

# Barnsley Integrated Care Partnership Group: ICP Development Plan – Health & Wellbeing Board Update (Oct)



# Health and Care Bill - Update

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## House of Commons



**1<sup>st</sup> Reading** – completed 6 July 2021

**2<sup>nd</sup> Reading** – completed 14 July 2021

### Committee stage

- Current stage, expected to complete by 2 November 2021
- Committee sits on various dates, including today, 16 September 2021
- Involves detailed examination of Bill with amendments proposed and made

### Report

### 3<sup>rd</sup> Reading

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## House of Lords



**1<sup>st</sup> Reading**

**2<sup>nd</sup> Reading**

**Committee stage**

**Report stage**

**3<sup>rd</sup> Reading**

## Final Stages



**Consideration of amendments**

**Royal Assent – target date 1 April 2022**

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# ICP Development Plan – Progress Update

- In February **Design Team** (Task & Finish) set up to by BICPG to develop proposals for how our place partnership might use the direction set out in the NHS White Paper to strengthen further partnership working in Barnsley.
- Working to agreed Terms of Reference, with partnership reps to deliver **8 objectives** (reaffirmed ambition in September)
- Through the Design Team and supported by Hill Dickinson a **place agreement has been co-produced** which sets out vision and principles of partnership working.
- Finalised Place Agreement has been signed off by ICPG and is currently going through the **governance of the partnership organisations sovereign boards**, eta completion end October.
- Utilising the SYB Design Matrix, the Design Team carried out a gap analysis against the 13 domains, identify key focus areas of work to inform an **outline ICP Development Plan**
- Following the Health and Care Bills second reading and Government summer recesses a suite of **guidance documents** have been released by NHSE with regards to ICS transition, and the Design Team have been working through this to **further develop ICP development plan.**

# Establishing the Integrated Care Board

1

**Recruit** its ICB members (CEO end Nov; other Execs/senior roles and Partner members before end Q4)

2

Set out its governance and leadership arrangements in a **constitution** formally approved by NHSEI (final end Q4)

