

HEALTH AND WELLBEING BOARD

14 June 2022

Title:	The Integrated Care System Local Borough Partnership Governance Proposal
Report of the Director of Public Health	
Open Report	For Decision
Wards Affected: All	Key Decision: Yes
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Sponsor: Matthew Cole, Director of Public Health	
Summary: This paper is intended to provide a high-level overview of the Integrated Care System (ICS) that is set to be established from July 2022; an overview of the current context; an update on the current proposal for the governance structure of a Place-based Partnership and Integrated Care Board (ICB) Subcommittee, along with any future milestones.	
Recommendation(s) The Health and Wellbeing Board is recommended to: (i) Agree the establishment of the Place-based Partnership Board (PbPB) and its relationship with the ICB Subcommittee for the 9-months shadow arrangement (ii) Note the role of the ICB Subcommittee (iii) For further updates to be provided to the board when statutory guidance is published, with reference to any impact of the new arrangements on the Health and Well Being Board and its relationship with the ICB Subcommittee (iv) Note the milestones to achieve finalised arrangements	
Reason(s) A mutual agreement between partners needs to be established providing the final proposal for the governance structure of a place-based partnership for 22/23 onwards as part of the overall NEL ICS.	

1. Introduction and Background

- 1.1 Following Royal Assent of the Health and Social Care Act (2022), the ICS across England will be established from July 1st 2022.
- 1.2 ICSs are intended to promote equal partnership between the NHS, providers, commissioners, local authorities and other local partners in a geographical area to collectively plan health and care services to meet local population need. ICSs will be made up of two key bodies at system level– an ‘Integrated Care Board’ and an ‘Integrated Care Partnership’ (ICP) (see Appendix A for more details of governance arrangements).
- 1.3 In addition to the two governing bodies, there will be three other core components of the ICS system: Place-based Partnerships, five Provider Collaboratives from the NEL footprint (Acute, Mental health, Learning Disabilities and Autism; Community; VCSE and Primary Care), and the Primary Care Networks.
- 1.4 The focus for the new system is Place and the vision for Place will focus on improving the health and wellbeing outcomes for the population, preventing ill health and addressing health inequalities.
- 1.5 In March a position paper was presented to the Board, with the proposal for the ICB place committee to run alongside as ‘a committee in common’ with the Health and Wellbeing Board.

2. Proposal and Issues

- 2.1 For the current B&D Delivery Group (DG) to transition towards becoming a shadow **place-based partnership board** (PbPB) within the North East London (NEL) ICS. An ICB Subcommittee will also be established for local decision making on ICB functions and will operate with the place-based partnership, working together with common agendas and papers.

3. Consultation

This proposal has been taken to the following groups:

- People and Resilience Management Group- Business As Usual
- Joint Portfolio Meeting Health, Integration and Disability
- Corporate Performance Group
- Barking and Dagenham Delivery Group

4. Financial Implications

- 4.1 No financial implications provided at this time.

5. Legal Implications

Dr Paul Field, Senior Standard & Governance Solicitor
Sarah Dawkins, Barrister Consultant for Adult Social Care Law

5.1 The Health and Care Bill received Royal Assent and became an Act of Parliament on 28 April 2022. It enacts the most significant health legislation in a decade into law. Section 26 of the Act makes provision for Integrated Care Partnerships and amends the Local Government and Public Involvement in Health Act 2007 so that the integrated care board and all upper-tier local authorities that fall within the area of the integrated care board must establish an integrated care partnership. This creates a joint committee of these bodies made under the new section inserted in the Act. The partnership must include members appointed by the integrated care board and each relevant local authority. The integrated care partnership may determine its own procedures and appoint other members.

5.2 As set out in the report, the recommendation is to set up the establishment of a Place-based Partnership Board (PbPB) to work up a relationship with the ICB Subcommittee for a 9-months shadow arrangement. At the time of writing, guidance to local authorities on governance arrangements has yet to be published by the Secretary of State. However, the action proposed will be a proper commencement stage in establishing the place-based partnership board by enabling linkages and communications to take root while preparation is in hand to establish a permanent foundation in accordance with the statutory requirements for Integrated Care Partnerships. At this stage the shadow arrangement will not be taking actionable or binding decisions. Accordingly, there are no external adverse legal implications that appear to arise from the recommended course within the report.

