

# HEALTH & WELLBEING BOARD SUPPLEMENTARY AGENDA

**27 January 2021**

The following report is attached for consideration and is submitted with the agreement of the Chairman as an urgent matter pursuant to Section 100B (4) of the Local Government Act 1972

**7 UPDATE ON DEVELOPING GOVERNANCE ARRANGEMENTS FOR INTEGRATED CARE SYSTEM (Pages 1 - 4)**

Cover report attached.

**Andrew Beesley**  
**Head of Democratic Services**

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## HEALTH & WELLBEING BOARD

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| <b>Subject Heading:</b>                   | Barking & Dagenham, Havering and Redbridge Integrated Care Partnership (BHR ICP) Governance  |
| <b>Board Lead:</b>                        | Alison Blair   |
| <b>Report Author and contact details:</b> | Alison Blair, Director of Transition – BHR Integrated Care Partnership (ICP)<br><a href="mailto:Alison.blair3@nhs.net">Alison.blair3@nhs.net</a> |

**The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy**

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| <input checked="" type="checkbox"/>  | <p>The wider determinants of health</p> <ul style="list-style-type: none"> <li>• Increase employment of people with health problems or disabilities</li> <li>• Develop the Council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit to residents of everything they do.</li> <li>• Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.</li> </ul>   |  |  |
| <input type="checkbox"/>   | <p>Lifestyles and behaviours</p> <ul style="list-style-type: none"> <li>• The prevention of obesity</li> <li>• Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups</li> <li>• Strengthen early years providers, schools and colleges as health improving settings</li> </ul>   |  |  |
| <input checked="" type="checkbox"/>  | <p>The communities and places we live in</p> <ul style="list-style-type: none"> <li>• Realising the benefits of regeneration for the health of local residents and the health and social care services available to them</li> <li>• Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem.</li> </ul>   |  |  |
| <input checked="" type="checkbox"/>  | <p>Local health and social care services</p> <ul style="list-style-type: none"> <li>• Development of integrated health, housing and social care services at locality level.</li> </ul>  |  |  |
| <input checked="" type="checkbox"/>  | <p>BHR Integrated Care Partnership Board Transformation Board</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Older people and frailty and end of life</li> <li>• Long term conditions</li> <li>• Children and young people</li> <li>• Mental health</li> <li>• Planned Care</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>Cancer</li> <li>Primary Care</li> <li>Accident and Emergency Delivery Board</li> <li>Transforming Care Programme Board</li> </ul> </td> </tr> </table> | <ul style="list-style-type: none"> <li>• Older people and frailty and end of life</li> <li>• Long term conditions</li> <li>• Children and young people</li> <li>• Mental health</li> <li>• Planned Care</li> </ul> | <ul style="list-style-type: none"> <li>Cancer</li> <li>Primary Care</li> <li>Accident and Emergency Delivery Board</li> <li>Transforming Care Programme Board</li> </ul> |
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## SUMMARY

This report provides an update on the development of the governance arrangements of the Barking and Dagenham, Havering and Redbridge (BHR) Integrated Care Partnership (ICP) in the context of the wider north east London (NEL) Integrated Care System development.

## RECOMMENDATIONS

The Board is asked:

- to note and comment on the update
- to approve the Integrated Care Partnership Board Terms of Reference

## REPORT DETAIL

The BHR CCGs' governing bodies in common held on 24 September received an update on the proposal to merge the seven north east London CCGs into one CCG from April 2021 and approved the submission of a single CCG application to NHSEI on 30 September 2020; and taking the proposal to merge to a vote of GP members in October 2020.

The outcome of the vote was declared on 20 October 2020 with members of the seven north east London CCGs supporting the merger to form a new, single North East London CCG. The applications to NHSEI was conditionally approved in November 2020. This outcome allowed the three systems across north east London to further develop local integrated care partnerships.

