



Bath and North East Somerset,
Swindon and Wiltshire Partnership
Working together for your health and care

Children, Adults, Health and Wellbeing Policy Development &
Scrutiny Panel

BSW Integrated Care System Development and Transition

Richard Smale, BSW Director of Strategy and Transformation

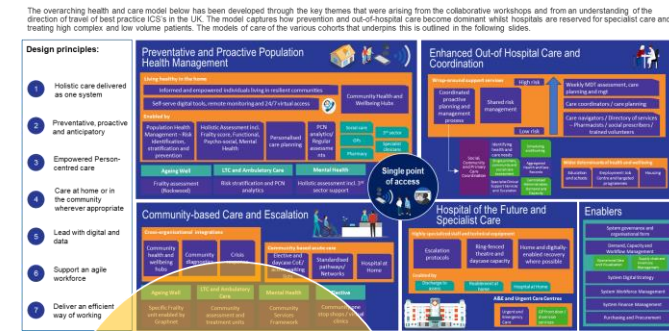
15th October 2021



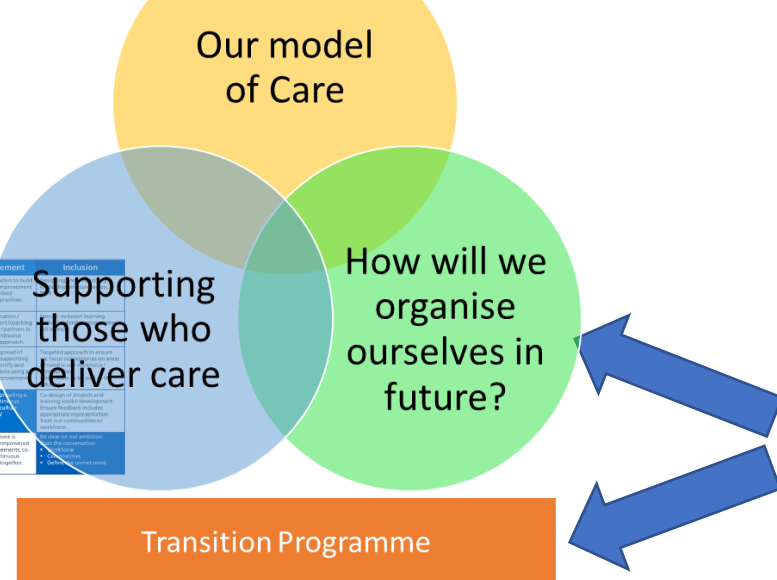


BSW Integrated Care System (ICS) Development and Transition

- ICS Guidance
- Integrated Care Board & Integrated Care Partnership
- Working in partnership
- Transition arrangements



Our Pillars	Leadership	Learning	Innovation	Improvement	Inclusion
Leadership	A shared leadership role across all levels and across all functions and teams to drive the vision and mission of the ICS.	Develop a culture of continuous learning and improvement. Foster a culture of learning and improvement. Foster a culture of learning and improvement.	Supporting leaders to develop an innovation mindset, proactively seeking and identifying opportunities for innovation and learning.	Supporting leaders to develop an improvement mindset, proactively seeking and identifying opportunities for improvement and learning.	Supporting leaders to develop an inclusion mindset, proactively seeking and identifying opportunities for inclusion and learning.
Learning	Supporting leaders to develop a learning mindset, proactively seeking and identifying opportunities for learning and improvement.	Supporting leaders to develop a learning mindset, proactively seeking and identifying opportunities for learning and improvement.	Supporting leaders to develop a learning mindset, proactively seeking and identifying opportunities for learning and improvement.	Supporting leaders to develop a learning mindset, proactively seeking and identifying opportunities for learning and improvement.	Supporting leaders to develop a learning mindset, proactively seeking and identifying opportunities for learning and improvement.
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Inclusion	Supporting leaders to develop an inclusion mindset, proactively seeking and identifying opportunities for inclusion and learning.	Supporting leaders to develop an inclusion mindset, proactively seeking and identifying opportunities for inclusion and learning.	Supporting leaders to develop an inclusion mindset, proactively seeking and identifying opportunities for inclusion and learning.	Supporting leaders to develop an inclusion mindset, proactively seeking and identifying opportunities for inclusion and learning.	Supporting leaders to develop an inclusion mindset, proactively seeking and identifying opportunities for inclusion and learning.





