



## CABINET

**Subject Heading:**

**Establishing the Havering Borough Partnership and Integrated Care Board – Governance Arrangements**

**Cabinet Member:**

Cllr Gillian Ford, Lead Member for Adults and Health

**SLT Lead:**

Barbara Nicholls, Director of Adult Social Care & Health

**Report Author and contact details:**

Rebecca Smith, Commissioning Programme Manager,  
[Rebecca.smith2@havering.gov.uk](mailto:Rebecca.smith2@havering.gov.uk)

**Policy context:**

Supports the Council to meet its Together and Communities Theme priorities outlined in the Corporate Plan. This plan sets out how the Council intends to invest and transform the borough with an emphasis on improving the lives of vulnerable children, adults and families.

**Financial summary:**

There are no financial implications attached to this report.

**Is this a Key Decision?**

Yes – it affects more than two wards

**When should this matter be reviewed?**

September 2022

**Reviewing OSC:**

People Sub-Committee of the Overview and Scrutiny Board

**The subject matter of this report deals with the following Council Objectives**

Communities making Havering  
Places making Havering  
Opportunities making Havering  
Connections making Havering

[x]  
[x]  
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## SUMMARY

- 1.1** Integrated Care Systems (ICSs) are now in place across the country. Havering forms part of the North East London (NEL) ICS. A key element of ICSs are Place Based Partnerships, which have been formed in each borough in NEL. The Havering Borough Partnership (HBP) brings together partners from across the health and social care system to plan and deliver services for local residents.
- 1.2** Following the passage of the Health and Social Care Act 2022, from 1<sup>st</sup> July 2022, the NEL Clinical Commissioning Group (CCG) ceased to exist, and has created a statutory Integrated Care Board (ICB), bringing the NHS together to improve population health and care, which will delegate functions that are best addressed locally to Place Based Partnerships. A Place Based Committee of the ICB has been established in each Place in NEL, with associated governance processes put in place.

## RECOMMENDATIONS

**2.1** It is proposed that Cabinet agrees to

- **Note** the formal establishment of NHS North East London Integrated Care Board (ICB) and associated Committees of the ICB on 1<sup>st</sup> July 2022.
- **Note** that the appointment of NEL representative councillors and officers to the ICB and its associated Committees, has not yet been agreed, and Cabinet will be updated in due course. Should a Havering Council officer be nominated, such an appointment will be made under existing officer delegations within part 3 of the council's constitution.
- **Note** the appointment by the Leader of the following political representative from Havering to the Integrated Care Partnership Board as a political appointment to an outside body: Councillor Gillian Ford, Cabinet Member for Adults and Health
- **Endorse** the appointment of the Chief Executive of the council, as the Havering Placed Based Committee's (a committee of the ICB, not the council) Lead Accountable Officer, and that this appointment has been made under existing officer delegations within part 3 of the council's constitution.
- **Note** the intention to review the relationship of the Havering Health & Wellbeing Board and the Place Based Partnership Committee, as well as the council's health scrutiny functions
- **Note** the establishment of the ICS Executive Committee to support the ICB, which will have representative senior officers from NEL constituent

authorities, although these are yet to be determined. Cabinet will be updated in due course.

- **Note** that an update will be provided to Cabinet no later than October 2022.

<b>REPORT DETAIL</b>
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## **Background**

**3.1** Formation of integrated care systems (ICSs), and formalising these as statutory bodies is set out in the Health & Social Care Act 2022, which received royal assent on 28<sup>th</sup> April 2022. The Act is part of a suite of reforms planned by the government to improve outcomes for residents, with decision making devolved to a local level as far as possible.

**3.2** Integrated care systems are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population. The central aim of ICSs is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care. All parts of England are now covered by one of 42 ICSs. ICSs are intended to bring about major changes in how health and care services are planned, paid for and delivered, achieving greater integration of health and care services; improving population health and reducing inequalities; supporting productivity and sustainability of services; and setting out the NHS's role in supporting social and economic development.

**3.3** Place Based Partnerships are a key element of ICSs bringing together delivery of health and care services around the needs of local people. This will include:

- Leading a local population health assessment and understanding the wider determinants of health, at a community/place based level.
- Supporting people to improve their physical and mental wellbeing before they deteriorate and require significant and/or long term, high costs interventions, supporting them to maintain a healthy life expectancy for as long as possible.
- Directing people to the right service and support that they need, first time, aiming to achieve the very best value for local people from every interaction that they have with health and care, local authority or community and voluntary sector staff across the system.

