

NEL Integrated Care System (ICS) update

March 2022

Latest updates

Revised timetable

- A new target date of 1 July has been set for the new statutory arrangements for ICSs to take effect and Integrated Care Boards (ICBs) to be legally and operationally established
- This is to give sufficient time for the Health and Care Bill, which formalises ICSs, to go through its remaining parliamentary stages.
- During the 'extended preparatory period' to the end of June:
 - NEL CCG will remain as a statutory organisation, retaining all duties and functions and conducting its business through its governing body;
 - the CCG's leaders will continue to work with the designate chair and chief executive of the ICB on key decisions that affect future working; and
 - NHSEI will retain all direct commissioning responsibilities not already delegated to the CCG.
- As an ICS we want to maintain the momentum already generated around the design and launch of the ICS so we are committed to completing as much work as possible by the end of March and using April-June as a 'test and learn' phase where we mobilise elements of the ICS in shadow form

Recruitment to the Integrated Care Board

- The statutory roles of Chief Medical Officer, Chief Nursing Officer, Chief Finance and Performance Officer interviews taking place in March.
- Three other executive but non-voting board level roles are also being appointed to: Chief Participation Officer, Chief People and Culture Officer and Chief Development Officer.
- Collectively these six roles will report in to the CEO (Zina Etheridge) and form the senior executive team of the ICB
- Three Non-Executive Director roles out to advert and will be appointed through April in preparation for the anticipated established of the ICB from 1 July.
- Work is underway to establish the wider operating model of the Integrated Care Board ensuring that the right functions and teams are in place to deliver the priorities and requirements of the ICB

The following slides provide a recap and overview of our progress on ICB board and ICP governance along with the latest on the finance framework, including how financial flows and accountability will work.

Governance requirements for 1 July

- We need to establish governance fit for the new integrated care system (ICS), in line with our principles:
 - a unitary board for the new NHS body – the integrated care board (ICB);
 - an ICB and local authority convened partnership ‘committee’/ board of ICS members: the Integrated Care Partnership (ICP) or *NEL Health and Care Partnership*; and
 - a constitution for the ICB board.
- Within and alongside the constitution, we must agree the following in line with national guidance:
 - membership of the ICB board;
 - governance structure – committees and decision-making arrangements, including for place-based partnerships and provider collaboratives;
 - a scheme of reservation and delegation (SoRD) and standing financial instructions (SFIs); and
 - chair and membership of the ICP committee and broader partnership.
- Guidance – much received and considered in developing proposals (e.g. model constitution, key committee terms of reference), but there is more to come, such as appointment process for partner ICB board members and a further version of the constitution.
- Resident, patient, service user and carer participation is central the ICS’s way of working. Healthwatch is developing proposals re their participation in system governance.
- We will take an evolutionary approach – testing, reviewing, and building on where we start over year one and beyond.

ICB and ICP membership

- Proposals were developed collaboratively through a series of standing meetings and working groups including with: council leaders/mayors, HWBB chairs and cabinet members; NHS trust chairs and CCG lay members; Healthwatch leads; and the VCSE umbrella body group. They were confirmed at the system-wide workshop on 3 November 2021.

Features:

- Unitary board of the new NHS body – the Integrated Care Board
- Accountable for statutory functions, allocation of funding, and system oversight
- Partner members are nominated by sector – national guidance coming
- Information flows via groups by sector – local authority leaders and members; trust chairs, VCSE leads, and Healthwatch leads
- Members are not representatives of place but we are aiming to cover the NEL patch through the membership

Integrated Care Board

Board Membership (15)

Chair: Independent Chair of ICB/ICS

Independent non executive members:

- NED – audit chair
- NED – remuneration chair
- NED – quality and performance

Partner members:

- Local authority* – outer NEL
- Local authority* – inner NEL
- NHS Trust** – acute
- NHS Trust** – mental health/community
- Primary care – inner NEL
- Primary care – outer NEL
- VCSE – umbrella body representative (tbc)

Executive members (ICB):

- Chief executive
- Chief finance officer
- Chief medical officer
- Chief nurse

Integrated Care Partnership

Membership (30-40)

Chair: Independent Chair of ICB/ICS

- Local authorities x8
- ICB members x TBC
- NHS Trusts x5
- CVS/Umbrella VCS orgs x8
- Healthwatch x8
- Clinical representation across: primary care, allied health professionals, mental health, acute, etc. (via the clinical advisory group (CAG))
- Others as agreed (potentially umbrella business groups)

NB: Further discussion re approach and membership with LAs continuing via working group of five LA elected leads

Agreed: broad overall membership as above, with four partnership-wide sessions each year, one on each of the ICS priorities and overall strategy, plus to establish a 'steering committee'

Features:

- Jointly convened by NEL's local authorities and the ICB
- It includes all key system partners
- It develops and agrees system-wide integrated health and care strategy

* NEL's preference is for elected members and updated guidance issued February 22 confirms this is now permissible (it was not previously)

** Trust roles are proposed as non-executive to secure more balance between executives and non-executives. Executives will be at the table to present reports and contribute to discussions.

