Appx 1

Health & Care Partnership Development Update

Bradford District Wellbeing Board

January 2022

Partnership Development: What is changing, and why?

- **The Health and Care Bill** is currently going through Parliament. It will provide a legal framework to support greater collaboration between health and care organisations.
- **Integrated Care Systems** exist to achieve four aims:
  - Improve outcomes in population health and healthcare
  - Tackle inequalities in outcomes, experience and access
  - Enhance productivity and value for money
  - Help the NHS support broader social and economic development.
- **Act As One** is how we work together here in Bradford District and Craven. To improve outcomes, tackle inequalities, and increase our focus on prevention and early help
- **We welcome this as an acceleration of our existing partnership working** – both locally and across West Yorkshire
- **We will build upon our existing local partnership arrangements** ensuring they are robust and transparent. We will put the needs of the people of Bradford District and Craven first, when taking decisions.

For the people and the place we serve

Ingleton

Settle

Skipton

Airedale General Hospital

Ilkley

Keighley

Bingley

Shipley

Lynfield Mount

BRI

Bradford City Centre

St Luke's

Bradford District and Craven Health and Care Partnership

ACTasONE

OUR VISION

By meeting people where they are, working with them to access the tools and opportunities to enable them to live longer in good health...

we Act as One to keep people Happy, Healthy at Home

OUR ADDED VALUE

OUR POPULATION

Supporting the delivery of our priorities and a better experience of health and care

OUR SHARED PURPOSE

All working to the same goal, for our population to have more chances to lead healthier lives

OUR PARTNERSHIP

Greater value through the best use of our collective resources, minimising duplication and waste

OUR PURPOSE – WHAT CONNECTS US

Narrowing the Gap

Positioning our collective resources to focus on the greatest need to improve health and wellbeing

Our Workforce

Empowered to lead On behalf of the Partnership and the people we serve

Equity and Justice

Choosing equity as our way to reduce inequality because more equal societies benefit everyone

Inverting the Power to Act

Sharing responsibility and power, for people to become active and engaged partners

Our Partnership Plan

Tackling the issues no one part of our partnership can address alone, through public stewardship

OUR COMMITMENTS

We will all:

- **Prioritise as One** those who have the worst outcomes for health and wellbeing
- **Understand as One** what matters to local people
- **Work as One** with people in our system and our community to achieve what matters
- **Integrate as One** to better enable people to achieve what matters to them

We will all:

- **Commit as One** to our role in making our district a great place to live, work and thrive
- **Plan as One**, taking actions now that create a legacy for future generations
- **Focus as One** on preventing the causes of ill health
- **Measure as One** our impact on health and wellbeing through one data

We will all:

- **Lead as One** in partnership with our population, in their communities
- **Share as One** the power and responsibility to make the best use of our collective assets
- **Grow as One to** strengthen our relationships, trust and our ambition; improving together
- **Deliver as One** through our shared, skilled and trusted workforce

our People | our Place | our Partnership

West Yorkshire Health and Care Partnership

- West Yorkshire has a mature heath and care partnership, built on strong place arrangements and mature provider collaboratives. Our 5 year plan sets out what is important to us.
- Our Partnership aims to **join up health and care services**, **improve people's health and wellbeing** and **reduce health inequalities.**
- The changes proposed in the Health and Care Bill, including the creation of **Integrated Care Systems (ICS)**, reflect the legislation catching up with how we work in West Yorkshire.
- Our ICS is made up of the NHS, councils, Healthwatch and the voluntary, community and social enterprise sector (VCSE) partners. It brings together partners in each of our places (**Bradford District and Craven; Calderdale, Kirklees, Leeds and Wakefield**) and across West Yorkshire.

West Yorkshire Health and Care Partnership

Integrated Care Partnership

- A large, inclusive group with wide representation from the NHS, local government, voluntary community social enterprise sector, hospices, and Healthwatch across West Yorkshire.
- It will agree the West Yorkshire integrated care strategy, which is built from place-based health and wellbeing strategies. The strategy will set out how we will meet the health, social care and public health needs of our population and improve health and wellbeing
- Our existing Partnership Board largely fulfils the role of an ICP

Integrated Care Board

- A new statutory organisation which will be responsible for leading NHS integration. It will develop a plan to meet the health needs of the population and secure the provision of health services.
- It will be directly accountable for NHS spend and performance within the system and will take on the commissioning functions of CCGs.
- In line with our principle of subsidiarity, the ICB will delegate most of the decisions about spending and services to local place-based partnerships in: Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield.