**3.4** Place Based Partnerships are collaborative arrangements involving the organisations responsible for arranging and delivering health and care services in a locality or community.

**3.5** The Havering Borough [Placed Based] Partnership (HBP) was established in shadow form in early 2021, with representation from the Local Authority (Public Health, Adult Social Care, Children's Social Care, Housing), the GP Federation, Primary Care Networks, BHRUT, NELFT, social care providers, Healthwatch and Havering Compact. It has met monthly to prepare for becoming a formal Committee of the new ICB from 1<sup>st</sup> July 2022.

### **From July 2022**

**3.6** On 1<sup>st</sup> July, the Integrated Care Board was established in the place of the NEL CCG, which ceased to exist. The ICB is called NHS North East London, and takes on the NHS commissioning responsibilities of the CCG. An Integrated Care Partnership (ICP) has been created as a formal alliance of partners with a role in improving the health and wellbeing of our residents, creating a joint plan for improving the health for our community, delivering services in a more joined up way.

**3.7** In order for NHS commissioning responsibilities to be delegated to place, a decision making Sub-Committee of the ICB has been established. The Sub-Committee of the ICB is made up of representatives from the HBP, and the wider HBP group will continue to exist as a consultative forum, which helps inform decision making by the Committee.

**3.8** Appendix 1 outlines all elements of the new ICS and Appendix 2 outlines the governance structure in place around the NEL ICS / ICB.

### **Implications and future considerations for the Council**

**3.9** Local Authorities (at both political and officer level) have nominated suitable representatives to the various committees and boards of the new Integrated Care System:

- Integrated Care Partnership Board – 1 elected member representative from each of the constituent local authorities across North East London. For Havering this is Councillor Gillian Ford, Cabinet Member for Adults and Health
- Integrated Care Board – two local authority representatives (at the time of writing this is to be one elected member and one chief executive) who will represent all 8 local authorities in their roles on the ICB, not just their own borough. There will be local authority representative from the inner London NEL boroughs, and one from the outer NEL boroughs (Barking & Dagenham, Havering and Redbridge councils). These political and/or officer representatives have not yet been agreed for NEL boroughs, and Cabinet will be updated in due course.

- An ICS Executive Committee is in place to support the ICB, onto which local authorities have five officer representatives, consisting of two chief executives, one Director of Adult Services (DASS), one Director of Children Services (DCS) and one Director of Public Health. It has yet to be determined which (if any) Havering Council officers will sit on the ICS Executive Committee and Cabinet will be updated in due course. Each of these representatives are there for their professional expertise, and will be the voice for all 8 local authorities in NEL. They will not be representing their single borough interests.
- To support the professional representatives of the ICS Executive Committee, NEL CE's, DASS's, DCS's and DPH's will use pre-existing meeting arrangements to ensure the professional representative is able to present a collective view of their colleagues across NEL.

**3.10** As the Havering Place Based Committee and wider Borough Partnership develops, consideration will need to be given as to how decision making at Place will work. For example, consideration may be given to forming Committees in Common over time, to facilitate more collaborative decision making at the local level.

**3.11** The ICB has now appointed Havering's Chief Executive as the Havering Place Based Committee's Lead Accountable Officer with the authority to delegate as yet to be determined functions to other Place Based Committee members to lead on.

**3.12** The relationship of the Place Based Committee and wider Borough Partnership and the Havering Health & Wellbeing Board will need to be considered carefully between July 2022 and April 2023, having due regard to the HWB's statutory responsibilities. This is also the case in respect of the council's health scrutiny powers to ensure effective scrutiny can take place.

**3.13** NHS functions will be delegated into the Place Based Committee of the ICB, however this is unlikely to happen until 1<sup>st</sup> April 2023, to allow time for the newly formed committee to mature.

## **REASONS AND OPTIONS**

### **Reasons for the decision:**

**4.1** In order to comply with the legislative framework for ICS's as set out in the Health and Care Act 2022, the council must enter into integrated arrangements with the newly formed NHS North East London care system. In practical terms this means councillor and officer representation in the Integrated Care Partnership statutory Integrated Care Board and its committees at a NEL level and the Havering Place Based Committee from 1<sup>st</sup> July 2022.

