

## CCG Governing Bodies

<b>Date of meeting</b>	March 2022
<b>Title of paper</b>	System Reform Programme – General Update
<b>Presented by</b>	Relevant CCG Leads
<b>Author</b>	Dawn Haworth, Senior Programme Manager Victoria Ellarby, Programme Director Steve Christian, Chief Integration Officer (LSCFT) Ed Parsons, Programme Director, Provider Collaborative Board Debra Atkinson, Head of Corporate Business (EL & BwD CCGs) Cath Owen, Strategic People & OD Lead Neil Greaves, Head of Communications & Engagement
<b>Agenda item</b>	
<b>Confidential</b>	No

<b>Purpose of the paper</b>		
The purpose of this report is to provide the CCG Governing Bodies with an update on the work of the Lancashire and South Cumbria Integrated Care System Development Programme.		
<b>Executive summary</b>		
The System Development Programme is progressing at pace, overseen by the ICS development Oversight Group, with significant work being undertaken across all workstreams. This report provides a high-level update for the CCG Governing Bodies and focusses specifically on the following key areas of work:		
<ul style="list-style-type: none"> <li>• Implications of <i>Health and Social Care Integration: joining up care for people, places and populations</i></li> <li>• National guidance</li> <li>• Readiness to Operate Statement</li> <li>• ICB Governance</li> <li>• Provider Collaboration</li> <li>• Communications &amp; Engagement</li> </ul>		
A separate report is being provided regarding CCG closedown.		
<b>Recommendations</b>		
The CCG Governing Bodies are asked to discuss the report which updates on the current system development programme.		
<b>Governance and reporting</b> (list other forums that have discussed this paper)		
<b>Meeting</b>	<b>Date</b>	<b>Outcomes</b>
<b>Conflicts of interest identified</b>		

<b>Implications</b>				
<i>If yes, please provide a brief risk description and reference number</i>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>Comments</b>
Quality impact assessment completed			N/A	
Equality impact assessment completed	Yes			
Privacy impact assessment completed			N/A	
Financial impact assessment completed			N/A	
Associated risks			N/A	
Are associated risks detailed on the ICS Risk Register?			N/A	A Risk and Issues Log for the System Development Programme has been established

## Update Report: System Development Programme

### 1. Introduction

The purpose of this report is to provide the CCG Governing Bodies with an update on the work of the Lancashire and South Cumbria Integrated Care System Development Programme.

### 2. Implications of *Health and Social Care Integration: joining up care for people, places and populations*

In February 2022, the Integration White Paper (IWP) entitled '*Health and Social Care Integration: joining up care for people, places and populations*' was published, which sets out the Government's thinking on the next stage for how NHS and local government partnerships can go 'further and faster' across the country, building on existing legislation and reform, including the creation of Integrated Care Systems, the Health and Care Bill and Thriving Places.

Key policy proposals within this publication are:

- (i) A **framework for local outcome prioritisation** focused on individual health and wellbeing and on improving population health in addition to nationally set priorities (e.g. the mandate). There will be a further consultation on the detail in due course, with implementation from April 2023. Robust regulatory mechanisms, including CQC to assess outcomes and delivery of integrated care at Place level. There will be specific criteria for place-level governance which will be accountable for **delivering improved outcomes** – a clear push away from organisational focused performance, **towards population outcomes which NHS and local authority leaders will be empowered to deliver against.**
- (ii) Health and care services in local communities ('Places') to be strengthened. By Spring 2023 **all 'Places' should adopt a leadership and governance model with a single point of accountability (SPOA) across health and social care**, accountable for developing a shared plan and demonstrating delivery against agreed outcomes. The plan will be underpinned by pooled or aligned resources, including an extensive proportion of services and spend held by the Place-based arrangement by 2026
- (iii) Further **progress on the key enablers of integration** (financial alignment; workforce, digital and data)
  - Review of legislation underpinning pooled budgets to simplify and update to better facilitate aligned financial arrangements.
  - Every health and care provider within an ICS to reach a minimum level of digital maturity by March 2025
  - Review of regulations that prevent the flexible deployment of health and social care staff across sectors
  - Local leaders to consider what workforce integration looks like in their area and the conditions and practical steps required

- Guidance for ICPs to produce integrated workforce plans across the whole of systems, including more collective promotion of careers across health and social care and making it simpler for people to move between sectors

The implications for ICSs are:

- Building on Thriving Places, the expectation is that all areas will have plans for their Places agreed by April 2023, with the delegation of services and finances to Places by 2026. This will include a single point of accountability across health and social care for each Place.
- While the White Paper will set out an illustrative example of Place-based governance, the precise governance model is **to be agreed locally**. Where strong partnerships already exist, DHSC does **not** want to unwind these.
- Where systems and places are effectively the same geography, there will be no need for both place-based and ICS arrangements.
- ICSs should **not** pause the process of setting up Place based partnerships and/or recruitment to wait for the White Paper.
- There are no national plans for further changes to ICS boundaries.
- The Accountable Officer role of the ICB and Chief Executive will **not** change. Any local arrangements will still need to be mutually agreed, including any aligning and/or pooling of budgets.
- There will be a subsequent consultation on a new local outcomes framework that will allow for variation in priorities between Places (for example to reflect different demographics) that will sit **alongside national priorities**. These national priorities will continue to be set, for example, in the mandate and planning guidance.