West Yorkshire Health and Care Partnership

Place based partnerships

- Place-based arrangements between local authorities, the NHS and providers of health and care will continue to have a key role in improving health and well being.
- The ICB will work to support places to integrate services and improve outcomes.
- Health and Wellbeing Boards will continue to have an important responsibility at place level to bring local partners together, as well as developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

Provider collaboratives

- Strong emphasis on collaboration rather than competition as a key driver of improvement.
- Important role for provider collaboratives – both across system and in place. The West Yorkshire Association of Acute Trusts and Mental Health Mental Health, Learning Disability and Autism Collaborative are working together to achieve better outcomes for people and ensure sustainable services in the future.

The ICB - Constitution

- Much of the constitution is prescribed by the national model.
- We have tried to ensure that it reflects the ways of working, values and principles set out in the Partnership's Memorandum of Understanding which partners agreed in 2018.
- The constitution sets out the key roles of the Integrated Care Partnership and Health and Wellbeing Boards in setting strategy.
- Central to our approach is the principle of subsidiarity – with decisions made as close as possible to local communities.
- We only work at West Yorkshire level when one of the 'three tests' is met:
    - to achieve a critical mass to achieve the safest services and best outcomes
    - to share best practice and reduce variation;
    - to tackle 'wicked issues' (i.e., complex, intractable problems)

The ICB - Board

- The ICB Board will make decisions about how NHS money is spent and the services it provides. It will meet in public and publish agenda papers,
- To ensure that decisions are fair and transparent, the Chair will be independent of any health or care organisation in West Yorkshire. The Board will also have 3 other independent members.
- It will have members from each of our local places - Bradford District and Craven; Calderdale, Kirklees, Leeds, and Wakefield.
- It will also have members whose role will be to give the views of: NHS hospitals and community providers, Local councils, Primary care providers, voluntary, community and social enterprises, Directors of Public Health and Healthwatch (citizen voice).
- The board will also be made up of the ICB Chief Executive, Clinical Director, Director of Finance and Director of Nursing.

Our ICS governance standards

Outcome focus
Our arrangements focus on reducing health inequalities, better health and wellbeing, better quality of care and efficient use of resources.

Values
Our arrangements reflect our values and ways of working - equal partnership, subsidiarity, collaboration, mutual accountability.

Involving citizens & stakeholders
We have an inclusive approach, involving citizens and partners from across the system. We are committed to improving diversity in leadership and decision-making.

Transparency
We are committed to transparency. We make our decisions in public and publish key policies and registers.

Probity and independent challenge
Our decisions meet high standards of probity and are subject to robust independent challenge.

Accountability and assurance
Our arrangements support clear accountability.

Our BD&C Health & Care Partnership

- **Building on strong foundations** Our partnership has been built over many years, the relationships and ways of working are positive and well established.
- **SPA:** Joint decision making as a partnership is well embedded here. But until now formal decision ‘taking’ has had to be transacted organisationally
- **Distributed Leadership and Place Lead:** The principle of distributed leadership has been embraced. We have asked Mel to be our nominated Place Lead.
- **Partnership Governance**: We have clarified how we want to establish our Partnership Board as a committee of the ICB. We are building the rest of our governance around it, drawing upon and enhancing existing strong arrangements. Subsidiarity doesn’t stop at the Board!
- **Operating Model:** We are putting our distributed leadership model into action with the functions of the partnership each led by partner CEOs and lead directors. Functions will work as part of a networked ICS operating model.

