
Health and Adult Social Care Policy & Scrutiny Committee

20 April 2022

Report of the Consultant in Public Health, Vale of York CCG and City of York Council

Update on the Integrated Care System

Summary

1. This report updates Scrutiny members on the national reforms to the NHS, health and care, and developments locally to plan for the changes which are due to come into force in July 2022.
2. It also updates on the progress of establishing a place-based partnership as a joint committee of the Humber and North Yorkshire Integrated Care Board ('The York Health and Care Alliance').

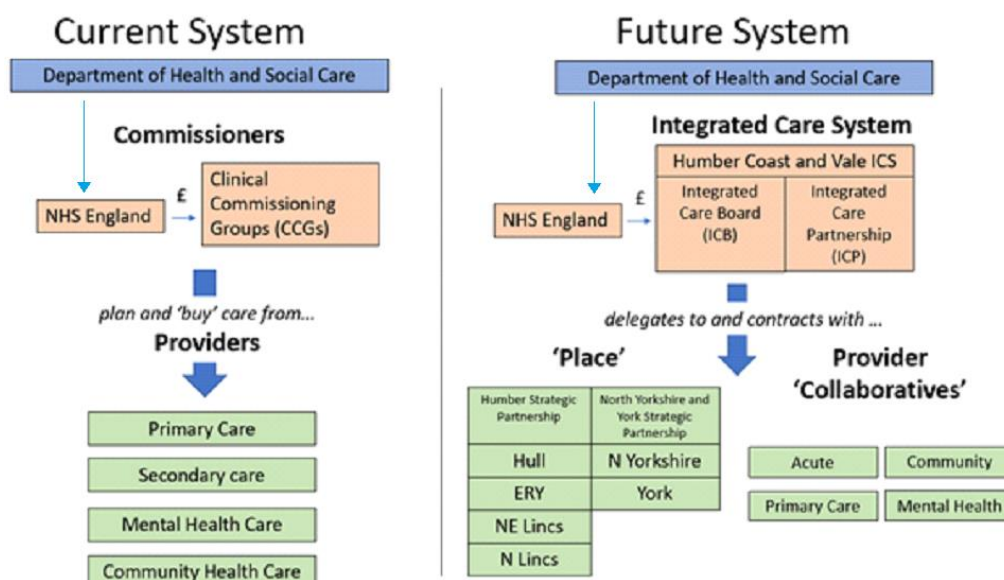
Background

Update on current plans and governance of Integrated Care Systems

3. The NHS White Paper 'Integration and Innovation' was published in February 2021; this led to the Health and Care Bill, published July 2021 which set out key legislative proposals for the NHS reforms. In summary, if the Bill is approved and subsequent legislation comes into force, this will lead to Integrated Care Systems (ICSs) being established on a statutory footing and taking on the statutory and allocative duties of Clinical Commissioning Groups (CCGs) in July 2022; from this point NHS Vale of York Clinical Commissioning Group will cease to exist.
4. Humber Coast and Vale Partnership has operated as a non-statutory organisation for several years now, and in 2020 was designated an Integrated Care System (ICS).
5. In April 2022 it was renamed as 'Humber and North Yorkshire Health and Care Partnership'. In July 2022, a formal body will be created alongside the partnership which will be accountable to parliament and take on the

current roles of six local CCGs, to be known as 'NHS Humber and North Yorkshire Integrated Care Board'.

6. Plans for the Humber Coast and Vale Integrated Care System have been emerging over the last nine months, and in October the existing Humber, Coast and Vale Health and Care Partnership consulted on a draft constitution of the ICS.
7. This sets out the proposed arrangements for the commissioning and planning of health and social care in our region based on:
 - Six places - East Riding of Yorkshire, Hull, North East Lincolnshire, North Lincolnshire, North Yorkshire and City of York;
 - Five sector-based provider collaboratives - Mental Health, Learning Disabilities and Autism; Acute; Community Health & Care; Primary Care; and Voluntary, Community Sector.
 - a Humber, Coast and Vale wide Integrated Care Board - operating through 2 strategic partnerships of the Humber and North Yorkshire & York and a number of committees and forums
 - a Humber, Coast and Vale-wide Integrated Care Partnership
8. An overview of the changes showing the current structures of the NHS locally and a simplified version of the new structures is shown below:



9. The Integrated Care Board (ICB) will be directly accountable for NHS spend and performance within the system. The proposed outline membership for the ICB for the HCV region is:

- Independent lay members (Chair and 2 non-executive directors)
 - Place representative (local authority)
 - Provider representative (one member each from acute trust, mental health trust and primary medical services (general practice))
 - System executive, including the chief executive, chief operating officer, director of finance, director of nursing, director of clinical and professional services, both strategic partnership directors, the people director, the director of transformation,)
 - Subject matter experts (Voluntary Sector, Public health, communities representative)
10. The Integrated Care Partnership (ICP) is the part of the ICS tasked with setting strategic direction and including a wide range of partners. The proposal is that HCV ICP membership should be the six Health and Wellbeing Board chairs or other local government members, six NHS Place Directors, the ICB chair and chief executive, and other members of the ICS Executive in attendance as required.
11. Sue Symington has been appointed as designate Chair of the Humber and North Yorkshire Health and Care Partnership, and Professor Stephen Eames has been appointed as its designate Chief Executive. Final appointment to the role of Chair and Chief Executive of the ICB and ICP is dependent on the passage of the Health and Care Bill through Parliament, and any potential amendments made to the Bill and the subsequent legislation.

