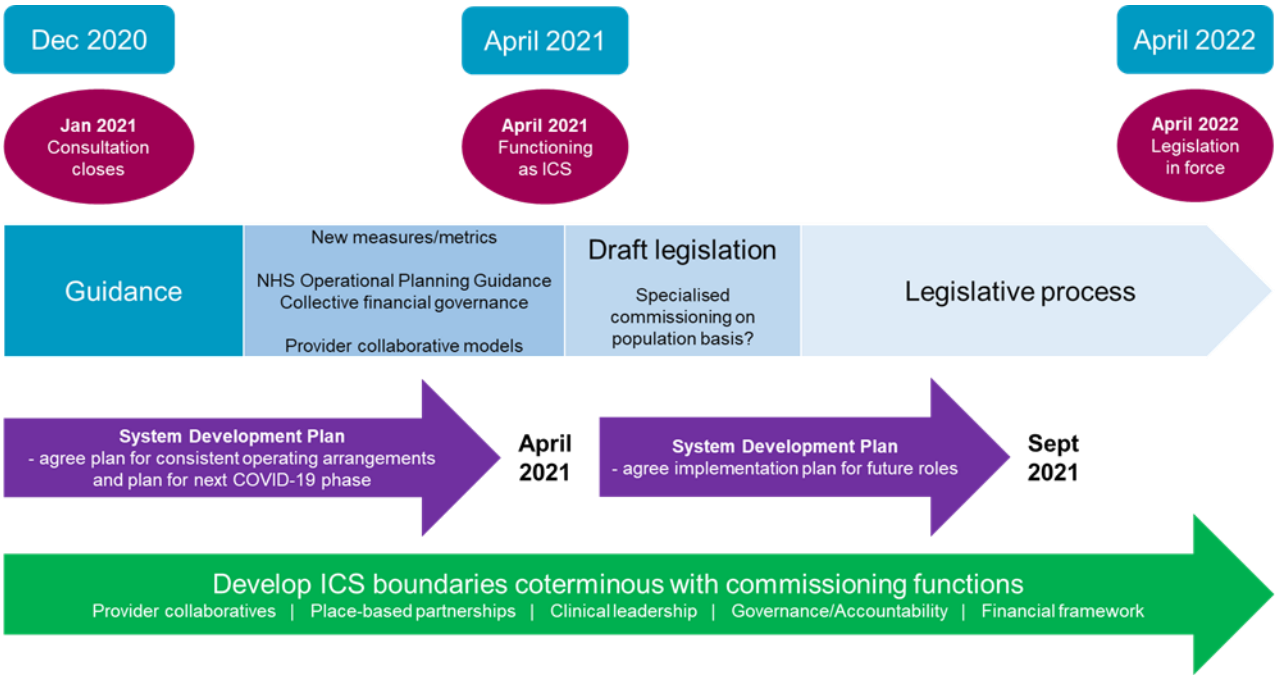
7. Risks and opportunities

In considering our response to this engagement, we are mindful that the general direction of travel is informed by and is supportive of, the approach which has been taken in Bradford District and Craven, and across West Yorkshire and Harrogate. We are well placed to respond, and we can see this as an opportunity to accelerate progress for our population. However, as with any major change, there will be risks which will require careful consideration and management. Some of the key factors to consider are:

- Changes to organisational form may be necessary in light of legislative changes. This will cause some uncertainty and anxiety for our teams. Our people are an essential and valued part of our Partnership. We will work with our partners across West Yorkshire and Harrogate to ensure our approach to managing this period of change is values-led and staff are supported.
- We recognise the key role that CCGs currently play in enabling place based partnerships. We will need to take great care to ensure that this key continuation to place based working is retained through relationships, people and skills; embedded in the Bradford District and Craven ICP.
- We will need to ensure that citizens retain clarity and assurance over the accountability of all parts of their health and care system. There is a risk that the ICS may feel more distant than their current CCG. It will be crucial that commissioners of health services remain present in local accountability structures such as Health and Wellbeing Boards.
- It is important to note that ICSs are more than the foundation for NHS delivery. They are key partnerships for improving health and wellbeing, and reducing inequalities.
- Each ICS will need to carefully navigate the paradox of being both a partnership and organisation in one. Being an NHS organisation, but recognising the need for shared ownership with wider range of partners – LAs VCS etc. Our experience in West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) has been that a good balance has been struck between ICS being seen as a vehicle to drive NHS delivery and a recognition that the goals we seek to achieve can only be attained by genuine partnership. Will need to manage that balance carefully as the ICS is formalised as an NHS organisation.