Integrated Care System Guidance

Exceptions (to communicate ASAP)

1. Collaborating at Scale
2. HR Framework
3. CEO recruitment materials

Group 1	Group 2	Group 3
Guidance and supporting materials to support legal establishment and operational readiness for 1 April 2022	Further guidance on effective partnership working within Integrated Care Systems	Further resources to support implementation and on-going development of ICSs
<ul style="list-style-type: none"> Interim Guidance on ICB Functions and Governance: including: <ul style="list-style-type: none"> - Draft model constitution, and - List of statutory CCG functions to be conferred on ICBs ICS People Function ICS Establishment Guidance (Due Diligence) ICS Readiness to Operate Statement (ROS) and Checklist Direct Commissioning pre-delegation assessment framework ICS 'What Good Looks Like' Framework (Digital & Data) 	<ul style="list-style-type: none"> Thriving Places (<i>plus Solace report on Good practice guide to working in collaboration with Local Government</i>) Clinical and Care Professional Leadership within ICSs ICSs and the Voluntary, Community and Social Enterprise Sector Guidance on working with People and Communities 	<ul style="list-style-type: none"> Guidance on deployment of ICB resources ICB Financial Governance and Reporting guides: <ul style="list-style-type: none"> - Sample ICB finance and resource committees ToR - ICB Scheme of delegation Model profiles for Dir. of Finance, Dir. of Nursing and Medical Director roles How-to guide: on developing pop.-based blended payment models Draft guidance on ICP (subject to progress by DHSC)*
Target Approvals :	Target Approvals :	Target Approvals :
13 th August	20 th August	27 th August
Target Publication:	Target Publication:	Target Publication:
20 th August	3 rd September	10 th September

Integrated Care Systems: Guidance

Document first published: 16 June 2021
Page updated: 2 September 2021
Topic: Integrated care
Publication type: Guidance

These documents set out the headlines for how we will ask NHS leaders and organisations to operate with their partners in Integrated Care Systems (ICSs) from April 2022 and guidance in respect of what the employment commitment is, its application in practice and how it affects people.

Document



Thriving places: Guidance on the development of place-based partnerships as part of statutory integrated care systems

PDF 360 KB 34 pages

Summary

Published September 2021.

This co-produced NHS England and NHS Improvement and Local Government Association (LGA) document seeks to support all partner organisations in integrated care systems (ICSs) to collectively define their place-based partnership working, and to consider how they will evolve to support the transition to the new statutory ICS arrangements, anticipated from April 2022.

Document



ICS implementation guidance on working with people and communities

PDF 415 KB 26 pages

Summary

Published September 2021.

The ICS Design Framework sets the expectation that partners in an integrated care system (ICS) should agree how to listen consistently to, and collectively act on, the experience and aspirations of local people and communities. This guidance sets out 10 principles for how integrated care boards (ICBs) can develop their approaches to working with people and communities, and the expectations.

Document



ICS implementation guidance on effective clinical and care professional leadership

PDF 219 KB 24 pages

Summary

Published September 2021.

This guidance supports the development of distributed clinical and care professional leadership across integrated care systems (ICSs). It sets out 'what good looks like' in this regard, based on an analysis of best practice across the country, led by a multi-

Document



ICS implementation

PDF 219 KB 24 pages

Summary

Published September 2021.

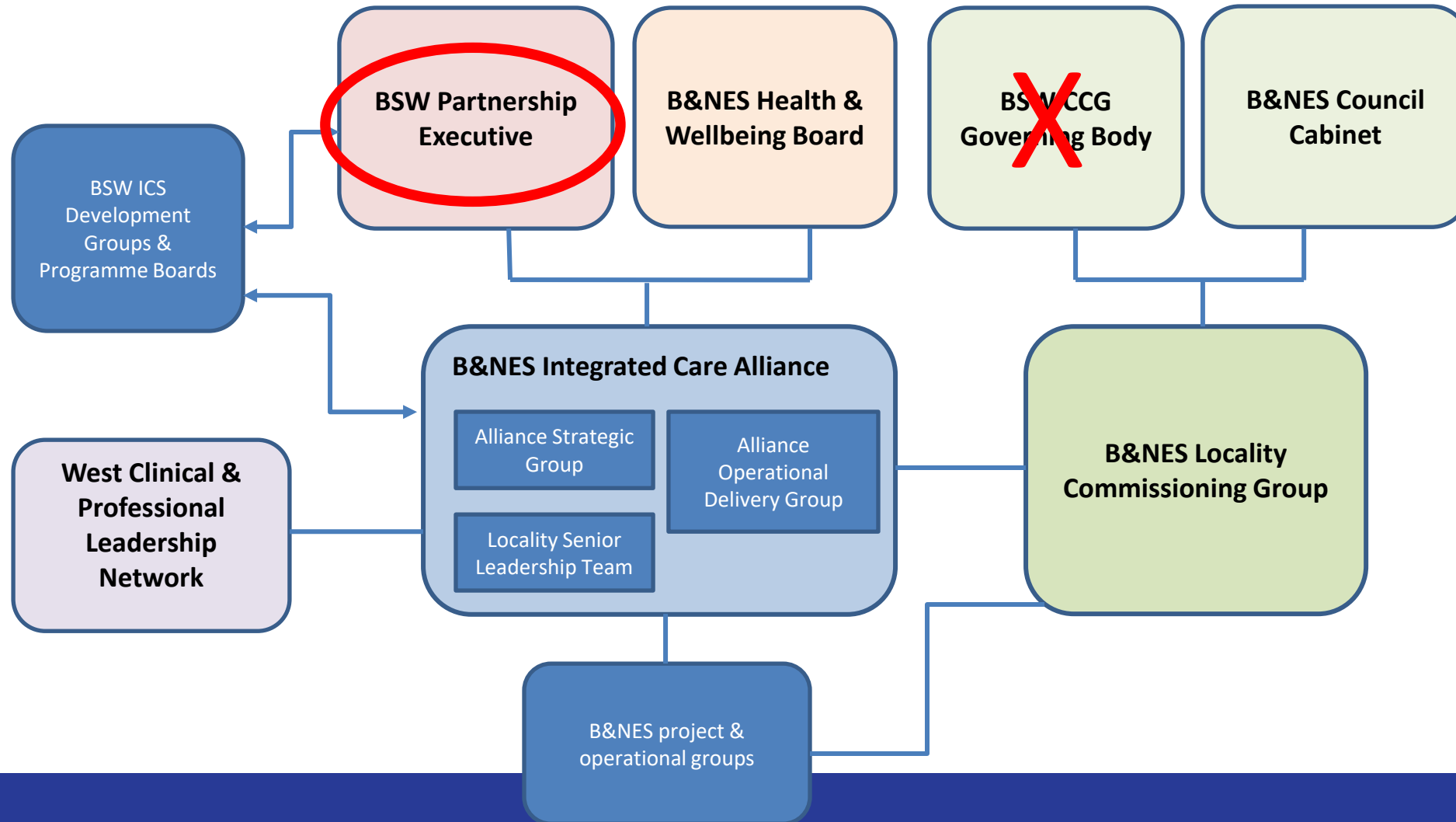
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<https://www.england.nhs.uk/publication/integrated-care-systems-guidance/>

