City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Strategic Director Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 23 September 2021

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Subject: Integrated health and care partnership arrangements for Bradford District and Craven

Summary statement:

This paper sets out a high level overview of the plans for the evolution of our integrated health and care partnership arrangements in Bradford District and Craven, and across the West Yorkshire and Harrogate Health and Care Partnership. These changes address the requirements of the Government's Health and Care Bill 2021.

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Portfolio:

Healthy People and Places

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

This paper sets out a high level overview of the plans for the evolution of our integrated health and care partnership arrangements in Bradford District and Craven, and across the West Yorkshire and Harrogate Health and Care Partnership. While these changes address the requirements of the Government's Health and Care Bill 2021, it is important to note that this is an evolution of existing, strong and well established local partnership arrangements.

The Health and Care Bill 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. The ICS will also take on some of the functions currently undertaken by NHS England and NHS Improvement (NHSE/I).

ICSs will be comprised of an Integrated Care Partnership and an Integrated Care Board. 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.

National guidance is intentionally permissive, although there are an increasing number of specific requirements relating to the formation of the ICS, in the Bill and associated NHS guidance. There are fewer specific requirements for place based health and care partnerships. Therefore, each local partnership, in conjunction with the ICS, will determine the optimum local partnership arrangements. This paper provides an overview of the work being done locally.

2. NATIONAL AND REGIONAL DEVELOPMENTS

The Health and Care Bill, published on 6th July, reflects much of how we work in West Yorkshire & Harrogate Health and Care Partnership (WYHHCP), as set out in our Partnership Memorandum of Understanding (MoU). It recognises that collaborative working produces better health and wellbeing outcomes and a more effective approach to reducing health inequalities. We already have a mature partnership that has demonstrated its strength in our collaborative response to COVID. Health and Wellbeing Boards and the Partnership Board set strategic direction.

We have strong place arrangements, mature provider collaboratives and inclusive and transparent system leadership. We start from the basis that our existing arrangements are fundamentally sound and that we will align with what the legislation and statutory guidance requires, rather than be driven by it.

Within Bradford District and Craven we see these changes as a positive reinforcement to the way we have been working, most recently captured through our Act As One approach. A statutory ICS will be made up of a statutory NHS body – the Integrated Care Board(ICB) and a statutory joint committee - the Integrated Care Partnership (ICP) - bringing together the NHS, Local Government and partners. ICSs will be able to delegate significantly to place partnerships and to provider collaboratives.

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.

A duty to co-operate will be introduced to promote collaboration across the healthcare, public health and social care system. ICSs, NHS England and NHS providers will be required to have regard to the 'Triple Aim' of better health and wellbeing for everyone, better care for all people, and sustainable use of NHS resources.

The Integrated Care Board will take on the statutory functions from CCGs when they are abolished at the end of March 2022. They will be responsible for strategic planning, commissioning functions and be directly accountable for NHS spend and performance within the system, with its chief executive becoming the accounting officer for NHS money allocated to the NHS ICS body. The Board will be responsible for developing a plan to meet the health needs of the population within their defined geography, developing a capital plan for NHS providers within their health geography and securing the provision of health services to meet the needs of the system population.

As referenced above, under the legislative changes, CCGs will be abolished at the end of March 2022 and their functions transferred to the ICS. From April 2022, staff employed by the CCG will be employed by the ICS. This employment arrangement does not change the commitment that the majority of our Bradford District and Craven CCG staff will remain embedded in the local place based partnership.

High level ICS timelines include:

By the end of September 2021:

- 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 April 1st 2022:

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

A diagram of the draft proposed ICS governance arrangements is shown at Appendix C

Locally, as based on our current WYHHCP arrangements, subsidiarity will continue to be very important, with places continuing to take a major role in our partnership approach. The next section of the report sets out our approach to the further development of our place based partnership for Bradford District and Craven.

3. BRADFORD DISTRICT AND CRAVEN DEVELOPMENTS

Within Bradford District and Craven we have well established health and care partnership arrangements. 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 is one of our strategic partnerships and 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.