Partnership Governance Arrangements

This is part of the overall ICS proposal

West Yorkshire Health and Care Partnership

West Yorkshire Integrated Care Board functions and decisions map

NHS

West Yorkshire Integrated Care Partnership (ICP)
- agrees West Yorkshire Integrated Care Strategy - built from Place health and wellbeing strategies

Strategy

Health and Wellbeing Boards -
Bradford District and Craven, Calderdale, Kirklees, Leeds, Wakefield
- agree health and wellbeing strategy for each Place

Strategy

Strategy

West Yorkshire Integrated Care Board (ICB)
- annual plan to deliver the ICP strategy
- arranges for the provision of health services which meet the three tests for working at scale across West Yorkshire:
  1. achieving the safest services and best outcomes for people
  2. reduce variation and sharing learning
  3. solving complex, difficult problems
- statutory functions which cannot be delegated to Place e.g. annual ICB financial plan, system quality assurance, ICB annual report and accounts, audit, terms and conditions of staff, changes to the ICB constitution
- agrees West Yorkshire system plans e.g. workforce, data and digital

Delivery

Delegation

Accountability

Place-based committees of the ICB
- annual plan to deliver the health and wellbeing and ICP strategies
- arranges for the provision of health services in Place
- deployment and management of Place financial allocation
- assuring and improving the quality of services in Place
- deployment and management of Place-based ICB staff
- agreeing place plans e.g. workforce, data and digital

Delegation Assurance

Delegation Assurance

ICB Committees
- provide the ICB Board with assurance about specific ICB functions e.g. audit, remuneration, quality, finance

ICB Place Sub Committees
- provide the Place-based Committee with assurance about Place delegated functions e.g. quality, finance

Strategy and delivery supported and informed by collaborative forums
- provider collaboratives e.g. West Yorkshire Association of Acute Trusts, Mental Health, Learning Disability and Autism Alliance
- partnership forums e.g. System Leadership Executive, Clinical Forum