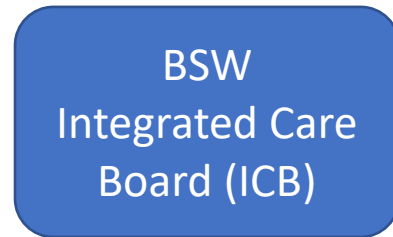


Current high level governance structure in B&NES



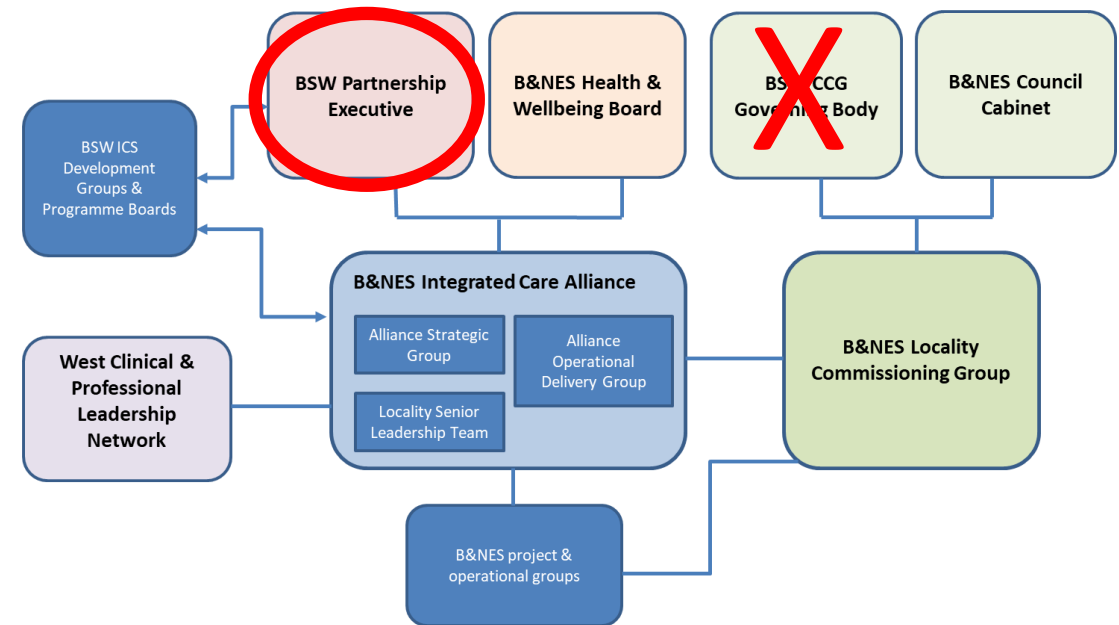


Statutory components of an Integrated Care System



Statutory component parts of an ICS

- Integrated Care Board (ICB) and
- Integrated Care Partnership (ICP)