Summary: ICB board, ICP, constitution

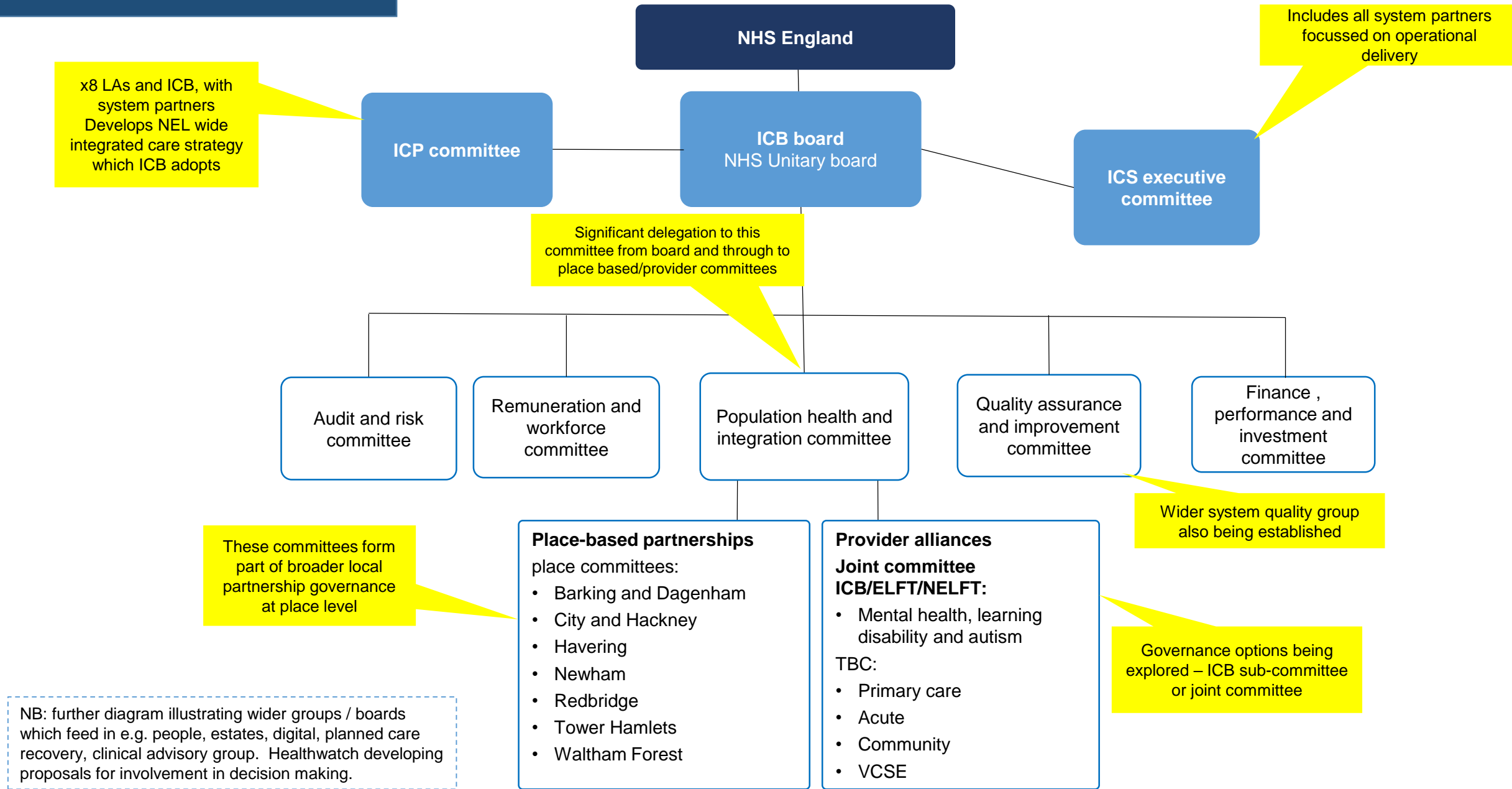
- **Partnership with local authorities:** regular meetings with elected members and executives and ICB/ICS Chair designate over past year, LA member working group on governance in place since last summer, LA reps in place based partnership development sessions/working groups, LAs within partner workshop sessions of 70+ where ICB board membership and ICP proposals agreed last year.
- **Constitution and ICB board membership engagement:**
 - Model constitution from NHS England (NHSE) must be used, limited discretion to amend. Further version and guidance – by mid Feb.
 - Membership: one LA member required but locally agreed with LA leads for two. NEL preference for elected members if permitted, guidance currently doesn't allow for this. Members not representatives – there to bring perspective
 - Each partner group – LAs, NHS Trusts, Primary Care – lead process to nominate their members. LAs working with NEL governance lead to agree this. All ICB Chairs required to approve each nominee but no issues anticipated given eligibility criteria will be clear.
 - Advice not to begin nomination process for partner members before end-March when regulations due.
 - Draft constitution shared with LA leaders/mayors, cabinet members, and chief executives in December and met to discuss January.
 - Minimal comments, but reflected in revised draft. General view to keep constitution light and further detail in governance handbook, for example nominations process for LA members which LAs lead.
- **Integrated care partnership:**
 - Proposals discussed at wider NEL LA meeting and being further developed through working group of LA elected members.
 - Wider discussion with LA leads at meeting in March – very much leading the process with support from CCG as required.
 - More guidance March, building on document produced by Dept. Health and Social Care, Local Government Association and NHSE.