A diagram of our existing partnership arrangements is shown at Appendix A

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 March 2021.

This Autumn, we will update the SPA 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 responsibility from the CCG to the ICB.

Our Partnership has long been an inclusive one, with direct participation in decision making groups by the voluntary, community, and social enterprise sector, the independent care sector, primary care, alongside large NHS and local government organisations. As we continue to develop our partnership, we are committed to ensuring we retain this breadth, and add to it, particularly to strengthen the voice of people who use health and care services. Our approach to this will be to connect with existing arrangements for public voice and participation, and to pay particular attention to diversity and inclusion.

It is also important that decision making in our partnership is open and transparent. We will ensure that meetings of the board of our local health and care partnership are held in public, and we will develop ways of working such as publishing papers in advance and potentially allowing public questions. All our BDCHCP decision making will of course continue to work with local Overview and Scrutiny Committee arrangements as we do now. This is in addition to any Joint Overview and Scrutiny arrangements which local authorities enter into with regards to the West Yorkshire ICS.

Since the publication of The white paper *Integration and Innovation: working together to improve health and social care for all* and the legislation, which will establish ICSs into statute, the ICS core team has ensured a route of engagement through the JHOSC at West Yorkshire and Harrogate. To date JHOSC has received updates at two public meetings and one developmental meeting. This has enabled elected members to be updated on, understand and scrutinise the White paper and the actions taken by the West Yorkshire and Harrogate Health and care Partnership to develop the future operating model.

The majority of decision making for Bradford District and Craven will be retained locally, with only those matters which we agree to be best discharged once for West Yorkshire being agreed by the ICB, in line with the subsidiarity principle which has underpinned the success of our ICS since its inception. To achieve this, we must demonstrate effective leadership, and governance arrangements for our Bradford District and Craven Health and Care Partnership.

Our proposed leadership arrangements are based upon the principles of distributed leadership as set out in our SPA. 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. Place based leadership arrangements need clear accountability and must offer transparency and management of conflicts of interest. Within Bradford District and Craven Health and Care Partnership we have chosen to appoint a Health and Care Lead for place who will not be employed full time by the ICS, but is employed by one of our local partner organisations. This is in line with our approach to place based leadership for the past three years, with the chief executives of all three local Foundation Trusts already having taken on additional system leadership responsibilities. We believe this approach offers the greatest fidelity to the principles of distributed leadership, with all members of the team taking collective responsibility, and putting the needs of the population of Bradford District and Craven first, above organisational interests.

The Executive Board reached a unanimous view that Mel Pickup, Chief Executive of

Bradford Teaching Hospitals NHS FT would be put forward as Place Leader. Our Partnership is explicit that this is a personal leadership position and not part of the Chief Executive of BTHFT role; and that the role is one of 'system convenor' and does not have direct authority or accountability for the individual organisations in place. Our 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.

We are currently clarifying the system leadership roles of the other members of the Executive Board, and the supporting arrangements to ensure that all executives are able to deliver on their system leadership responsibilities, and that the BDC focused team whose employment will be held by the ICB have clarity of their leadership and line management arrangements. We are also establishing formal reviews over the next two years, to ensure we have the opportunity to improve our place based leadership and delivery arrangements as we learn through implementation.

Our proposed governance arrangements will be built upon the existing, strong, place based health and care partnership arrangements, as set out earlier in this paper. There will be a need to develop these further to enable decisions to be formally taken at place, following the end of the CCGs.

The Health and Care Bill and related guidance sets out a number of legal options for the formation of such place based partnership boards. Our governance teams, supported by professional legal advisors have evaluated the options and agreed with the Executive Board that the best way to establish our 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.

All the potential options would retain close links to the Wellbeing Board, and the Health and Care Bill makes provision to ensure that the plans of the ICB and any place based partnerships within it, are responsive to the needs of local people as indicated by the Joint Strategic Needs Assessment and joint strategies, such as our District Plan in Bradford District. The Bill also provides for annual reports on delivery to be made to the Wellbeing Board, and annual review by NHS England.

Our partnership also includes Craven District Council and North Yorkshire County Council.