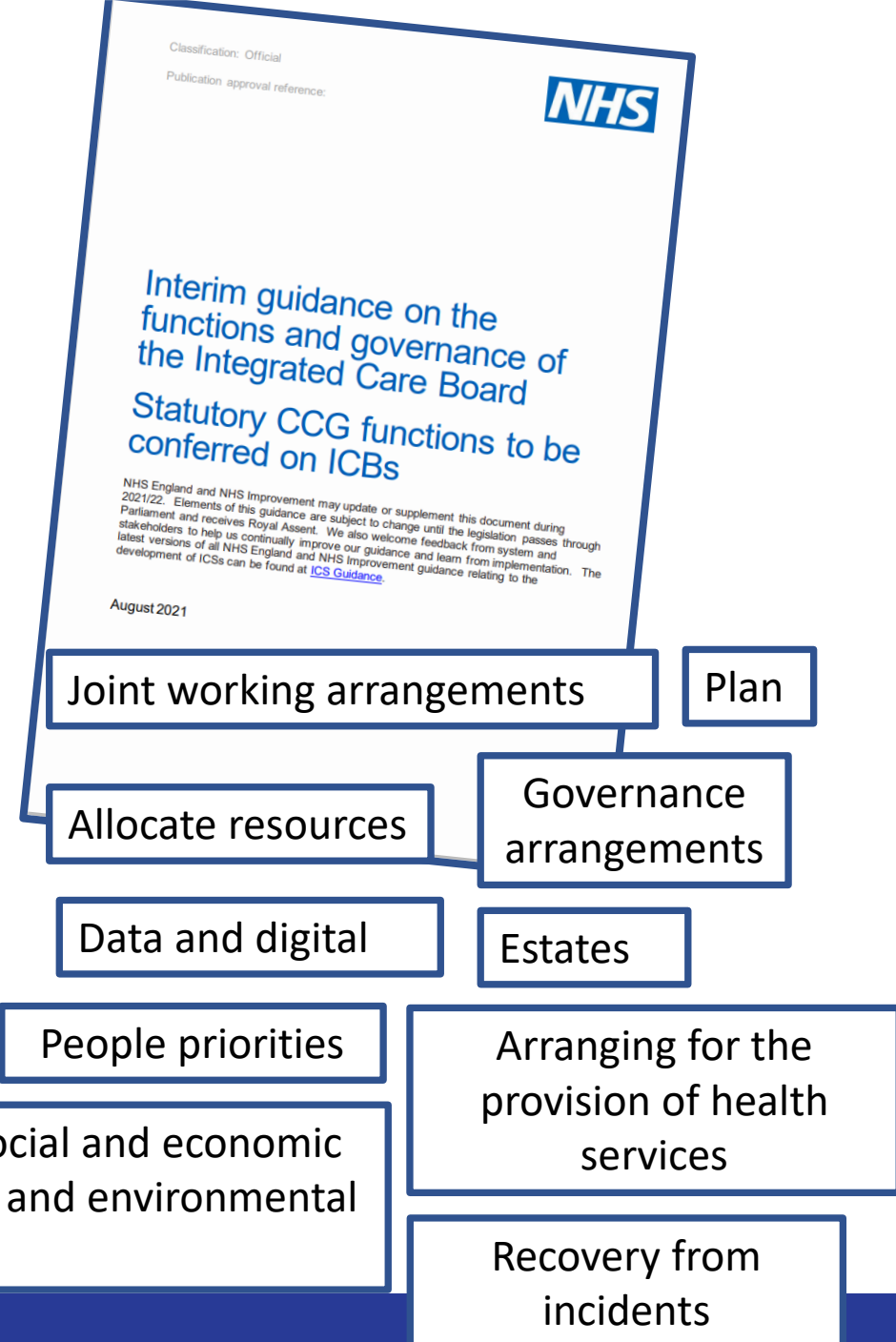
Integrated Care Board

The Integrated Care Board is a **statutory NHS body / organisation** that will:

- bring partner organisations together in a new collaborative way with common purpose;
- bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnership arrangements at system and place.

Subject to the legislation,

- expect most **CCG statutory functions** will be conferred on the Integrated Care Board in April 2022 (including commissioning responsibilities and contracts),