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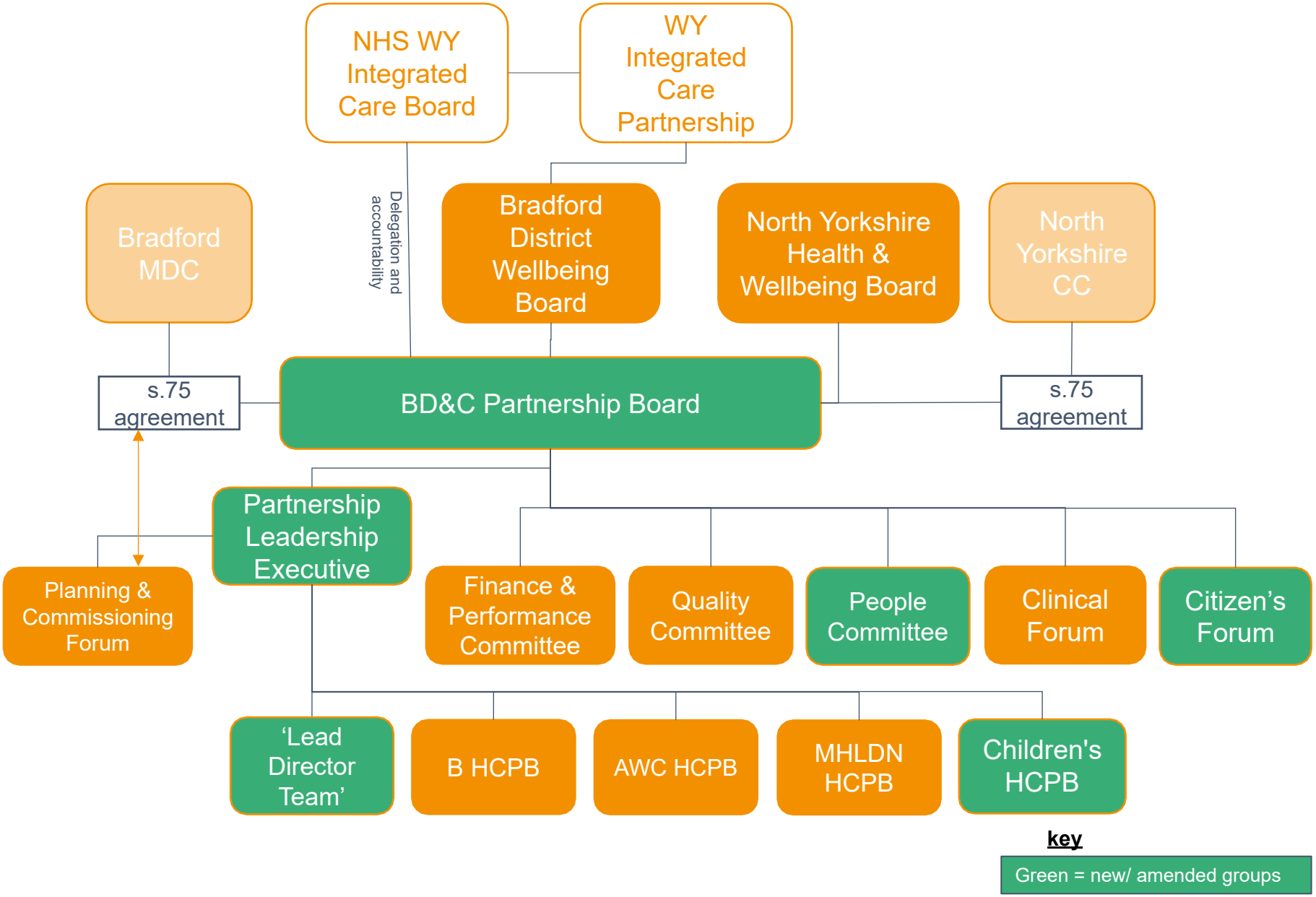
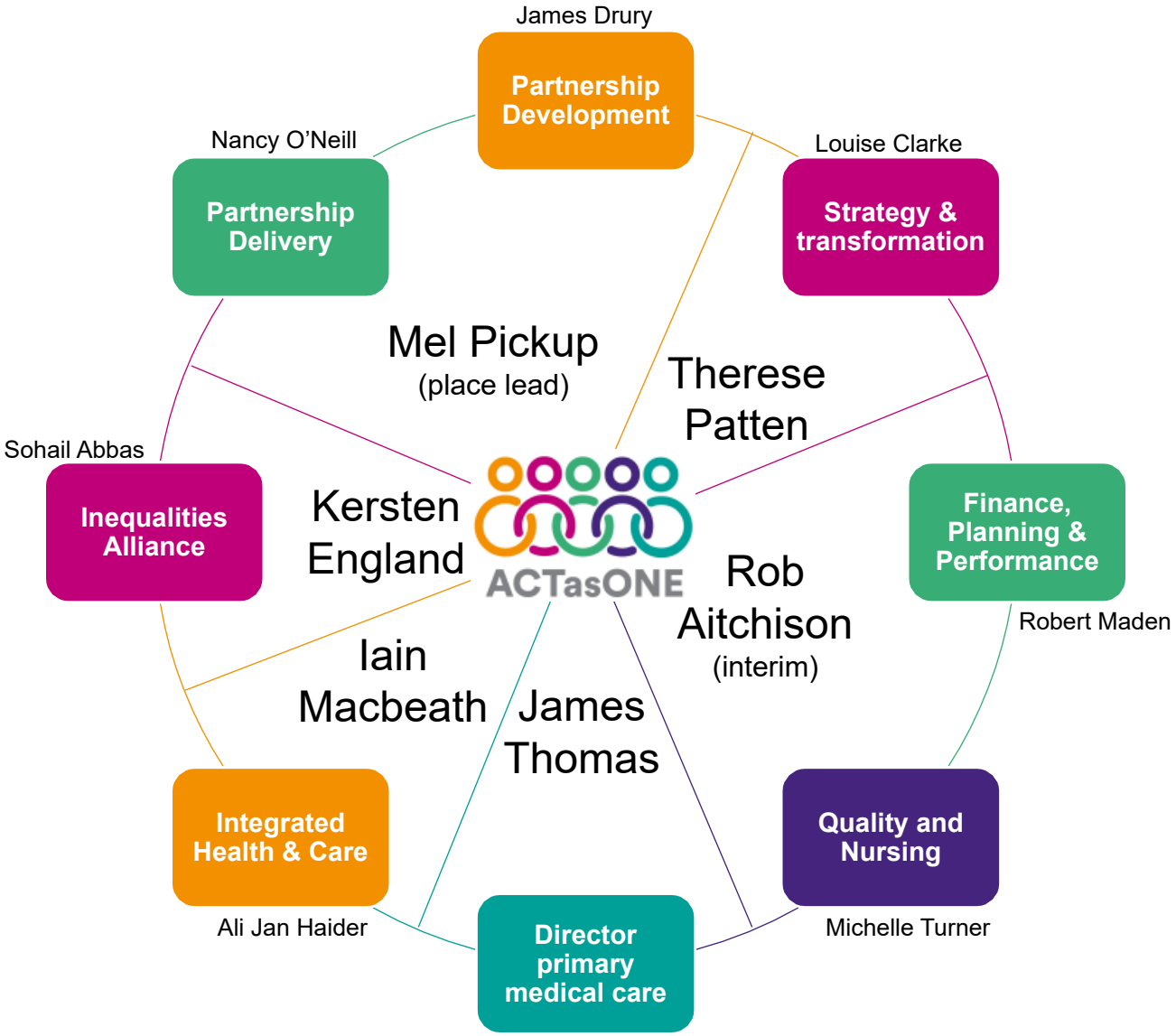
Outline governance proposal