- The engagement document recognises that Health and Wellbeing Boards play a crucial role in place based partnerships, in joint commissioning for health and care, and in convening action on the wider determinants of health. The shift towards collaboration across the whole ICS footprint will require a clarification and evolution of the HWB role. We recognise that our own WY&H HCP has made strenuous efforts to work effectively with local health and wellbeing boards and we have confidence that this will continue to be the case. Further details on the intended arrangements for place based partnerships are anticipated. This will be helpful. We believe that ICSs will be strengthened by focusing on ensuring the effectiveness and connectivity of place based partnerships.
- The default arrangement proposed is for much NHS responsibility to be vested in ICS', with delegation to place based ICPs by agreement. Therefore, we must determine our collective place based ambition, and readiness to exercise autonomy. This will include accountability and assurance arrangements, breadth of scope, and participation.
- Health and Wellbeing Board arrangements will typically be part of the route to place based accountability and assurance. However, in our ICP there are two Health and Wellbeing Boards (Bradford and North Yorkshire) and our Bradford District Wellbeing Board has a broader remit and membership. This will require attention to develop the right arrangement for our circumstances.
- There is a welcome focus on prevention and early help, and a related requirement to clarify the role of Public Health within local ICP arrangements. This will be an area where we have an opportunity to increase our impact for our population.
- Subsidiarity is a key principle in the NHSEI proposal. This applies within places as well as between ICSs and ICPs. A clear locality/ neighbourhood model is required. NHS policy makes clear the role of Primary Care Networks (PCNs) in this regard. Locally we have several locality/ neighbourhood models in operation. The alignment/ integration of them will be an essential requirement.
- Changes to procurement regulations are suggested in the NHSEI paper, which would result in NHS procurement operating on a different basis to local government. We will develop practical arrangements for our ICP which ensure the intended policy direction towards prevention and early help is supported, and to ensure a partnership and strategy-led approach, rather than transactional and process-led approach.

8. Timelines



Date	Action
Dec 2020	Guidance released
8 January 2021	Consultation closes
2021	Introduction of new measures and metrics to support more system and place level metrics, including an 'integration index' for use by all systems
Early 2021	NHSE/I to set out further guidance about potential models for provider collaboratives
Early 2021	NHS Operational Planning Guidance will provide further guidance on proposed measures including how ICSs will be supported to begin operating more collective financial governance in 2021/22
Before April 2021	ICSs to agree with region the functions and activities to be prioritised Each system to have worked on System Development Plan to agree how to continue to meet current consistent operating arrangements for ICSs, and planning for next COVID-19 phase
From April 2021	All parts of health and care system to work together as integrated care systems
April 2021	Consideration of allocating specialised commissioning budgets on a population basis at regional level from April 2021
By September 2021	Each system to have worked on System Development Plan to agree implementation plans for future roles
Before April 2022	Need consistent ICS boundaries coterminous with commissioning functions
April 2022	New legislation to take effect
April 2022	• Practical changes needed by April 2022 at the latest (each described in more detail in the document) • Provider collaboratives • Place-based partnerships • Clinical and professional leadership • Governance and accountability • Financial framework

Diagram and table above courtesy of Hill Dickinson solicitors

9. FINANCIAL & RESOURCE APPRAISAL

At this stage the paper has no direct financial or resource implications. However, there will be significant resource implications for our health and care partnership as the work progresses.

10. RISK MANAGEMENT AND GOVERNANCE ISSUES

Initial risks and opportunities are set out at section 7 above.

11. LEGAL APPRAISAL

At this stage the paper has no immediate legal implications. However, there is potential for legal implications associated with partnership governance and commissioning in the future.

12 EQUALITY & DIVERSITY

As proposals are developed, there will be potential to shape them in order to positively impact on equality and diversity for our population. Equality Impact Assessments will be undertaken, and alignment with Equality objectives will be considered.

13 SUSTAINABILITY IMPLICATIONS

The national policy paper which is the subject of this report, contains a clear expectation that the local population should “expect the NHS, through its employment, training, procurement and volunteering activities, and as a major estate owner to play a full part in social and economic development and environmental sustainability”. As this work develops, there will be opportunities to shape our plans so that they positively impact on sustainability for our population now and for future generations.

14. NOT FOR PUBLICATION DOCUMENTS

None

15. RECOMMENDATIONS

The views of the Wellbeing Board on the issues set out in this report are requested.