Place-based partnership: implications for York

12. A key part of the reforms aims to reflect that planning of health and care service best works at three geographic levels:
- Neighbourhood (population between 30,000 and 50,000 people)
 - Place (population between 200,000 and 500,000 people)
 - System (population between 1m and 2m people)
13. The national guidance and legislation makes clear that 'place' in the new structure should be coterminous with a local authority area, and that the development of place-based arrangements between local authorities, the

NHS and providers of health and care will be left to local areas to arrange.

14. At place level, each area will be encourage to established a place-based partnership, which will be a 'joint committee' established between partner organisations, such as the ICB, local authorities, statutory NHS partners or NHS England and NHS Improvement. The relevant statutory bodies can agree to delegate defined decision-making functions to the joint committee in accordance with their respective schemes of delegation.
15. The place-based partnership will be responsible for a defined set of NHS functions and resources which it will divest on behalf of the ICB. These are still to be fully determined and agreed. Additionally, as a 'joint committee' under s65 of the Health and Care Bill, resources or statutory functions may be delegated to the place-based partnership joint committee by other local partners in order to promote integration of care within the NHS and between the NHS and local government.
16. The governance of the place-based partnership in York is currently being developed. Partners have agreed to:
 - Use existing mechanisms (e.g. the York Health and Care Alliance) to embed collaboration, including joint commissioning and joint working (subject to each organisation's decision making framework and legislative/statutory framework).
 - Support the NHS to determine the most appropriate governance arrangements for the Integrated Care System by facilitating the emerging environment in York
 - Provide assurance back into the York system of the development of the Humber and North Yorkshire Health and Care Partnership through officer and member engagement
 - Broaden the functions and role of HWBB to support the place-based ICS partnership, providing opportunity for the Health and Wellbeing Board to play its full part within the Integrated Care System
17. The York Health and Care Alliance was established in April 2021 as York's response to these national health and care changes, and to start the work which will be needed if York is to have a place-based partnership able to take on significant responsibility.
18. The Alliance Board was established as a sub-group of the Health and Wellbeing Board through consultation with the Health and Wellbeing

Board. Papers relating to the establishment of the Alliance board, including a description of its purpose and its terms of reference, can be found in Council Executive papers from their meeting on 18th March 2021 (see background papers).

19. As the Alliance Board transitions into a fully-fledged place-based partnership, its governance will need further refinement, and currently discussions are being held between York partners and the ICB on how best to establish the partnership formally.
20. Each place-based partnership will be expected to nominate a Place Lead who is expected to be a Chief Officer of a statutory organisation, and in addition the ICB will appoint an NHS Place Director, both of whom will be key members of the partnership. At the time of writing neither of these roles have been confirmed in York.

Roles of Health and Wellbeing Boards and Scrutiny Committees in the future system

21. The new legislation includes several references to the role of Health and Wellbeing Boards.
22. Before the start of each financial year, an integrated care board (ICB) and its partner NHS trusts and NHS foundation trusts must prepare a plan setting out how they propose to exercise their functions in the next five years. The integrated care board and its partner NHS trusts and NHS foundation trusts must, in particular:
 - give each relevant Health and Wellbeing Board a draft of the plan or (as the case may be) the plan as revised, and
 - consult each relevant Health and Wellbeing Board on whether the draft takes proper account of each joint local health and wellbeing strategy published by it which relates to the period (or any part of the period) to which the plan relates
23. In addition, HWBBs are asked to give an opinion on ICB / Trust forward plans, Joint capital resource use plans, Annual reports (which must reflect local Joint Health and Wellbeing Strategies), and performance assessment of integrated care boards carried out by NHS England.
24. A relevant ICB must appoint a person to represent it on each local HWBB. Functions of a local authority under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 are to be

exercised by the Health and Wellbeing Board and the Integrated Care Board jointly.

25. Given this, it is imperative that we develop a strong role for the HWBB in the new system, both through the voice the Chair will have as a member of the HCV ICP, and as the body which sets the strategic direction for health and wellbeing which the York Alliance will work to.
26. Overview and Scrutiny committees will also need to develop a strong role in scrutinising both the local place-based partnership and the ICB as a regional body, in a similar fashion to previous work with Clinical Commissioning Groups

Consultation

27. This paper sets out an update on the progress of national and local reforms, and summarises a policy position taken by partners in York. Therefore most consultation has taken place within health partners in York, including with elected members. Currently, a broad public and third sector consultation is taking place led by the Alliance as part of their Prospectus work, around the type of things which characterise good health and wellbeing in the city, under the banner 'York's Health and Care Big Question'. As the development of a York place-based partnership proceeds, it is anticipated that much more public involvement, consultation and indeed co-production where possible is incorporated into this work.

Recommendations

28. The purpose of this report is to provide the Health and Adult Social Care Policy and Scrutiny Committee with an update regarding the Integrated Care System. Scrutiny are asked to note the content of this report.

Reason: To keep the Committee updated.

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Report

Approved



8/04/22

Wards Affected: List wards or tick box to indicate all

All

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For further information please contact the author of the report

Background Papers:

Health and Care Bill 2021

<https://bills.parliament.uk/bills/3022>

Executive report March 2021

<https://democracy.york.gov.uk/ieListDocuments.aspx?CId=733&MIId=12509&Ver=4>

Abbreviations:

ICS – Integrated Care System

CCG – Clinical Commissioning Group

HWBB – Health and Wellbeing Board

ICB – Integrated Care Board