ICS governance

Summary of proposed formal governance

March 2022

ICS/ICB formal governance 1



ICS/ICB formal governance 2

Governance element	Role and purpose NB draft terms of reference available and/or being drafted for below and connectivity between each group to be clarified within these
Integrated Care Partnership 'committee'	<ul style="list-style-type: none"> • Develops system integrated health and care strategy addressing broad health and social care needs of population, including wider determinants such as employment, environment, and housing issues • Focus on NEL purpose, four priorities and commitment to participation • Facilitates mutual accountability of all ICS partners in delivery of overall strategy
Integrated Care Board (ICB) unitary board	<ul style="list-style-type: none"> • Statutory oversight of ICB functions (quality, finance, performance) and delivery of integrated care strategy (as above). Focus: <ul style="list-style-type: none"> ○ to improve access, experience and outcomes, reducing variation ○ to tackle health inequalities and ensure population health management ○ to ensure value, sustainability and productivity
ICS executive committee	<ul style="list-style-type: none"> • ICB and ICS executives (with delegated authority from their orgs) oversight of operational delivery • Review of strategy, performance etc prior to recommendation to board
Audit and risk committee	<ul style="list-style-type: none"> • Provides independent and objective assurance on system of internal control, governance and risk management.
Remuneration and workforce committee	<ul style="list-style-type: none"> • Agreeing remuneration and terms of service for ICB very senior managers (VSMs) and board (as required and NEDs only) • Broader remit for ICB workforce and oversight of ICS workforce priority – NEL People Board feeds in.
Population health and integration committee	<ul style="list-style-type: none"> • Takes on delegation of commissioning functions from ICB board • Delegates to place/provider committees – ensures appropriate division and no duplication in decision making • Ensures integration happening and health inequalities for whole population addressed
Place committees	<ul style="list-style-type: none"> • Responsible for ICB delegated functions at place • Meets alongside/within a broader partnership responsible for broader health and care of population • Potential for joint committee with ICB plus other functions (e.g. LA, NHS trust)
Alliance committees	<ul style="list-style-type: none"> • Responsible for ICB delegated functions to groups of providers (and ICB)
Quality assurance and improvement committee	<ul style="list-style-type: none"> • Reducing clinical variation, developing appropriate clinical pathways, continuously improving access, experience and outcomes
Finance performance and investment	<ul style="list-style-type: none"> • Finance and performance oversight for system (financial allocation comes to ICB), including investment decisions

Key Timelines for Place

- 1st of July – ICB and ICS governance in place
- Only NHS services being delivered at place currently. Still not 100% clear what these will be
- Important we link with the provider collaboratives to influence and not repeat
- Now to January 23 Havering partnership will agree key workstreams and projects, plus will be clearer on financial models and services to be delivered via place (nothing stopping us working now on projects that need partnership support, in fact we should encourage this)
- April 23 we are expected to have an agree strategy and roadmap with agreed local services