**Other options considered:**

**4.2** The Integrated Care Board and Place Based Committee are statutory functions, and a fundamental part of Integrated Care Systems. As such, there are no alternative options to consider.

## **IMPLICATIONS AND RISKS**

### **Financial implications and risks:**

There are no financial implications to this report, as the agreed financial commitments remain the same despite the transfer of commissioning duties from CCG to ICB.

### **Legal implications and risks:**

Section 19 of The Health and Care Act 2022 (which amends the NHS Act 2006) mandates the setting up of the Integrated Care Board and the abolition of the relevant CCG. This is already in force.

Section 26 of the Health and Care Act 2022 will amend the Local Government and Public Involvement in Health Act 2007 and require the setting up of an Integrated Care Partnership. That provision is not yet in force.

There are requirements around the setting up of the ICB including the constitution of the ICB and consultation on that .

The duty to create the ICP will fall jointly to the ICB and the Local Authority Under s 26 (4) The integrated care partnership for an area is to consist of—  
(a) one member appointed by the integrated care board,  
(b) one member appointed by each of the responsible local authorities, and  
(c) any members appointed by the integrated care partnership.

The key function of the ICP will be to devise an integrated care strategy for its area based on a needs assessment.

### **Human Resources implications and risks:**

There are no HR implications to this report, as the report is for information only and no decision is being sought regarding staffing or employment.

### **Equalities implications and risks:**

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have due regard to:

(i) the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;

- (ii) the need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are: age, sex, race, disability, sexual orientation, marriage and civil partnerships, religion or belief, pregnancy and maternity and gender reassignment.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

Monitoring takes place to assess how the service meets the needs of all users, including those from ethnic minority communities and the disabled.

Any recruitment or commissioning activity undertaken by the HBP will adhere to these requirements.

### **Health and Wellbeing implications and Risks**

The vision of the Havering Partnership is to pool collective resources to create person centred, seamless care and support designed around the needs of local people throughout their life course, with a strong focus on prevention, addressing inequalities and the wider determinants of health by:

1. Developing joined up support and services that prevent people becoming ill – this covers a whole range of activities aimed at building more resilient communities and better 'health literacy' which are largely undertaken by non-health partners, including school readiness, employment, housing etc
2. Ensuring that when people do need advice it is easy to access and seamless between different agencies – joining up services between the NHS and voluntary sector to enable a swift and comprehensive response
3. Ensuring that services for people who are ill are high quality and can be accessed without delay

The formation of the HBP and the Committee of the ICB will improve health outcomes for Havering residents through understanding and working with communities, joining up and coordinating services around people's needs, addressing social and economic factors that influence health and wellbeing, and supporting quality and sustainability of local services.

<b>ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS</b>
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The HBP will minimise impact on the environment by:
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- Holding virtual meetings to reduce the environmental impact of multiple stakeholders travelling to in person meetings
- Operating in a non-paper based way, with all documentation being stored in online filing systems, and papers for meetings being circulated online, as opposed to being printed
- Organisations involved in the HBP operate flexible working policies, which mean staff can complete the majority of their work remotely and do not need to travel daily into office bases
- Providers of services commissioned by the HBP on behalf of the ICB will be asked to ensure that they include information about how they will minimise impact on the environment when they bid for contracts, and will need to demonstrate what they are doing to protect the environment for the duration of contracts

### **BACKGROUND PAPERS**

The Kings Fund: How does the NHS in England work and how is it changing?  
<https://www.youtube.com/watch?v=blapgFKXv0I>