We are mindful of the process of local government reform which is underway in North Yorkshire, and we will continue to work with colleagues from Craven and North Yorkshire to ensure continued participation and connectivity to local government decision making, including the North Yorkshire Health and Wellbeing Board.

Programme delivery arrangements have been established to support the leadership and governance as set out above. We have a Programme Board which meets every two weeks and reports regularly to our Executive Board. Work is underway through work streams to take forward the key elements of our 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. The CCG transition programme works closely with the partnership development programme, including through attendance at the programme board to facilitate effective collaboration and management of dependencies.

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. We are also working supportively 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.

An initial self-assessment using the partnership development framework will soon be available. We will then seek to engage widely to gain a broad range of perspectives, providing a rich analysis of our partnership development needs. We see this as an ongoing area of activity, revisiting the self-assessment periodically to check progress.

Work is progressing with all the activities described above. There will be further engagement, including with Overview and Scrutiny Committee in relation to the ICS Constitution, and local partnership arrangements, including the SPA. We anticipate the first meeting of our place-based Health and Care Partnership Board in ‘shadow form’ in November, in preparation for new statutory arrangements from April 2022.

4. FINANCIAL & RESOURCE APPRAISAL

There is no change to the NHS allocation to the Bradford District and Craven system as a direct result of the changes outlined. Allocations are set according to national formulae each year. The running costs of the CCG will continue to be available to support the system. This includes support provided once as an ICS as well as through each place partnership.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

As part of our place based partnership arrangements, the governance structure is being

revised to ensure our partnership is able to take on the delegated responsibilities from the Integrated Care Board of our ICS. The draft governance structure can be seen in Appendix B

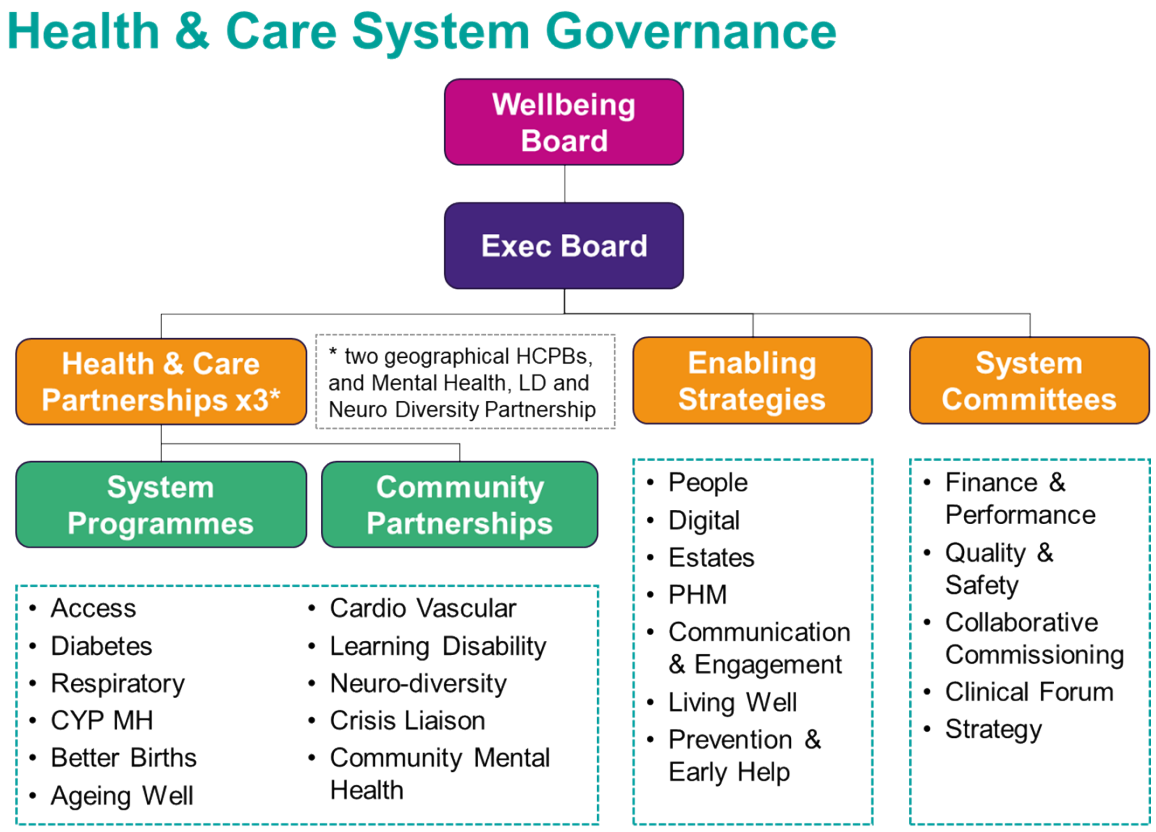
We have established a local system strategic risk register which is produced for the Health and Care Executive Board to support collective ownership and response of our partnership. It highlights seven themes: quality and safety; workforce; finance; digital; system development; regulation; and learning.

