

**INTEGRATED CARE SYSTEM  
AND PLACE-BASED  
PARTNERSHIP  
ARRANGEMENTS/GOVERNANCE  
UPDATE  
November 2022**

one borough; one community; no one left behind

# Background

**Integrated Care Systems (ICSs)** are partnerships bringing together providers, commissioners, local authorities and other local partners to plan services meeting local needs.

ICSs become statutory in July '22 and are led by two related entities at system level: an '**Integrated Care Board**' (ICB) and an '**Integrated Care Partnership**' (ICP). Together referred to as the ICS.

Their purpose is to **integrate care across different organisations and settings**, joining up services and to lead the following on behalf of their population footprint:

- 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

In addition to the two governing bodies, there will be three other core components of the ICS system:

- Provider Collaboratives
- **Place-based Partnerships**
- Primary Care networks

# Integrated care systems (ICSs)

Key planning and partnership bodies from July 2022

## NHS England

Performance manages and supports the NHS bodies working with and through the ICS

## Care Quality Commission

Independently reviews and rates the ICS

### Statutory ICS

#### Integrated care board (ICB)

**Membership:** independent chair; non-executive directors; members selected from nominations made by NHS trusts/foundation trusts, local authorities, general practice; an individual with expertise and knowledge of mental illness

**Role:** allocates NHS budget and commissions services; produces five-year system plan for health services

#### Integrated care partnership (ICP)

**Membership:** representatives from local authorities, ICB, Healthwatch and other partners

**Role:** planning to meet wider health, public health and social care needs; develops and leads integrated care strategy but does not commission services

Cross-body membership, influence and alignment

Influence

Influence

### Partnership and delivery structures

#### Geographical footprint

##### System

Usually covers a population of 1-2 million

#### Name

##### Provider collaboratives

#### Participating organisations

NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector; can also operate at place level

##### Place

Usually covers a population of 250-500,000

##### Health and wellbeing boards

ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level

##### Place-based partnerships

Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care

##### Neighbourhood

Usually covers a population of 30-50,000

##### Primary care networks

General practice, community pharmacy, dentistry, opticians

TheKingsFund>

**Barking &  
Dagenham**

one borough; one community; no one left behind

# Opportunities

Residents face challenges which are worsened by the current cost of living crisis (and Pandemic, prior), which are underpinned by health inequalities.