Integrated Care Board - Leadership

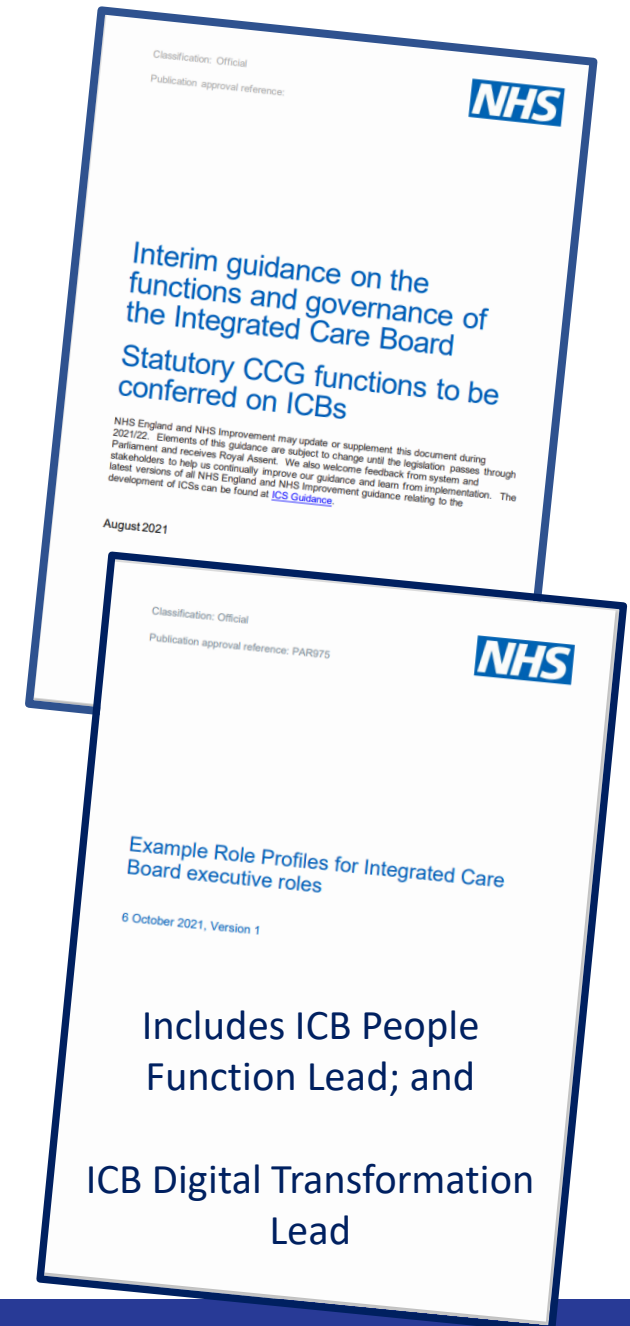
Legislation will stipulate the statutory members of the ICB Board. The current Health and Care Bill determines that an ICB Board must comprise:

- the Chair (independent)
- the Chief Executive (must be employed by / seconded to the ICB)
- one member nominated jointly by the NHS trusts and NHS foundation trusts
- one member nominated jointly by those providing primary care services
- One member nominated jointly by the local authorities

National guidance determines that the following are also members of an ICB's Board:

- minimum of two other independent non-executive members
- Chief Finance Officer
- Director of Nursing
- Medical Director

The BSW Partners may decide to include additional members/other roles.





Integrated Care Partnership

The ICP is a **statutory committee** established locally and jointly by the ICB and the Local Authorities in the ICB's area.

The ICP will work on the principle of **statutorily equal partnership** between the NHS and local government to work with and for their partners and communities.

Responsibility to develop an **'integrated care strategy'** for the area's whole population, covering health and social care, and addressing health inequalities and the wider determinants which drive these inequalities. A key body for developing the overarching **vision and strategy for health and care** in BaNES, Swindon and Wiltshire.

Wide range of partners and organisations – local authorities, the VCSE sector, the NHS, anchor institutions, education, housing, police, etc.

Can only be set up once the ICB is formally established.

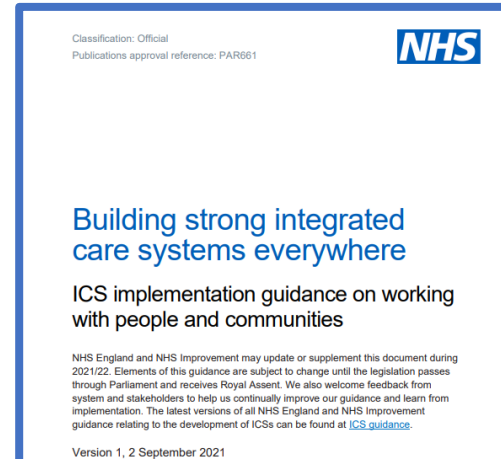


ICPs' central role is in the planning and improvement of health and care. They should support place-based partnerships and coalitions with community partners which are well-situated to act on the wider determinants of health in local areas. ICP should bring the statutory and non-statutory interests of places together.



Working in partnership

- Emphasis on working with people and communities; and partnerships with voluntary, community and social enterprise sector.
- BSW secured £25k to establish a VCSE Alliance at Integrated Care System level and to support involvement within the Integrated Care Board and Integrated Care Partnership.
- Engagement strategy for 2022/23



Action required

- develop a system-wide strategy for engaging with people and communities by April 2022
- ICB constitutions to include principles and arrangements for how the ICB will work with people and communities
- ICBs work with partners to develop arrangements for ensuring that integrated care partnerships and place-based partnerships have representation from local people and communities in priority-setting and decision-making forums.
- Gather intelligence about the experience and aspirations of people who use care and support and use these insights to inform decision-making and quality governance.