6. RECOMMENDATIONS

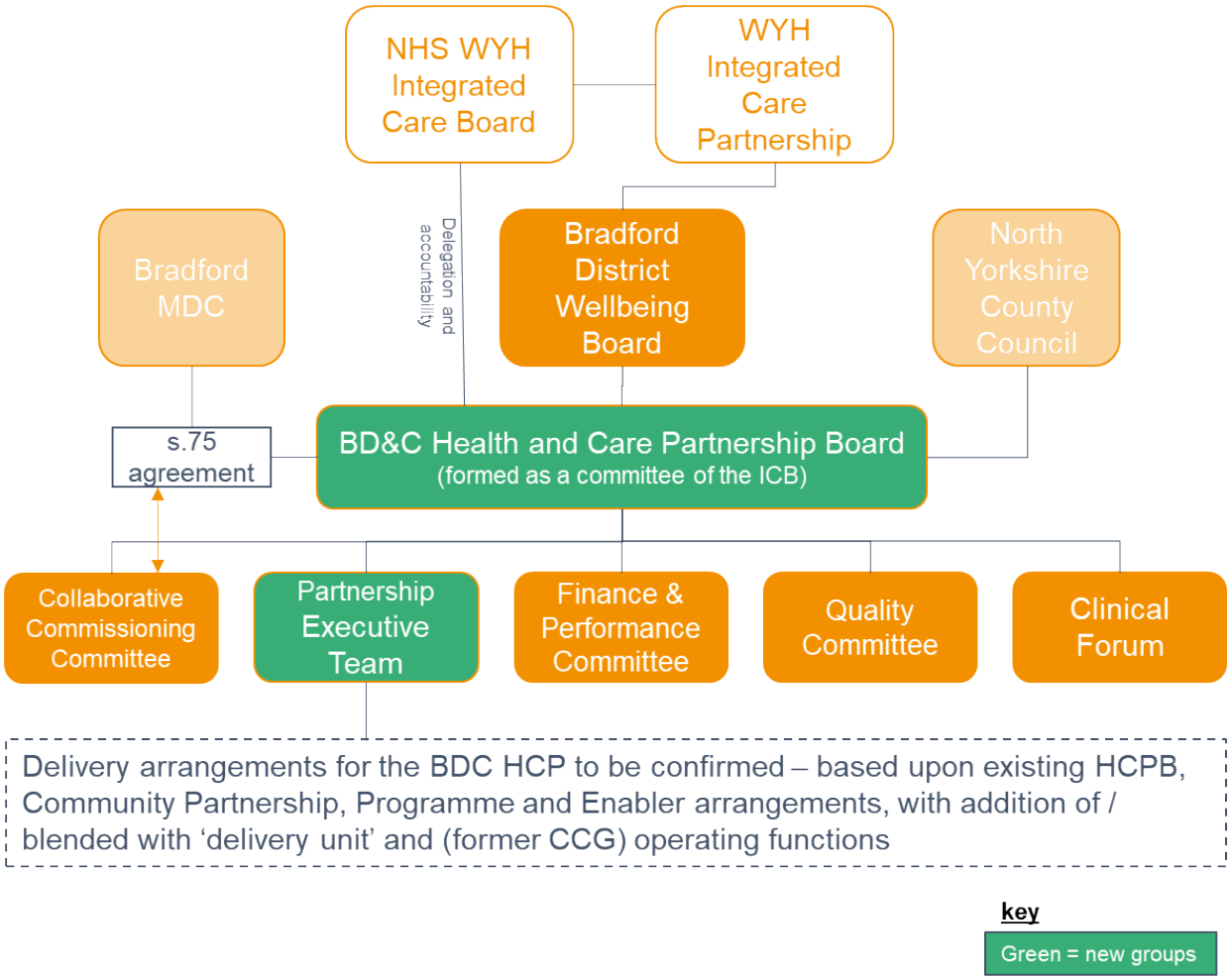
- That Members consider and comment on the report.