Public Background Papers Used in the Preparation of the Report:

None

List of Appendices:

Appendix A - Local Borough Partnership Proposals and Governance Paper

1. BACKGROUND

Following Royal Assent of the Health and Social Care Act (2022), the ICS across England will be established from July 1st 2022.

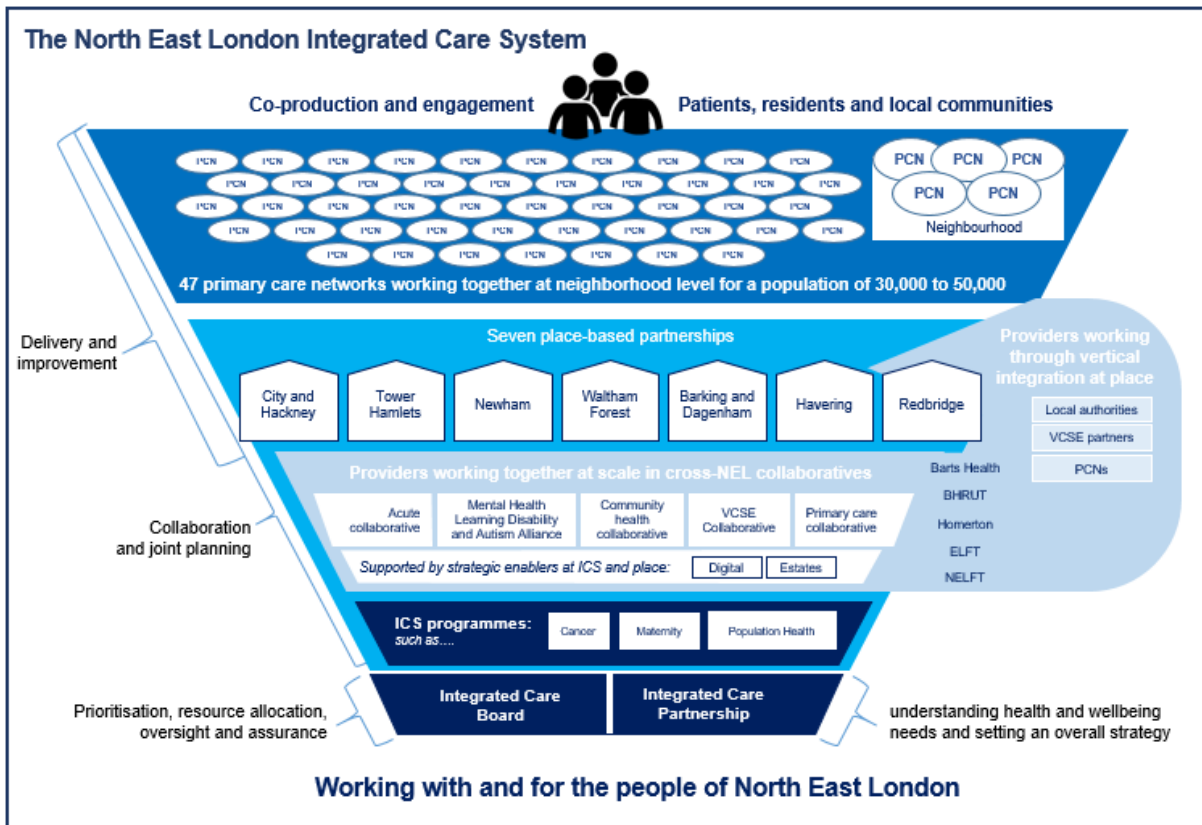
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In addition to the two governing bodies, there will be three other core components of the ICS system: Place-based Partnerships, five Provider Collaboratives from the NEL footprint (Acute, Mental health, Learning Disabilities and Autism; Community; VCSE and Primary Care), and the Primary Care Networks.

The focus for the new system is Place and the **vision for Place** will focus on improving the health and wellbeing outcomes for the population, preventing ill health and addressing health inequalities.

The ICB will be expected to delegate NHS decision making functions and budgets to this place-based level to a ICB Subcommittee and local systems are free to develop their own wider partnership arrangements. This will provide wider expertise to inform the overall strategic vision and plan to address locally agreed priorities.