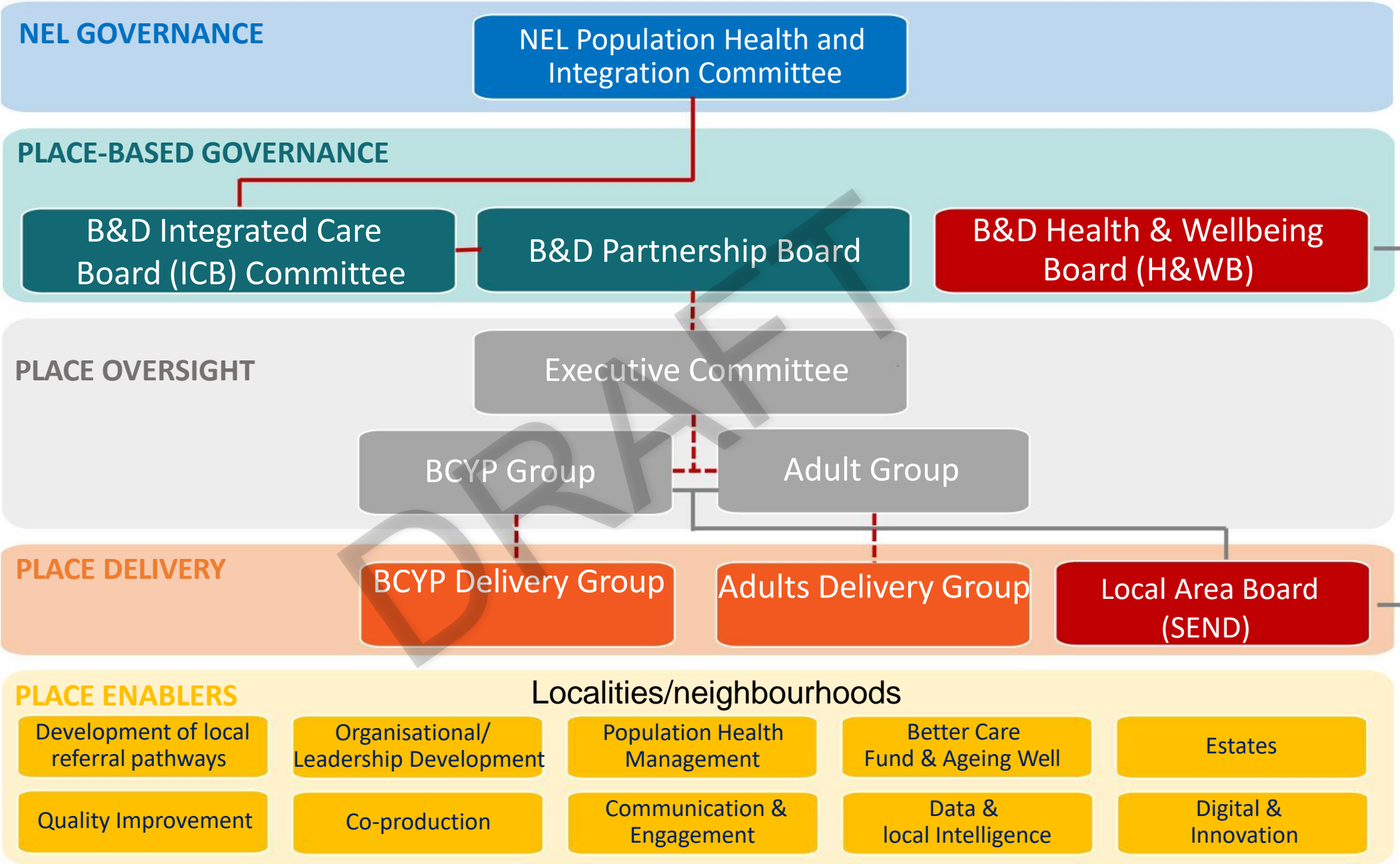
Not improving health and wellbeing & addressing health inequalities will mean:

- Increased demand on services
- Residents not benefitting from the growth agenda
- Worsening of existing issues – e.g. poverty, unemployment, domestic violence

The Partnership will work to address this by:

- Building a strong Borough Partnership to enable great local level decision making
- Bringing together resources from across sectors to translate them into action that has real impact
- Ensuring inclusion of an effective resident and patient voice
- Creating a place-based network of community assets

OPERATING FRAMEWORK FOR PLACE - PROPOSAL



# Role Of The Partnership Board

- 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 B&D ('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** 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 BCYP)
- 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



# Role of the ICB Place Subcommittee

- a statutory body of the ICS

- 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

# B&D Operating model

The ICB Place sub-committee and Partnership Board meet in common and operate in an integrated way (shared agendas, papers etc). Both are jointly chaired by an LBBD Elected Member and Primary Care Network Director. The LBBD Elected Member is also a member of the NEL Population Health and Integration Committee.

The Partnership Board has established an Executive Group to provide oversight of planning, finance quality and transformation. This is supported by two delivery groups - an adults and a separate babies, children and young peoples' pathway (BCYP) group.

Work is progressing to establish a Quality Group (new), Local Estates Forum (to replace task and finish group) and SEND Area Executive Group (terms of reference to be signed off). The local governance groups will work closely with the North East London (NEL) Integrated Care System programme to align priorities and resources where appropriate and the provider collaboratives to develop an operating model that meets the needs of residents.