A summary slide set outlining the main points in the White Paper is included at appendix A. This also includes the consultation questions contained in the document.

Lancashire and South Cumbria (LSC) is well placed to respond to these expectations and ambitions, given the work that has been underway through the Place-Based Partnership Development Advisory Group and various development programmes that have been agreed via the ICS Board. Examples of this alignment are:

- LSC's strategic narrative for place-based partnerships strongly aligned with the Thriving Places guidance published in 2021.
- Governance arrangements for PBPs agreed as initially Committees of the ICB, with aspirations for Joint Committees with the ICB and Local Government from April 2023.
- Financial delegations from the ICB to place from April 2023, with aspirations for delegations from Local Government and pooled budgets in future years.
- Place-Based Leaders to be recruited during Q4 of 2021/22

- Establishment of shadow/transitional operating model and resourcing model for the place-based team of the ICB during Q4 of 2021/22
- Work underway to agree common priorities across all five PBPs and those bespoke to each PBP, along with the development of balanced scorecards in PBPs and across the system. These will be aligned to the four core aims of ICSs and delivery of the ICB's five year plan.

### 3. National Guidance

No further guidance has been published since the February update.

Approximately twenty further guidance documents are still awaited. Our summary of national guidance continues to be maintained and is available from the ICS Corporate Team.

Work on the Lancashire and South Cumbria System Development Programme is continuing to progress as far as possible without waiting for guidance. Proposals are continuing to be developed and cross-checked against any guidance that is subsequently issued where necessary.

### 4. Readiness to Operate Statement

The *ICS implementation guidance: ICS readiness to operate statement (ROS)* (published 19th August 2021), describes how the ROS checklist should be used to enable system leaders to assess progress and transition towards establishment of the Integrated Care Board (ICB) and its associated governance arrangements from the date on which the new statutory arrangements take effect. The ROS checklist requires the Lancashire and South Cumbria system to provide a RAG rating against 12 sections, each containing a number of elements that are drawn from national legal/policy requirements. These RAG ratings are required for both the current position and for the projected position as at the go live date.

The new target date of 1<sup>st</sup> July 2022 for the statutory arrangements means that activities within the ROS are now subject to revised timeframes, along with future ROS submissions of the ROS checklist itself. Further iterations of the ICB Establishment timeline are being published, which confirm new dates for completion of key tasks along with a number of new actions.

The change of target date to 1<sup>st</sup> July 2022 for the new statutory arrangements take effect has removed the most significant areas of risk, as these were associated with the tight timeframes for completion of key tasks during quarter 4 of 2021/22. However, as further guidance is yet to be received, linked to the progression of the Bill through Parliament, there is a residual risks that similar capacity / demand challenges may occur during quarter 1 of 2022/23.

Key tasks for quarter 4 of 2021/22 are:

- Recruitment of ICB Executive roles

- Recruitment of Place-Based Leaders
- Further development of the ICB Constitution and governance arrangements, taking into account national guidance that has recently been published (with further expected in later March 2022)
- Ensuring safe and effective transfer of staff, service provision and governance arrangements from multiple organisations into the ICB, with work underway to describe 'what happens where' and to develop a shadow/transitional resourcing model.
- Supporting our Place-Based Partnerships and Provider Collaboratives to be ready to operate in conjunction with the ICB.
- Working with local government to establish the Integrated Care Partnership, agreeing shared system-wide priorities.

## 5. Integrated Care System Governance

Each Integrated Care System is required to establish the following:

- An **Integrated Care Board**, which is a statutory organisation that brings the NHS together locally to establish shared strategic priorities within the NHS, connecting to wider partnerships across the ICS, and to improve population health
- An **Integrated Care Partnership**, which is a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. Locally, we are describing this as the Lancashire and South Cumbria Health and Care Partnership.

### Integrated Care Board (ICB)

Further to the recently amended ICB Establishment Timeline, all ICSs are under an obligation to continue with the development of the new ICB's Constitution and to engage with partners to seek views on the proposals. Members were updated at the last meeting on the second submission in early December, which included a small number of updates -all of which were approved.