What is undertaken at system or place should be guided by the principle of subsidiarity, with decisions taken as close to local communities as possible and at a larger scale where there are demonstrable benefits or where co-ordination across places adds value.

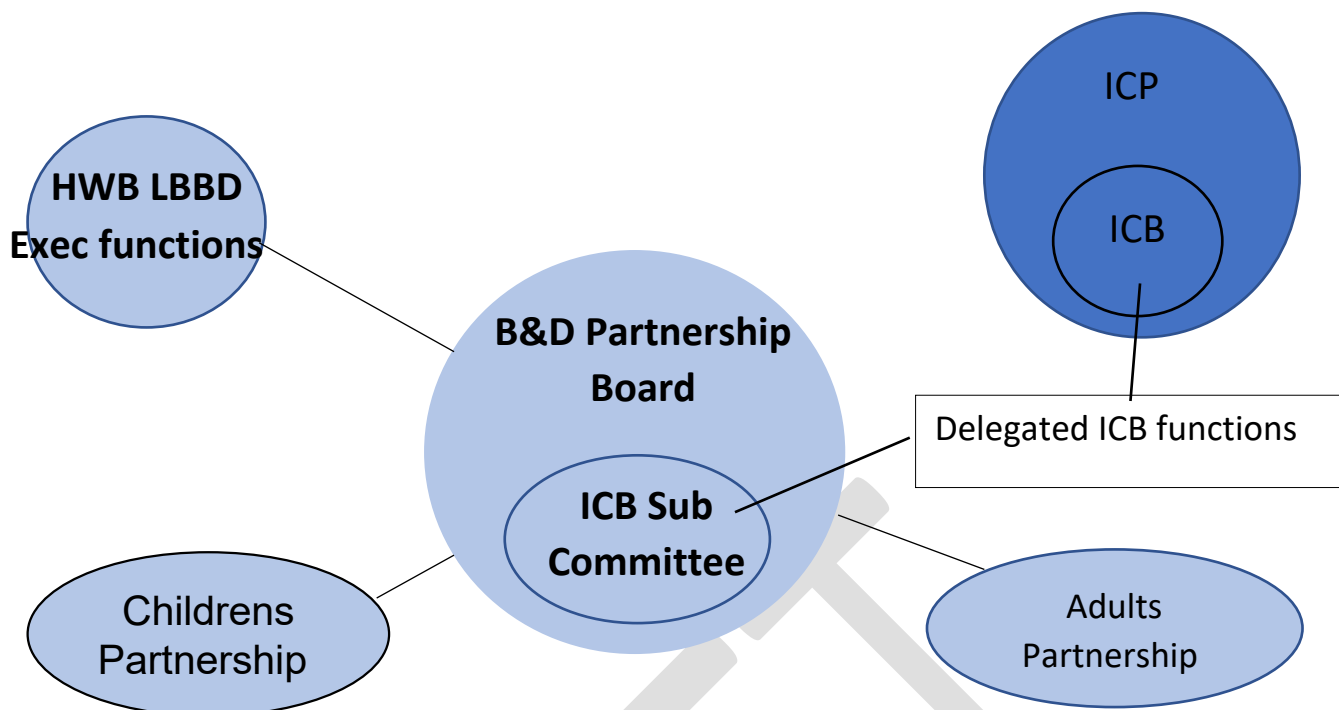


1.1 Place- Based Partnership Proposal

As part of development, NHS England and NHS Improvement asked ICSs to confirm their initial proposals for place-based arrangements for 2022/23 onwards.

2. PLANNED GOVERNANCE MODEL

The current B&D Delivery Group (DG) will transition towards becoming a shadow **place-based partnership board (PbPB)** within the North East London (NEL) ICS. An ICB Subcommittee will also be established for local decision making on ICB functions and will operate with the place-based partnership, working together with common agendas and papers. However, there may be decisions which only the committee can make and, in those circumstances, there will be a Part A and Part B to the agenda.