**Arrangements will be formalised in April '23, following a period of review from 1<sup>st</sup> July- 31<sup>st</sup> March '23**



# Membership

Place- based Partnership Board	ICB Subcommittee
<b>LBBB</b>	
Elective Member ( <b>Joint Chair</b> ) LBBB CEO ( <b>Place Partnership Lead</b> ) Strategic Director Children and Adults (DASS & DCS) Director of Public Health Director of Community Solutions Operational Director Adult's Care and Support	Elective Member ( <b>Joint Chair</b> ) LBBB CEO ( <b>Place Partnership Lead</b> ) Strategic Director Children and Adults (DASS & DCS) Director of Public Health
<b>ICB</b>	
Place Director Clinical Director Finance Director Director of Nursing	Place Director Clinical Director Finance Director Director of Nursing
<b>NHS Trusts</b>	
Integrated Care Director- NELFT Director of Strategy & Partnerships- BHRUT	Integrated Care Director- NELFT Director of Strategy & Partnerships- BHRUT
<b>Primary Care</b>	
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 ( <b>Joint Chair</b> ) Primary Care Network Director – New West Primary Care Network Director – East Primary Care Network Director – East One NEL Pharmaceutical Committee Dental representation	GP Provider/ PCN representative Primary Care Development Lead
<b>Voluntary Sector</b>	
Health Lead- BD Collective Manager- Healthwatch Founder- Barking & Dagenham Youth Dance	Health Lead- BD Collective Manager- Healthwatch

one borough; one community; no one left behind

**Barking &  
Dagenham**

# Role of the Children and Adult Delivery Groups

## **Primary objectives are to:**

- Ensure effective multi-agency working at a strategic level through co-production
- Lead the development and delivery of a co-produced partnership delivery plan and its workstreams
- Work closely with the North East London (NEL) Integrated Care System programme to align priorities and resources- where appropriate

## **They will oversee and take responsibility for:**

- Agreeing priority outcomes
  - Leading areas of planning and delivery
  - Driving transformation and integration
  - Improving links with provider collaboratives
  - Supporting quality improvement and
  - Keeping Committees, Boards and Partnerships sighted on key challenges
- 
- Recent outputs have been: development of a Best Chance Strategy through the BCYP Group and delivery of a Winter Summit for the Adults.

# New Roles Within The System

Title and Appointed Person	Role
NEL ICB Chief Executive Officer designate- <b>Zina Etheridge</b>	To lead the North East London Health and Care Partnership (ICP).
<b>Place Based Partnership Lead- Fiona Taylor, LBBD</b>	<p><b>To convene partners around a common agenda, holding overall accountability for delivery at place and ensuring full co-production with residents and service users.</b></p> <p><b>Accountable for the delivery of the shared plan and outcomes for the place, working with local partners (e.g., an individual with a dual role across health and care or an individual lead for a ‘place board’).</b></p>
Place Delivery Director- <b>Sharon Morrow</b> (acting), NEL ICB	Senior delivery role working with and on behalf of residents, service users, and partners.
Clinical Director- <b>Dr Rami Hara</b>	Co-ordination of clinical and care professional leadership into the place-based partnership. Facilitation of clinical and care professional engagement in support of local transformation and quality priorities and ensuring local clinical and care professional input to NEL-wide strategies.
<b>Cllr Worby</b> , Elected Member, LBBD <b>Dr Shanika Sharma</b> , PCN Director	Joint Chairs for both B&D Partnership Board and ICB Place Sub Committee.
<b>Matt Cridge</b> Head of Borough Partnerships	Develop and lead the establishment of the organisation's partnership, ongoing development of governance arrangements and ways of working.
<p><b>Still to be filled:</b></p> <ul style="list-style-type: none"> <li>• Integrated Partnership Office role: Delivery and Borough Partnership Business Manager</li> <li>• NEL Clinical and Care Professional Leadership roles e.g. Primary Care Development Lead</li> <li>• Finance Director</li> <li>• Wider support roles from ICB</li> </ul>	

# Draft Place Leader and ICB Accountability Framework – still in discussion

Area	Accountabilities for place partnership leads
<b>Overall ambition</b>	<p>Place partnerships will deliver integrated local care, based on neighbourhoods of between 50,000 and 80,000 residents.</p> <p>Each place will ensure that all residents <b>can access same-day urgent care</b> when they need it and deliver continuity of care for agreed cohorts of residents.</p> <p>Through prevention and earlier intervention, focused on the wider determinants of health and wellbeing, <b>place partnerships will reduce the proportion of the population needing the most acute health and social care</b>, including hospital stays and residential and nursing care.</p> <p>Partners will also work together <b>to minimise pressure on the social care front door</b>, including by promoting earlier intervention and the use of community assets that support residents to avoid reaching crisis.</p>