A further updated ICB Model Constitution Template was published by NHSEI on 11th February. The main national updates relate to:

- A new mandatory statement highlighting the core purpose of ICBs has been included within the Foreword
- Amended disqualification criteria to allow a member of London Assembly or Member of a Local Authority to become a member of the ICB.
- Specific arrangements for appointing of ordinary members made at establishment (all members other than the Chair and Chief Executive). This section also includes confirmation that Partner Member joint nominations must be **after** the H&SC Bill receives royal assent.

- Changes to the requirements for which Board and Committee meeting must be held in public, to be those composed entirely of board members, or which include all board members, will be held in public.

Sections of the draft LSC constitution have, therefore, been reviewed to reflect these changes and other areas such as board composition and quoracy, following the successful appointment of five Non-Executive members to the board.

The next full submission is due on 28th February, and members will be updated on this and any other specific amendments once feedback is received from NHSEI NW regional team.

## Recruitment

Recruitment to key roles within the ICB is progressing as follows:

**Chief Executive Officer** – the recruitment of the new Chief Executive Officer for the Integrated Care Board (ICB) has now been completed with the appointment of Kevin Lavery who is expected to formally commence in role in March 2022. This appointment is an important step in the development of the ICB towards statutory establishment in July.

**Non-Executive Directors** – Non-Executive Member appointments have now been confirmed with appointees expected to commence in role on 1<sup>st</sup> July 2022.

**Other executive posts** – the posts of Chief Medical Officer, Chief Finance Officer, Chief Nursing Officer and Chief People Officer have been advertised externally and with the support of a search agency. Interviews and assessments were scheduled to be completed by the end of February 2022.

**Place leadership roles** - It is expected that the process to appoint to Place Based Leadership roles will commence in March 2022 subject to final agreement on the role profile. Work is ongoing to understand the requirements of these roles and significant engagement with stakeholders in each place has taken place.

## 6. Provider Collaboration

### Provider Collaborative board (PCB) development

A PCB business plan is currently being developed which documents the work of the NHS Trust provider collaborative. The business plan sets out the work the PCB has progressed to date, areas for future focus, and documents the detail of each area in an appendix. This is being developed collaboratively within the PCB and aligns with wider system business planning.

A provider collaborative development programme is currently being designed which will see targeted support given to PCB stakeholder groups; this support will focus on how to deliver various aspects of the business plan in collaboration with our system partners. We envisage a number of sessions in this programme being undertaken with partners from across the ICS in order for us to work together effectively in delivering against the key priorities.

The PCB clinical vision is progressing with a first round of priority services to be agreed at the Clinical Integration group in March. The clinical strategy will pull together work that has already been undertaken in a number of specialties to determine future service models, along with progressing development of new models of care in other areas, seeking to right-size our clinical services across the ICS.

### **Mental Health, Learning Disabilities and Autism Provider Collaborative Arrangements – commissioning and transformation**

A separate paper updating on the development of collaborative arrangements for Mental Health, Learning Disability and Autism has been included on the ICS Board agenda.

## **7. Communications and Engagement**

Senior leaders have acknowledged that the change in national timelines relating to creation of the ICB has caused additional uncertainties for staff affected in CCGs, the CSU and current ICS team. The frequency of colleague briefings to keep staff informed, updated and engaged have been increased to monthly in order to provide a regular opportunity for staff to ask questions and raise concerns. Staff FAQs are being updated monthly following the briefings and key messages for senior leaders are updated regularly to ensure consistent messaging within local briefings. Stakeholder briefings are also being prepared to ensure all partners and stakeholders understand the delay in the ICB establishment and our local ambitions to continue our progress as much as possible and not lose momentum.

A strategic narrative for NHS provider collaboration has been approved by the ICS Development Oversight Group and the Provider Collaboration Board to support the NHS Trusts in describing their vision, ambitions and priorities for working together. This is now being used to keep leaders, staff, partners and members of the public informed about the development of NHS provider collaboration in Lancashire and South Cumbria. The narrative was developed involving a wide range of leaders and incorporating feedback from a Communications and Engagement Review Group with representatives from a number of partners, sectors and lay members.

An illustrated video to describe place-based partnerships has been produced to describe how our five places have worked together to think about their common purpose, including what a place-based partnership aims to do, how they plan to work as partnerships and the benefits of working in this way. The video explains what a place-based partnership is and describes some of the detail behind the

collaborative approach that is being taken across Lancashire and South Cumbria. A final segment will be added to the video to give a view from the Chair of the Place-Based Partnership Development Advisory Group:  
<https://youtu.be/JmgupnDPmys>

## **8. Recommendations**

CCG Governing Bodies are asked to

- Discuss the report which updates on the current system development programme