Action required

- By April 2022, ICBs are expected to have developed a formal agreement for engaging and embedding the VCSE sector in system-level governance and decision-making arrangements, ideally by working through a VCSE alliance to reflect the diversity of the sector.
- These arrangements should build on the involvement of VCSE partners in relevant forums at place and neighbourhood level.



Transition arrangements

- Integrated Care System (ICS) Chief Executive interviews 12/13th October
- First assessment against the Readiness to Operate Statement due 29th October 2021
- Integrated Care Board (ICB) draft constitution to be submitted 17 December 2021, final version by 31 December

Readiness to operate statement

In March 2022 each ICB Chief Executive Officer designate and their relevant regional director will be asked to co-sign a 'readiness to operate statement' (ROS) to confirm that:

- all legally required and operationally critical elements are in place ready for the establishment of the ICB as a statutory body on 1 April 2022;
- arrangements are in place for the ICB to fulfil its role within the wider ICS, including establishing the Integrated Care Partnership with the relevant Local Authority/ies.

ICB Financial Framework

► Transition to ICB allocations

- NHS England would make **financial allocations to the Integrated Care Board** in 2022/23, which would include budgets for:
 - Services currently commissioned by CCGs, including primary medical services;
 - Newly delegated functions agreed with NHS England, in line with plans set out; and
 - A running cost allowance set at the same level and distribution as for CCGs in 2021/22
- ICB allocations would be based on longstanding principles on equal opportunity of access for equal needs and informed by the independent Advisory Committee on Resource Allocation (ACRA).
- Money would flow from the Integrated Care Board to providers **largely through contracts**, which could be managed by Place Based Partnerships or Provider Collaboratives



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B&NES Integrated Care Alliance Development

Corinne Edwards, B&NES Chief Operating Officer, BSW CCG



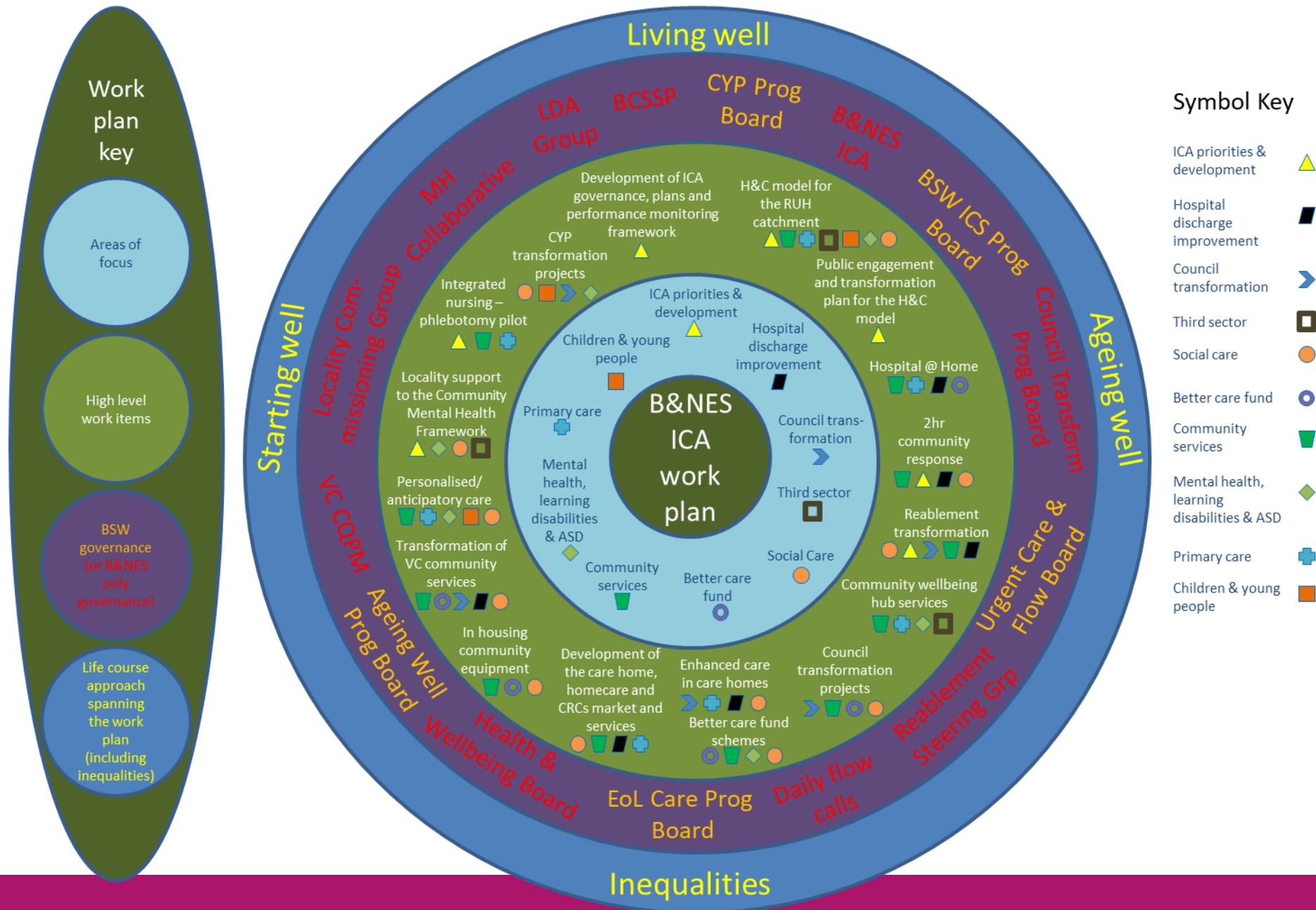
What do we have in place currently at place-level?