NHSE/I have also confirmed that North East London has been designated as an Integrated Care System (ICS). This follows an application process in November and a follow-up discussion with the regional team before a plan was submitted to the national team for a decision. North East London had originally been aiming for April 2021 in line with the Long Term Plan, but due to the progress made over recent months and the strong history of collaborative working in NEL, we were in a position to apply earlier and gives us the momentum to move forward to the next stage of our ICS development. The ICS designation will really strengthen our ability to collectively address health inequalities and ultimately improve the health and wellbeing of our local population.

There is a commitment from North East London CCG colleagues that the 80/20 principle of subsidiarity will apply in the future whereby the majority of functions and resources will be delegated to the ICP. From 1 April 2020 the BHR integrated care partnership board will have delegated responsibility for functions as set out in the attached terms of reference. There will be occasions where decisions will be reserved for only members of the CCG, the terms of reference set out how these decisions will be taken which will ensure that other members of the ICPB will continue to be present subject to the management of any conflicts of interest.

Further development of the structures to support the ICP at a borough partnership continue and partners will want to explore further delegation at this level. Borough Partnerships will be a key element of the BHR Integrated Care Partnership bringing together delivery of health and care services around the needs of local people. This will include input around the wider determinants of health, at a community/place-based level. Borough Partnership development will be led by the respective Local Authority Chief Executives in each area, who will also link them into the work of the Health and Wellbeing Boards to deliver the aspirations of more integrated care, closer to home, supporting local

people to remain well for as long as possible, and drawing in support for the wider determinants of health (e.g. housing, debt management, employment) as required.

The BHR ICP has significant and strong clinical and professional leadership with the views of clinicians and professionals represented at every level. Clinical and professional leaders work across the system focussing on what is best for residents, improving outcomes, assimilating evidence and solutions workable for practitioners. Borough members forums supports the work of the BHR ICP and will be led by each of the borough clinical directors (current BHR CCG Chairs) of the north east London CCG governing body.

The three main bodies of the BHR ICP will be:

- The Integrated Care Partnership Board (ICPB) – the ICPB will deliver on the expectations of population and patients for their health and care services and provide strategic leadership for, and delivery of, the overarching strategy and outcomes framework for the ICP; it will also provide oversight and facilitation of the transformation and design of the health and care in BHR, in particular facilitating the establishment Borough Partnerships and the Primary Care Networks (PCNs).
- The Integrated Care Executive Group (ICEG) – the ICEG will support the ICPB in its decision making by providing a forum for emerging ideas and proposals to be tested, ensure early engagement and involvement of key senior leaders from across the health and care system in the development of the BHR ICP and build collective understanding of important strategic issues so as to take such knowledge and insight into statutory organizations at the highest level.
- The Health & Care Cabinet (H&CC) – the H&CC will provide health and care clinical and professional leadership to the BHR ICP, ensuring that transformation boards develop robust proposals that are safe and effective and that the reasons underpinning financial assumptions are appropriate in terms of health and care. The H&CC will make decisions and at times, recommendations to the ICPB.

All partners have contributed to the development of the proposed governance arrangements of the BHR Integrated Care Partnership, including the Integrated Care Partnership Board, the BHR system leaders, BHR system governance leads and legal advisors Browne Jacobson. The ICPB terms of reference will be reviewed in the autumn 2021 to ensure they are fit for purpose for April 2022, when the national model for integrated care is expected to commence.

The attached slides set out:

- Governance structure
- Terms of reference for the Integrated Care Partnership Board

An OD programme is being planned for the ICPB to be delivered by legal advisors, Browne Jacobson during February and March, which will cover

- Scene setting: ICS and ICP
- The ICPB – its function and role
- Statutory vs policy decision-making
- Decision-making scenarios.

## IMPLICATIONS AND RISKS



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| <b>BACKGROUND PAPERS</b>  |
| <ul style="list-style-type: none"><li>• BHR ICP governance structure</li><li>• BHR Integrated Care Partnership Board Terms of Reference</li></ul> |