# The Place based Lead will also, in collaboration with NHSE NEL:

- Facilitate **strong connections within each neighbourhood**, encompassing NHS and social care services, the wider local government offer, and community-led care and support
- Promote and enable the **widest possible view of partnership working**. This means working beyond statutory health and care organisations
- Ensure a **strong focus on the wider mental wellness agenda**, including access to employment and access to community-based care and support networks
- Drive creation of a **coherent approach to early years, adolescents, and young people** up to the age of 24
- Lead **local design of more integrated workforce models**, based around neighbourhoods and focused on community delivery by a broad range of clinical and care professionals alongside VCSE
- Ensure that **place-based mechanisms exist to convene relevant partners** as required to maintain consistent and adequate system flow, as well as to respond to periodic additional pressures
- Deliver the **NHS operating plan performance metrics**

# Joint Outcomes Framework

- The current **JLHWS will be refreshed in April 2023**, using findings from the current **JSNA (2022)**, setting out the vision and priorities locally and actions to address needs (aligning to **LBBD Corporate plan**)
- An initial **NHS NEL Integrated Care Strategy** will be published in Dec' 2022 and consider JLHWS priorities
  - **Current HWS themes:**
    - Best start in life; Early diagnosis and intervention and Building resilience
  - **NHS NEL priorities:**
    - Children and young people; Mental health; Employment and workforce; Long-term conditions
- These will form the basis of a separate '**joint outcomes framework**' to guide commissioning and provision, facilitating improvements at place
- Measuring outcomes and aligning incentives will enable **monitoring of performance**
- When combined with appropriate contractual and payment mechanisms, it will allow **provider collaboratives to work together** to deliver whole person care and achieve a common set of goals



# Relationship between the CQC and Place

The CQC will have a role to assess ICSs, including:

- NHS care, public health, adult social care and local authorities' delivery of adult social care duties
- Whether the ICPs Integrated Care Strategy is credible and how well it is used to inform commissioning and provision of quality and safe services across all partners
- Outcomes agreed at place
- Ensuring Providers contribution to plans are assessed as part of the overall oversight framework
- Functioning of the system as a whole, including the role of the ICP

# Key Milestones

June 2022	<ul style="list-style-type: none"> <li>• <b>Establishment of the ICB Subcommittee and Partnership Board agreed by the HWB</b> (14<sup>th</sup> June 2022)</li> <li>• Joint Strategic Needs Assessment refresh published</li> <li>• Recruitment to ICB Place lead roles:             <ul style="list-style-type: none"> <li>• Clinical/Care Director</li> <li>• Place Leadership role</li> <li>• NEL Clinical and Care Professional Leadership roles</li> </ul> </li> </ul>
July 2022	<ul style="list-style-type: none"> <li>• ICB and Partnership Board arrangements agreed by NEL</li> <li>• Place Lead role agreed by NEL</li> <li>• 9-month shadow arrangement for the Place Based Partnership begins</li> <li>• Population Health Management Pilot ends</li> <li>• Refreshed Joint Strategic Needs Assessment published</li> </ul>
August 2022	Development of 'Joint Partnership Office' and appointment to Borough Partnership development/support roles
December 2022	<ul style="list-style-type: none"> <li>• Clinical Care and Leadership Model agreed and recruited</li> <li>• Publication of initial NEL NHS Integrated Care Strategy</li> </ul>
By/on April 2023	<ul style="list-style-type: none"> <li>• Formalisation of Place Based Partnership and ICB arrangements including Subgroups to the Partnership Board for: BC&amp;YP; Adults; Quality and others?</li> <li>• Agreement on Outcomes Framework and publication of the Health and Wellbeing Strategy and Plan at Place</li> <li>• Establishment of Establishment of delivery functions e.g.:             <ul style="list-style-type: none"> <li>• Integrated Partnership Office</li> <li>• Executive Group</li> <li>• Ex CCG functions – finance, contracting etc</li> </ul> </li> <li>• Agreement on the relationships with BHR TB, NEL TBs and Provider Collaboratives</li> </ul>