The role of the shadow PbPB (developed in consultation with partners) includes:

- To work in partnership to improve health and wellbeing and reduce inequalities.
- To set a local system vision and strategy,
- To develop the Place Based Partnership Plan for Barking & Dagenham, ('PBP Plan'),
- To provide system wide accountability for the delivery and performance of the PBP plan
- To review and assess new and revised models of care that better serve the population of Barking and Dagenham, and to achieve agreed outcomes.
- To develop and deliver a framework of community engagement
- To provide direction and oversee progress to the life course workstreams (adults, and children and young people)
- To provide a forum to share insight and intelligence into local quality matters, identify opportunities for improvement and identify concerns and risk to quality.
- To have oversight of how resources are utilised at place to inform discussions on how best to use money across the system
- To support the ICS to deliver against its strategic priorities
- To develop the formal Place Based Partnership governance at place for 1st April 2023

The role of the ICB Subcommittee:

- Exercise delegated functions at place (still to be confirmed)
- Make decisions, authorised by the ICB in relation to them regarding local objectives and priorities
- Support collaborative arrangements- including the development of the 'place based plan'
- Support ICB with aims and ambitions re joint plans and strategies
- Prioritise delivery against strategic priorities of the ICS
- Support discharge of statutory functions- supporting the core purposes of the ICS
 - Improve outcomes
 - Tackle inequalities
 - Enhance productivity and value for money
 - Support broader social/economic development

The shadow PbPB and ICB Subcommittee will operate from 1st July 22 in a 9-month shadow period, whilst a period of testing is undertaken to evaluate the functioning of the arrangements. The period until 1st April 23 will allow for development and finalisation of the formal place- based governance system and agreement on delegations and financial arrangements– nationally, regionally, and locally. Locally the future aspiration is for the alignment of the Health and Wellbeing Board (HWB) with the ICB Subcommittee.

2.1 Membership

The proposed membership of both the shadow PbPB and the ICS Subcommittee are included in the table below. There is overlapping membership between both, which will best support them operating together. This approach is taken to enable the Partnership Board to consider matters of wider scope than the ICB delegated responsibilities, which will enable the partnership to achieve its joint goals of improving outcomes for the residents of Barking and Dagenham.

Place- based Partnership Board	ICB Subcommittee
LBB	
Elective Member (Chair) LBB CEO (ex officio) Strategic Director Children and Adults (DAS & DSCS) Director of Public Health Director of Community Solutions Operational Director Adult's Care and Support	Elective Member CEO Strategic Director Children and Adults (DAS & DSCS) Director of Public Health
ICB	
Lead ICB Director Clinical or Care Director Finance Director Director of Nursing or nominated rep (TBC)	Lead ICB Director Clinical or Care Director Finance Director Director of Nursing or nominated rep
NHS Trusts	

Integrated Care Director- NELFT Director of Strategy & Partnerships- BHRUT	Integrated Care Director- NELFT Director of Strategy & Partnerships- BHRUT
Primary Care	
Chief Operating Officer- Together First CIC, B&D GP Federation Primary Care Network Director – North Primary Care Network Director – North West Primary Care Network Director – West One Primary Care Network Director – New West Primary Care Network Director – East Primary Care Network Director – East One NEL Pharmaceutical Committee	GP Provider/ PCN representative Primary Care Development Lead
Voluntary Sector	
BD Collective Healthwatch + one	BD Collective Healthwatch

3. OUTSTANDING ISSUES

During consultation several comments arose. Many have been resolved or are being addressed, however some remain relating to:

- Chair of the Partnership Board and the ICB Subcommittee
- PCN membership of the ICB Subcommittee
- Clarity on voting rights, powers and delegated authority for the PbPB
- The relationship between safeguarding boards, BHR and NEL transformation boards
- Obtaining wider primary care professional representation

Additionally, there remains an absence of statutory guidance relating to the HWB. Therefore, at this time it was considered best to delay the alignment of the HWB with the ICB Subcommittee.