Place leadership and delivery arrangements



Outline of BD&C Partnership Functions and Responsibilities

	Key responsibilities	Connects to
Wellbeing Board	• Determines health and wellbeing needs of population • Sets overall place strategy for health and wellbeing • Convenes partnerships to act on needs and strategy	• ICS Partnership Board – ensures BD&C health and wellbeing needs recognised in ICS • A committee of the Council
BD&C Partnership Board	• Determines BD&C health and care partnership plans in response to population needs, and in context of overall strategy. • Delegated responsibility for use of NHS resources and delivery of NHS requirements. • Leads the local partnership, taking the big decisions – strategy, money etc. Therefore utmost probity and transparency essential. • Enters into s.75 agreements with Councils.	• Primary accountability to ICB – a 'committee of' • Local assurance to Wellbeing Board • Lead connection between place and ICS, provider collaboratives, and individual partner organisations.
Partnership Leadership Executive	• Strategic partnership delivery and operation • Strategic connectivity with other elements of ICS	• Accountable to the BD&C Partnership Board • Key support for place lead
Lead Directors	• Leadership and management to ICS place based staff • Day to day partnership delivery and operation • Day to day connectivity with other elements of ICS	• PLE • Partnership board • CEO sponsors • ICS place based staff

ICB Delegation to Place Committees

The ICB SORD proposes that the following responsibilities are delegated to place committees of the ICB. i.e. this is the 'must do' list as an ICB committee