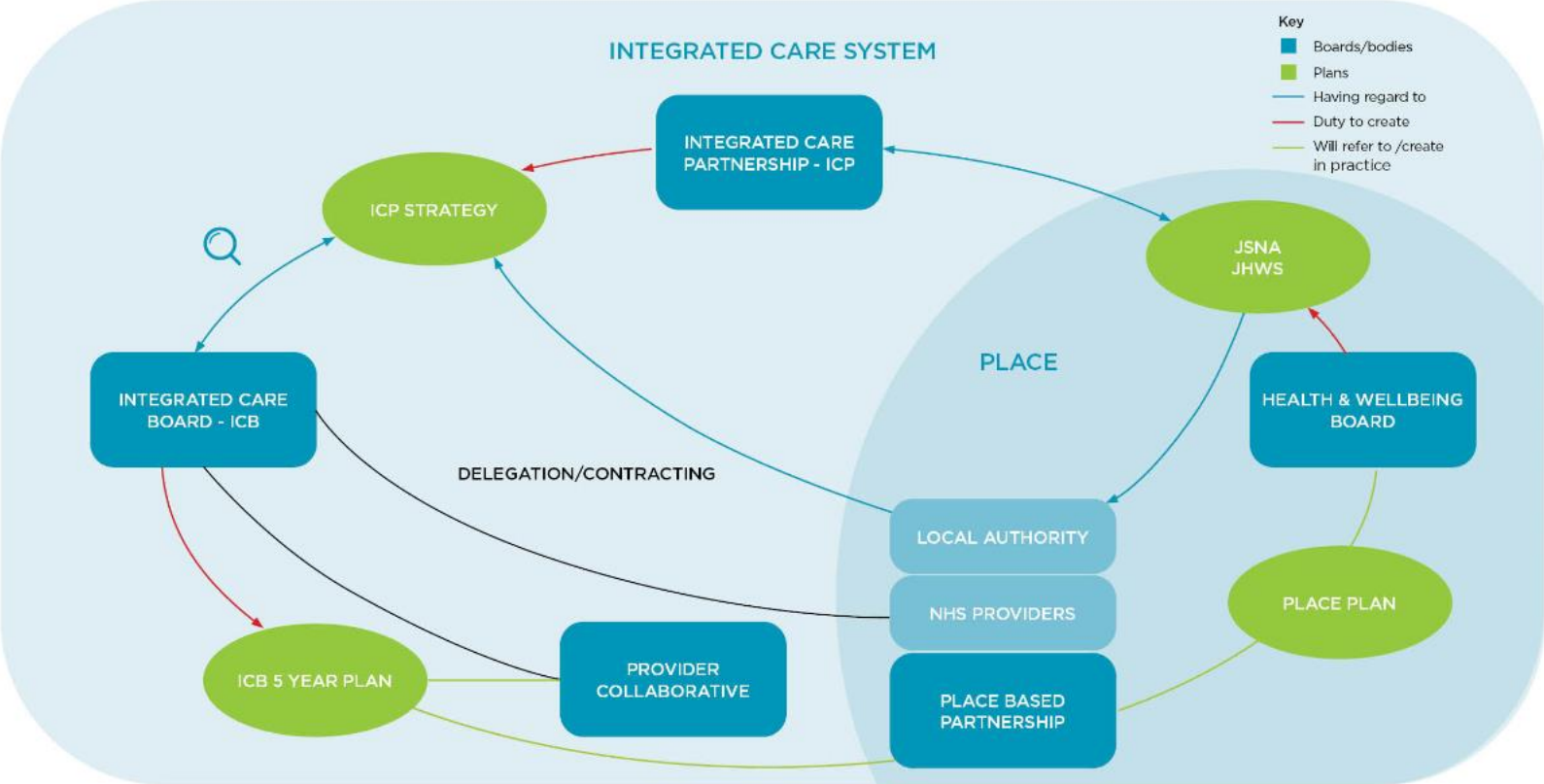
3

Confirm how its **commissioning functions** will be organised across ICS including as between ICB and Place (by end Q3)

4

Develop a “**functions and decision map**” showing arrangements with ICS partners to support good governance and dialogue with stakeholders (understood by public) (final end Q4)

# Planning in the ICS and relationship with HWB



# Place Based Partnerships

**Place arrangement and leadership are for local determination** – partners within each ICS will want to decide how best to bring together the parties to address the needs of the place, **building from** understanding at the level of neighbourhoods and **primary care networks**. Further supporting materials and guidance are awaited.



As a minimum it should include primary care provider leadership, LA including DPH, acute, community and MH providers and representatives of people who access care.

An ICB could establish any combination of the following five place-based governance arrangements with partners:



## **Consultative forum**

informing decisions by the ICB, local authorities and other partners

## **Committee of the ICB**

with delegated authority to take decisions about the use of ICB resources

## **Joint committee of the ICB**

one or more statutory bodies delegate decision making on specific functions /services/populations to the joint committee

## **Individual directors of the ICB**

having delegated authority, which they may choose to exercise through a committee

## **Lead provider**

managing resources and delivery at place level under a contract with the ICB

# Thriving Places – guidance September 2021

- Co-produced by NHSEI / LGA
- Place-based arrangements should set out:
  - ✓ Configuration, size and boundaries of the place
  - ✓ The system responsibilities and functions to be carried out at place level

*(See guidance on the functions and governance of the ICB (August 2021)  
– sets out CCG functions to be conferred on ICBs and what functions  
may be assumed by NHS providers by way of delegation from ICBs)*

- ✓ The planned governance model – membership, decision-making, leadership roles, agreed representation on and reporting arrangements with the ICP and ICB

# Thriving Places – objectives and responsibilities

- Shared objectives and vision
- Objectives may include statutory functions delivered by bodies in the partnership as well as supporting programmes and activities that will help the partnership achieve its objectives
- May be underpinned by shared functions or capabilities such as people, digital and technology, BI and analytics
- **Should work with other ICS partners to agree activities and capabilities most effectively delivered at scale across the system, or where a consistent approach across places is appropriate**
- **Place-based partnerships to agree the shared objectives of the wider system, which will include working with at-scale provider collaboratives, to ensure they meet the needs of the population in their place and to avoid duplication of activities**
- Consider approach to take to support providers of different types to work together to co-ordinate care



# Thriving Places – membership and functions

- Membership
  - primary care, providers and provider collaboratives, people who use services and their reps (including Healthwatch), LAs, social care providers, VCSE, the ICB (and current CCG leadership)
  - consider role of housing associations, emergency services, prisons, universities and education providers – dependent on objectives of partnership
  - consider how to involve people/the community – build on approaches developed by HWBs
- Functions
  - ICB and place-based partners to agree responsibilities and governance arrangements of partnerships, guided by principle of subsidiarity
  - delegated functions from ICB, NHS providers, LA – relevant bodies will retain accountability and must be satisfied the place-based partnership is able to manage the functions appropriately
  - plans must deliver national NHS commitments as well as local priorities

# Thriving Places – governance & leadership

- No surprises
- Broad types of governance arrangements (as previously set out in ICS Design Framework) – not mutually exclusive – places may adapt and revise arrangements to address particular decision-making needs
- Arrangements to ensure appropriate accountability – to council elected members, NHS NEDs, members of the public – and maintenance of relationships with HWBs, HOSC, NHSEI
- Three broad categories of leadership at Place:
  - Partnership convenor – convene place-based partnership and facilitate development of its ways of working
  - Executive leads – take responsibility for statutory functions delegated to partnership – fulfilled by employees of the statutory body delegating the function
  - Programme leads – leadership role for coordinating a shared function or programme e.g. people development, data and analytics

# Next Steps – Agreed at Design Team and ICPG

- Design Team has met once since last CCG Governing Body, given consideration to recently released ‘Thriving places’ guidance and agreed to further work up the following areas:
  - Functional mapping – to be delivered at place (DT session scheduled for 06/10)
  - Governance – operating model to deliver agreed functions
- In doing so the output of this, will be worked up into a clear proposal to engage and agree with ICS colleagues (*Target end Q3 (Oct to Dec) for all ICS to have “Discussions and decisions on commissioning arrangements at place and a functions & governance map”*)
- Design Team will also **further develop the outline ICP development plan** in light of all the released guidance for a detailed discussion at the **October ICPG meeting**, highlighting gaps and areas that require a decision/resolution to progress.