- B&NES Integrated Care Alliance (ICA) established in 2018 as a subgroup of the Health & Wellbeing Board
- Informal partnership arrangements in B&NES, built on a long history of working together
- Rapidly developed as a result of needing to work together more to respond to the COVID-19 pandemic (meeting daily to begin with)
- Alliance Strategic Group:
 - Meets monthly as an executive forum
 - Members from CCG (locality clinical chair, chief operating officer & deputy), B&NES Council (director of adults social services, director of children's services, director of public health), RUH, Virgin Care, AWP, GPs, 3SG, BEMS+ and HealthWatch B&NES
- Alliance Operational Delivery Group:
 - Meets fortnightly
 - Tactical group of the alliance
 - Operational overview of locality pressures, inc supporting patient flow, monitoring Covid surge, recovering from the pandemic
 - Develops plans, oversees the work plan and provides a partnership response

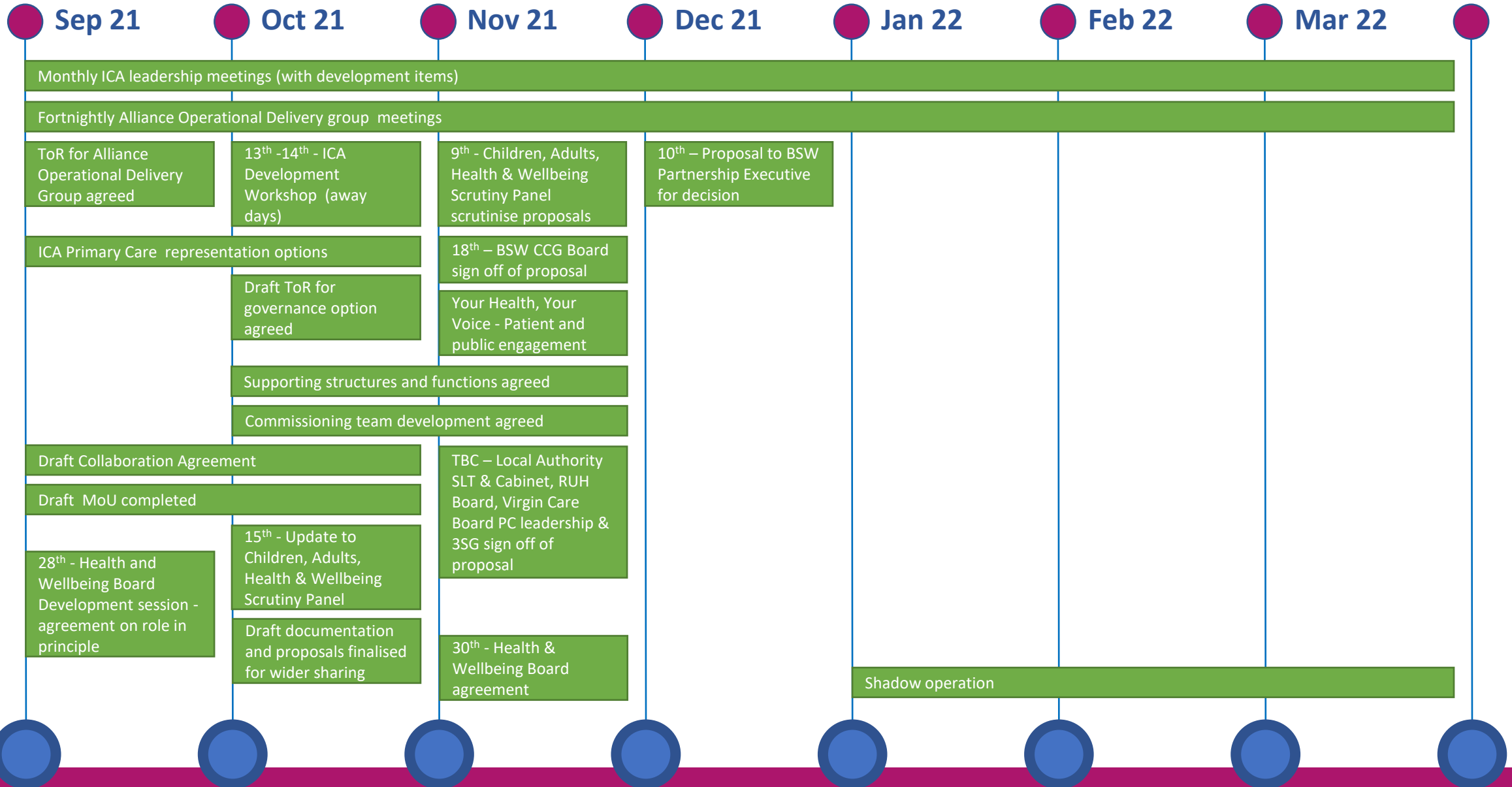
Developing the B&NES Alliance

Programme of work	
2021/22 Strategic priorities	Reablement transformation
	Mental Health community services framework roll out
	Integrating community nursing – community phlebotomy service
2021/22 Annual work plan	Focuses on delivering the LTP requirements and the council's corporate plan for adults and children & young people
BSW Health & Care Model	B&NES response to the emerging BSW Health & Care Model following a series of workshops with stakeholders, patients and public during the summer
Demand & capacity planning, including winter planning	Range of initiatives to support patient flow and prevent hospital admission throughout 2021/22 funded from the hospital discharge programme and Better Care Fund

Summary of B&NES ICA work programme for 2021-22



Draft ICA development roadmap





Place-based governance options

- **Option 1 – A consultative forum** to inform decisions by relevant statutory bodies, such as the ICS NHS body or local authorities, in an advisory role.
- **Option 2 – Individual executives or members of staff** of a relevant statutory body (i.e. ICB, NHS provider, Local Authority) may choose to exercise delegated functions through a committee, with membership which includes representatives from other organisations.
- **Option 3 – A committee of the Integrated Care Board** provided with delegated authority to make decisions about the use of NHS resources, including the agreement of contracts for relevant services. This committee could include representatives from outside the organisation. However, the decisions reached are the decisions of the ICB, in line with the organisation's scheme of delegation. The terms of references and scope is set by the ICB and agreed to by the committee members. A delegated budget can be set by the ICB to describe the level of NHS resources available to cover the remit of the committee.