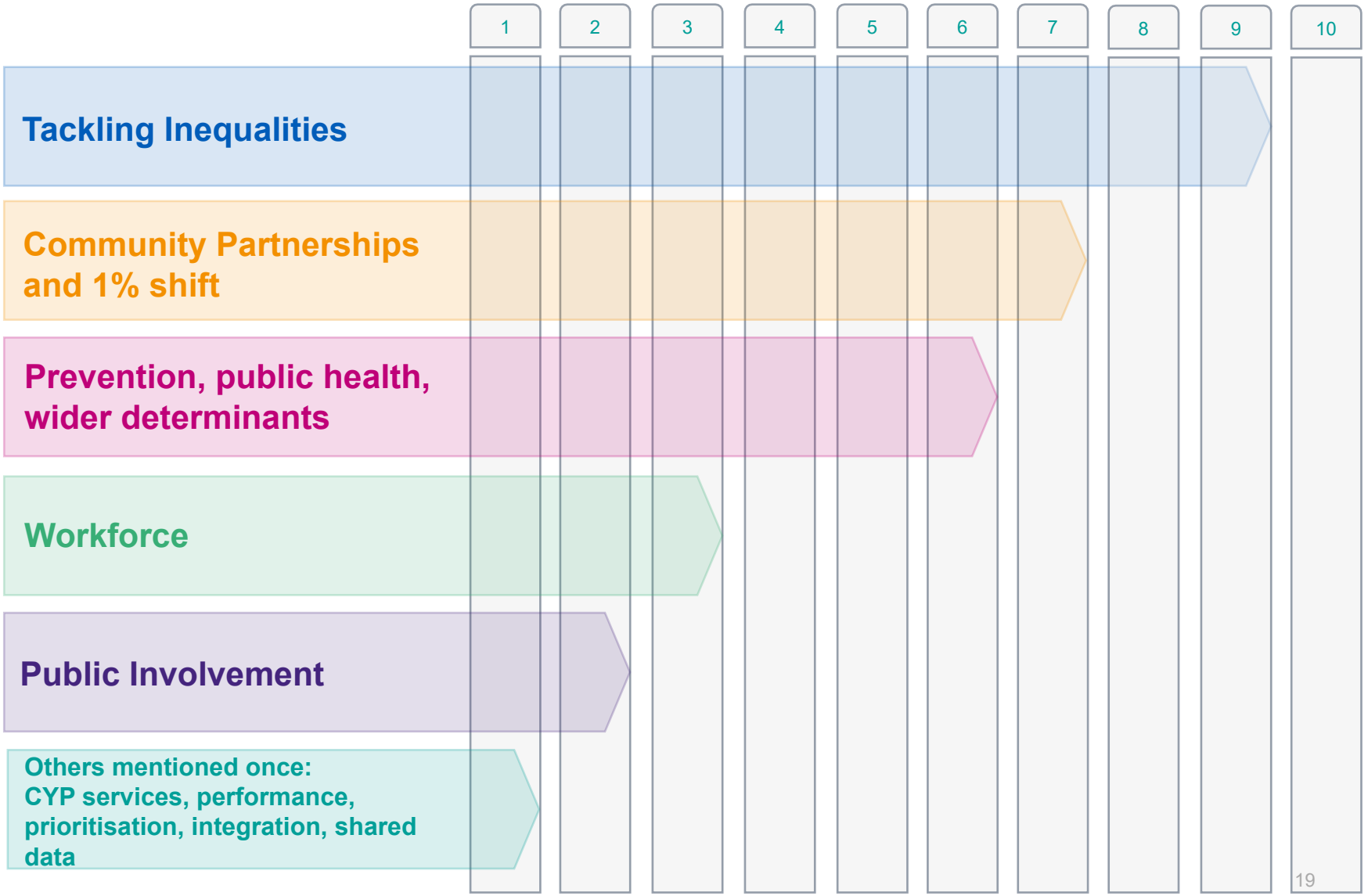
ref.	Responsibility
ICB4	Establish governance arrangements to support collective accountability between partner organisations for place-based system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations
ICB1	Agree a plan to meet the health and healthcare needs of the population within each place, having regard to the Partnership integrated care strategy and place health and wellbeing strategies
ICB2	Allocate resources to deliver the plan in each place, determining what resources should be available to meet population need and setting principles for how they should be allocated across services and providers (both revenue and capital)
BLANK	Approve the operating structure in each place
ICB6	Agree implementation in place of people priorities
ICB7	Agree place action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services to put the citizen at the centre of their care
ICB10	Agree joint work on estates, procurement, supply chain and commercial strategies to maximise value for money in place and support wider goals of development and sustainability
ICB3	Develop joint working arrangements with partners in place that embed collaboration as the basis for delivery within the ICB plan
CONSTITUTION	Develop arrangements for risk sharing and /or risk pooling with other organisations (for example pooled budget arrangements under section 75 of the NHS Act 2006), for approval by the ICB Board

ICB Delegation to Place Committees

Continued:

ref.	Responsibility
CONSTITUTION	Make arrangements to implement in place ICB risk management arrangements.
CON7	Agree implementation in place of the arrangements for complying with the NHS Provider Selection Regime
ICB5	Arrange for the provision of health services in line with the allocated resources across the place through a range of activities including: a) putting contracts and agreements in place to secure delivery of its plan by providers b) convening and supporting providers (working both at scale and at place) to lead major service transformation programmes to achieve agreed outcomes. c) support the development of primary care networks (PCNs) as the foundations of out-of-hospital care and building blocks of place based partnerships. including through investment in PCN management support, data and digital capabilities, workforce development and estates. d) working with local authority and voluntary, community and social enterprise (VCSE) sector partners to put in place personalised care for people, including assessment and provision of continuing healthcare and funded nursing care, and agreeing personal health budgets and direct payments for care

Development Session December 2021: “Are there any other decisions we would want our Partnership Board to take?”