# Havering

LONDON BOROUGH

## Appendix 1: Key Elements of Integrated Care Systems

### Integrated care systems (ICSs)

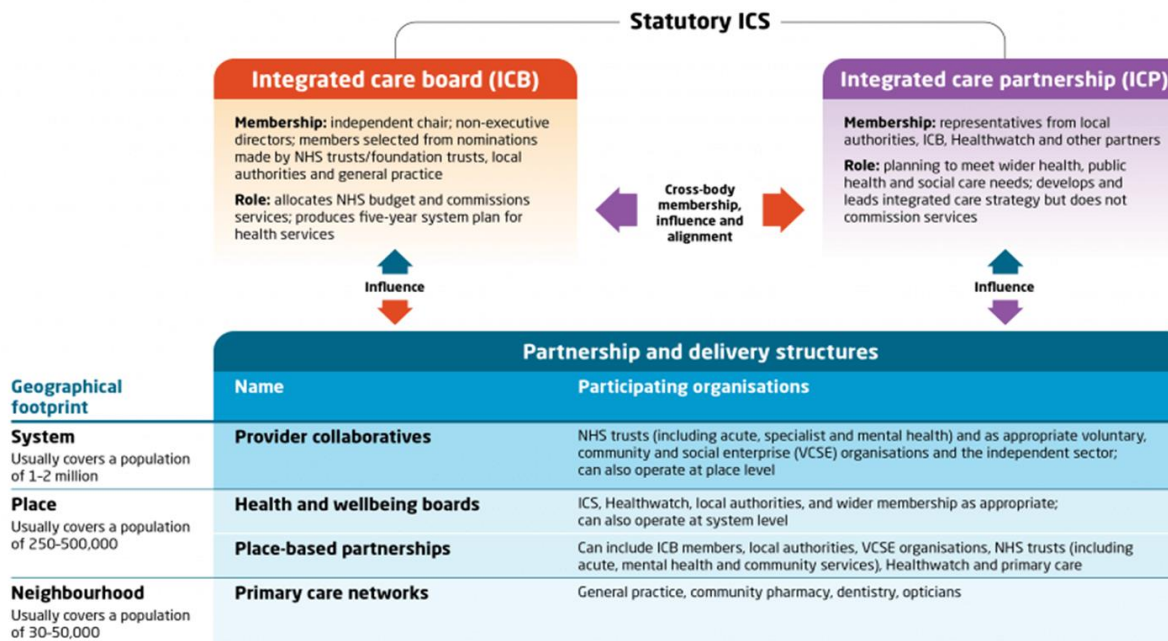
Key planning and partnership bodies from July 2022

#### NHS England

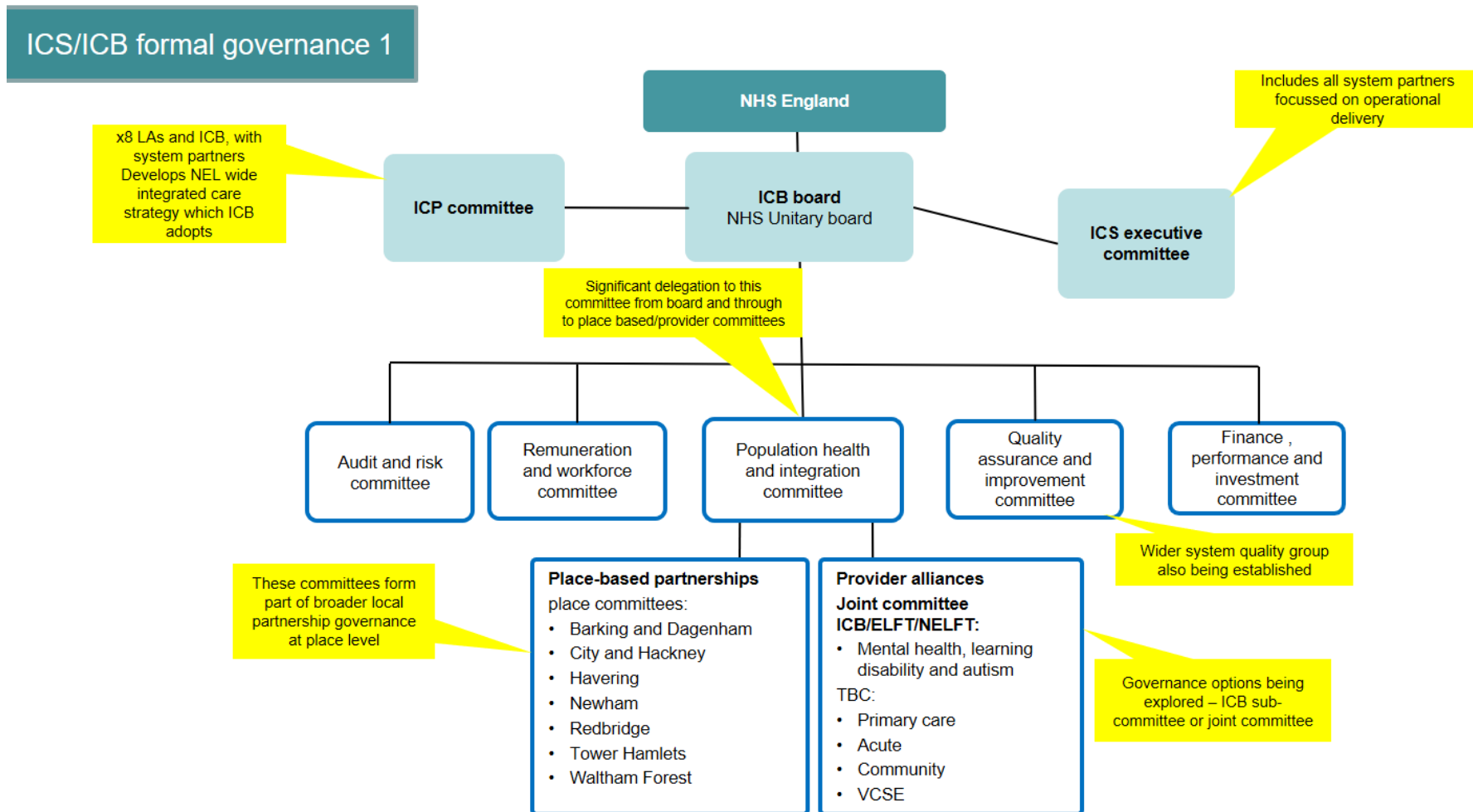
Performance manages and supports the NHS bodies working with and through the ICS