4. NEXT STEPS AND TIMESCALES

4.1 Partnership Milestones

June 2022	<ul style="list-style-type: none"> • Joint Strategic Needs Assessment refresh published • Establishment of the ICB Subcommittee and Partnership Board agreed by the HWB • Appointment to ICB Place lead roles: <ul style="list-style-type: none"> - Clinical/Care Director - System lead (Director of Place) - Clinical or Care Director - Finance Director
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	<ul style="list-style-type: none"> • Development of 'Joint Partnership Office' and appointment to Borough Partnership development and support roles: <ul style="list-style-type: none"> - Head of Borough Partnerships Planning and Delivery - Borough Partnership Business Manager
July 2022	<ul style="list-style-type: none"> • ICB and Partnership Board arrangements agreed by NEL • 9-month shadow arrangement for the Place Based Partnership begins • Population Health Management Pilot ends • Appointment to NEL Clinical and Care Professional Leadership roles (between July and November)
December 2022	Clinical Care and Leadership Model agreed and recruited
April 2023	<ul style="list-style-type: none"> • Formalisation of Place Based Partnership and ICB arrangements • Publication of the Health and Wellbeing Strategy and Plan at Place • New Joint Strategic Needs Assessment
Still to be confirmed	<ul style="list-style-type: none"> • Single Accountable Leader at Place • Establishment of Subgroups to the Partnership Board for: <ul style="list-style-type: none"> - CYP - Adults - Quality • Establishment of delivery functions e.g.: <ul style="list-style-type: none"> - Integrated Partnership Office - Executive Group - Ex CCG functions – finance, contracting etc • Agreement on the relationships with BHR TB, NEL TBs and Provider Collaboratives

5. APPENDICES

APPENDIX A: TABLE 2: CORE COMPONENTS OF ICB GOVERNANCE ARRANGEMENTS AND EXPECTATIONS

Core component	Expectation
Integrated care partnership (ICP) statutory	<ul style="list-style-type: none"> • Each ICS area will have an ICP (a committee, not a body) at system level established by the ICB and relevant local authorities as equal partners and bringing together organisations and representatives concerned with improving the care, health and wellbeing of the population. • The ICP to have a specific responsibility to develop an integrated care strategy. • Each ICB will need to align its constitution and governance with the ICP.

Integrated care board statutory

- ICBs will be established as new statutory organisations, to lead integration within the NHS.
- The ICB will have a unitary board, responsible for ensuring the body plays its role in achieving the four purposes
- Minimum requirements for board membership will be set in legislation. We have set further minimum expectations for board membership.
- Each board will be required to establish an audit committee and remuneration committee
- All ICBs will need to put arrangements in place to ensure they can effectively discharge their full range of duties and functions. This is likely to include arrangements for other committees and groups to advise and feed into the board, and to exercise functions delegated by the board.

Place-based partnerships

- ICBs will be able to arrange for functions to be exercised and decisions to be made, by or with place-based partnerships, through a range of different arrangements. The ICB will remain accountable for NHS resources deployed at place-level.
- Each ICB should set out the role of place-based leaders within its governance arrangements.

Provider collaborative (may be at sub system, system or supra-system level)

- Provider collaboratives will agree specific objectives with one or more ICB, to contribute to the delivery of that system's strategic priorities. The members of the collaborative will agree together how this contribution will be achieved.
- The ICB and provider collaboratives must define their working relationship, including participation in committees via partner members and any other local arrangements, to facilitate the contribution of the provider collaborative to agreed ICB objectives.

GUIDANCE DOCUMENTS AND PUBLICATIONS

- LGA/NHS, "Thriving places"
<https://www.england.nhs.uk/wp-content/uploads/2021/06/B0660-ics-implementation-guidance-on-thriving-places.pdf>
- The King's Fund, "Developing place-based partnerships"
<https://www.kingsfund.org.uk/sites/default/files/2021-04/developing-place-based-partnerships.pdf>
- The Kings Fund "Health and Care Bill- our work on the legislative agenda for health and care reform"
<https://www.kingsfund.org.uk/topics/health-and-care-bill>

- NHS, "Interim guidance on the functions and governance of the integrated care board"
[Report template - NHSI website \(england.nhs.uk\)](#)
- Building strong integrated care systems everywhere ICS implementation guidance on effective clinical and care professional leadership
[B0664-ics-clinical-and-care-professional-leadership.pdf \(england.nhs.uk\)](#)
- NHS, "Interim guidance on the functions and governance of the Integrated Care Board. Statutory CCG functions to be conferred on ICBs"

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