Membership Participation & Chairing

Place Committee - membership

Expectation	Proposal	Number
Chair of Partnership Board	• Independent chair	1
Place Lead	• Included amongst membership listed below	n/a
Primary care leadership	• Chair of Clinical Advisory Board • Chair of LMC	2
Providers of acute, community and mental health services	• Chief Executives of ANHSFT, BDCFT, and BTHFT • Chairs of ANHSFT, BDCFT, and BTHFT	6
People who use services and their representatives, including Healthwatch	• Chief Executive Healthwatch BDC • Chief Executive Healthwatch North Yorkshire	2
Local Authorities	• CBMDC Chief Executive, SD HWB, SD Children's and DPH • NYCC DASS and DPH (or other suitable senior roles) • CDC Chief Executive	7
Social Care Providers	• Chief Executive Bradford Care Association	1
VCSE Sector	• Senior representative of Bradford District VCS • Senior representative of Craven VCS	2
System Committees	• Chair of Clinical Forum • Chair of People Committee • Chair of Finance and Performance Committee • Chair of Quality Committee	4

Place Committee - chairing

Group	Chairing Proposal
BD&C Partnership Board (place committee of ICB)	• Initially chaired by an independent non executive chair, to be recruited by BD&C within a consistent WYICS process (18 month term, reviewed after 12 months) • The role would be about chairing the Committee, promoting independent challenge, and enhancing processes for management of Conflicts of Interest
Partnership Leadership Executive	• Chaired by the Place Lead • Review periods for Place Lead role and other distributed leadership responsibilities
BD&C place sub-committees: Finance & Performance, Quality, People	• Chaired by Non Executive Director of a local NHS Foundation Trust – e.g. chair of relevant Trust committee • Rotational position (tbc 1 year term) • Three Trusts / Three Committees, via rotation ensure all have 'skin in the game'.

We asked which factors would be important in the selection of an independent chair

Development Session December 2021: “How might we ensure citizens voices are influential in the Partnership Board?”

Some mechanisms were mentioned several times by Board members:

- Citizens forum x5
- Healthwatch x4
- Community Partnerships x3
- Inclusion of public question time at board meetings x2

Specific guidance was given on ‘how’ these mechanisms should be applied:

- Chair of Citizens Panel to attend Board as a Member
- Citizens panel to act as a ‘network of networks’ that convenes existing mechanisms
- Ensure the Board is open and public and transparent in hearing experience
- Case studies real stories
- Use multiple routes not just one. e.g. digital forums for some not others
- Specific agreed roles with specific agreed responsibilities
- This should be a key principle of any work stream

Next Steps

Readiness Audit

Domain	Current self assessed RAG rating		Further actions
Leadership			• ToRs, development sessions with members, shadow board meetings • Reporting & accountability arrangements across ICS/ networked models • Operating models for Data and Digital and Workforce
Vision			
Values			
Local plan			• distillation of strategy into a more detailed place-plan that addresses (but is not limited to) NHS annual planning requirements
Accountability & Assurance			• The SPA will be updated in next Qtr to reflect new balance of accountabilities for organisations within the ICS arrangements • ToRs to include dispute resolution. Clarity of responsibilities and accountabilities of distributed leadership roles
Governance Structure			• Clarity of roles and responsibilities in neighbourhood models • Clarity interface with provider collaboratives • Update sub-committee ToRs (e.g. F&P, Quality)
Involving Citizens & Stakeholders			• Co-produce (with our partners and population) approach to involving our population • Clarify the mechanisms that will connect this into partnership governance
Decision making			• clarify local ‘SORD’, decision making ‘routes’ and processes, and communicate them. Governance handbook • Committee chairing arrangements
Risk management			• Risk management processes transferred from CCG arrangements • Clarify interface with ICB and with Trust arrangements

Next Steps

- **Shadow Operation now** – impact of legislative delay manageable
- **Recruitment of Chair** - underway
- **Development Plan** – addresses Readiness Audit, and looks to the future
- **Context** – Omicron, Winter Pressures, extended period of challenge for teams