#### Care Quality Commission

Independently reviews and rates the ICS



Appendix 2: ICS / ICB Governance Structure



## Cabinet, 06 July 2022

Governance element	<b>High level role and purpose</b> <i>NB draft terms of reference available and/or being finalised for below and connectivity between each group to be clarified within these and handbook</i>
Integrated Care Partnership ‘committee’ of ICB and LAs <i>Coordinated by a smaller ‘steering committee’</i>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Focus on NEL purpose, four priorities and commitment to participation</li> <li>• Facilitates mutual accountability of all ICS partners in delivery of overall strategy</li> </ul>
Integrated Care Board (ICB) unitary board	<ul style="list-style-type: none"> <li>• Statutory oversight of ICB functions (quality, finance, performance) and delivery of integrated care strategy (as above). Focus:               <ul style="list-style-type: none"> <li>○ to improve access, experience and outcomes, reducing variation</li> <li>○ to tackle health inequalities and ensure population health management</li> <li>○ to ensure value, sustainability and productivity</li> </ul> </li> </ul>
ICS executive committee	<ul style="list-style-type: none"> <li>• ICB and ICS executives (with delegated authority from their orgs) oversight of operational delivery</li> <li>• Review of strategy, performance etc prior to recommendation to board</li> </ul>
Audit and risk committee	<ul style="list-style-type: none"> <li>• Provides independent and objective assurance on system of internal control, governance and risk management.</li> </ul>
Remuneration committee <i>Smaller remcom for NEM remuneration to meet as required</i>	<ul style="list-style-type: none"> <li>• Agreeing remuneration and terms of service for ICB VSMs and board, and people oversight for ICB staff</li> </ul>
Population health and integration committee	<ul style="list-style-type: none"> <li>• Takes on delegation of commissioning functions from ICB board</li> <li>• Delegates to place/provider committees – ensures appropriate division and no duplication in decision making</li> <li>• Ensures integration happening and health inequalities for whole population addressed</li> </ul>
Place committees	<ul style="list-style-type: none"> <li>• Responsible for ICB delegated functions at place</li> <li>• Meets alongside/within a broader partnership responsible for broader health and care of population</li> <li>• Potential for joint committee with ICB plus other functions (e.g. LA, NHS trust)</li> </ul>
Alliance committees	<ul style="list-style-type: none"> <li>• Responsible for ICB delegated functions to groups of providers (and ICB)</li> </ul>
Quality safety and improvement committee	<ul style="list-style-type: none"> <li>• Reducing clinical variation, developing appropriate clinical pathways, continuously improving access, experience and outcomes</li> </ul>
Finance performance and investment	<ul style="list-style-type: none"> <li>• Finance and performance oversight for system (financial allocation comes to ICB), including investment decisions</li> </ul>