7. APPENDICES

- Appendix A - Existing Bradford District and Craven Health and Care Partnership governance

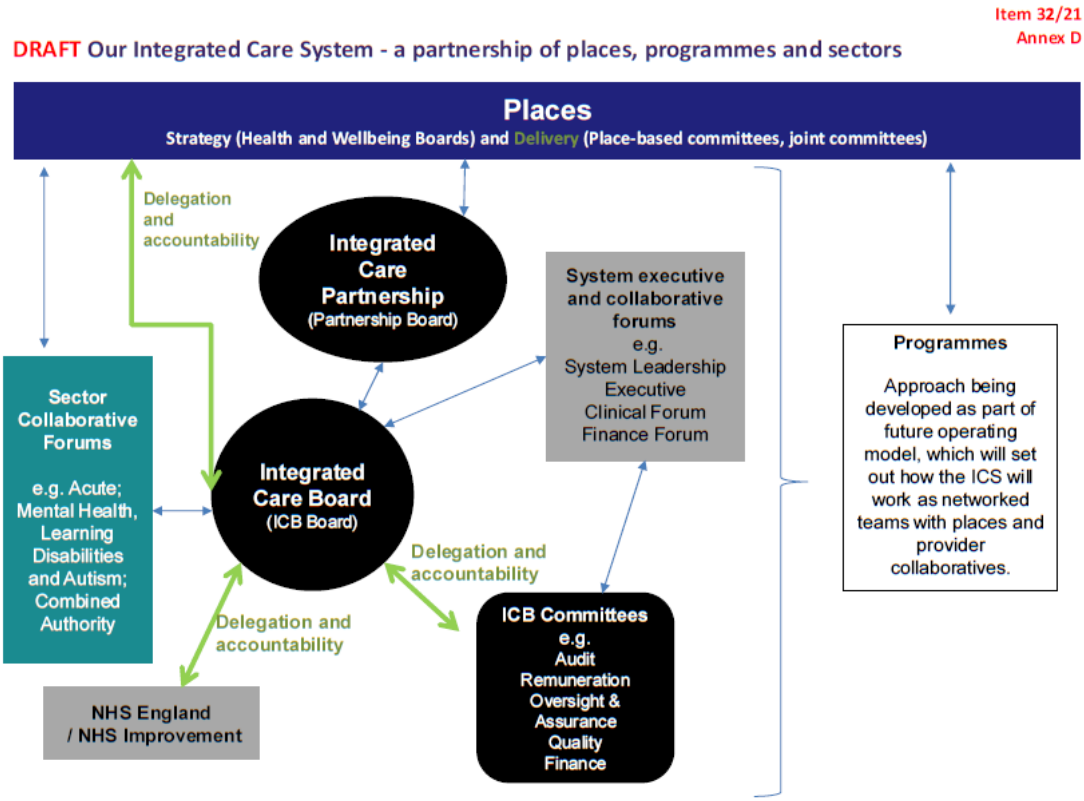


- Appendix B – Draft proposed Bradford District and Craven Health and Care Partnership governance



- Appendix C – Draft proposed West Yorkshire and Harrogate Health and Care Partnership governance

Item 32/21
Annex D



8. BACKGROUND DOCUMENTS

- None