- **Option 4 – A joint committee** established between partner organisations, such as the ICS NHS body, local authorities, statutory NHS providers or NHSEI. The committee may include participation from representatives of non-statutory providers, but only where the convening statutory bodies consider it appropriate. The relevant statutory bodies can agree to delegate defined decision-making functions to the joint committee in accordance with their respective schemes of delegation. A budget may be defined by the bodies delegating statutory functions to the joint committee, to provide visibility of the resources available to deliver the committees remit.
- **Option 5 – A lead provider** manages resources and delivery at place-level, as part of a provider partnership, under a contract with the ICS NHS body and/or local government, having lead responsibility for delivering the agreed outcomes for the place (including national standards and priorities) for the defined set of services. The lead provider would sub-contract other providers within the scope of the place-based delivery partnership. They can agree how NHS resources are spent within the payment envelope agreed with the ICS NHS body, complying with the terms of the contract, and establish governance with partnering providers to support delivery.



Place-based governance options (2)

- Considered by ICA members with agreement to progress option 4 – why?
 - Options 1 & 2 – not felt to be progressive enough given where we've already got to
 - Option 3 – clear governance as a committee of the Integrated Care Board (ICS NHS body), but focus is on NHS rather than wider partners
 - **Option 4 – a committee established between statutory organisations (Integrated Care Board, LAs, NHS providers) enabling joint decisions so greater sense of ownership and partnership feel – builds on what we already have**
 - Option 5 – not possible before April 2022 due to current procurement rules and too much uncertainty for a NHS provider to recommend this to their board. May be a long term aspiration given changes to procurement in the legislation



Next steps – transition to ICS

- Primary care representation options in the ICA considered on 23rd September at B&NES GP forum – proposal to create a primary care ‘board’ with two members elected to sit on the ICA discussed as preferred option
- ICA away days 13th & 14th October to consider ways of working, behaviours, decision-making, membership etc – outputs to inform development of a memorandum of understanding between partners and terms of reference for the joint committee
- ICA to consider the financial governance framework for place on 28th October
- Place-based leadership arrangements – draft proposals being considered by ICS and 3 ICAs during October. Include:
 - a ‘partnership convenor’ as an elected chair of the joint committee and would be a member of the ICS NHS Board
 - To be supported by an Executive lead with formal responsibility for statutory functions delegated to each of the ICAs. The Executive lead would be a joint appointment between the providers, the Local Authority and ICS NHS Board



Discussion

