
Health and Wellbeing Board

November 17th 2021

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

NHS Reforms and update from the York Health and Care Alliance

Summary

1. This report is to provide an update on the progress of the York Health and Care Alliance.

Background

2. The York Health and Care Alliance was established in April 2021 as our city's response to the changes and reorganisation of the NHS proposed in the government's white paper 'Integration and Innovation'.
3. The Alliance Board was established as a sub-group of the Health and Wellbeing Board through consultation with the Health and Wellbeing Board and through Full Council in April 2021. 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.
4. As part of this arrangement, an update on the Alliance Board is presented at every Health and Wellbeing Board meeting.

Main/Key Issues to be considered

Update on NHS reforms

5. When the Health and Wellbeing Board last met, an update was given on the NHS reforms which covered:

- The Health and Social Care Bill, which is still passing through parliament at the time of this report writing
 - The ICS Design Framework, a policy documents from NHS England laying out details of the governance and design of new Integrated Care Systems
 - A model ICB constitution, setting out how one part of the ICS (the ICS NHS Body or ICB, which will run the NHS from day-to-day) is to be governed
 - The HR framework governing the transition from CCGs to an ICB and associated functions.
6. Since this point more details have been released setting out the policy and local arrangements Humber Coast and Vale ICS are looking to build. The ICS has endorsed and agreed local arrangements for the planning of health and care services based on:
- 6 places - East Riding of Yorkshire, Hull, North East Lincolnshire, North Lincolnshire, North Yorkshire and City of York;
 - 4 sector-based provider collaboratives - Mental Health, Learning Disabilities and Autism, Acute, Community Health & Care and Primary Care;
 - 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

The arrangements set out above have been approved by NHS England.

7. 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 perspective (Chair and 2 non-executive directors)
 - Place perspective (one local authority member)

- Provider perspective (one member drawn from NHS trusts and foundation trusts and primary medical services (general practice) providers)
 - System executive, clinical and professional (chief executive, director of finance, director of nursing, director clinical and professional, strategic partnership directors x 2, people director, director of transformation/NHSEI locality director)
 - Subject matter experts (VCSE, CIC, public health, communities representative)
8. Guidance issued to help embed ICSs by April 2022 (subject to legislative approval) has indicated that each ICS is required to appoint a Chair and a Chief Executive. HCV Partnership has recently announced that it has appointed Sue Symington as its designate ICS Chair, and therefore designate Chair of the anticipated ICB and ICP. Final appointment to the role of Chair of the ICS, 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.
 9. The HCV Partnership (ICS), as the region's integrated care system, has also begun the process of appointing an ICS Chief Executive. As with the Chair, the ICS Chief Executive would become Chief Executive of the ICB should the proposed ICS legislation be passed into law.
 10. The Integrated Care Partnership (ICP): the proposal is that HCV ICP base membership should be the 6 Health and Wellbeing Board chairs or other local government member, 6 place leaders, the ICB chair and chief executive, with other members of the ICS Executive in attendance as required.
 11. As outlined in the document, the ICB board and ICP membership has been confirmed, and we have been informed the draft HCV ICB constitution will be released this month and the ICB first shadow meeting will be in January.
 12. Recent guidance has confirmed 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

National guidance recommends five place-based governance options available for ICSs to use, but a preferred option has not yet been decided by any of the places in HCV, including York.

13. It is anticipated that Humber Coast and Vale are soon to announce the process for identifying managerial and clinical leadership at 'place' level, including the process for appointing a Place Director in each area. Further clarity about HCVs starting point for place-based discussions will be after the Chief Executive has been recruited.

Role of the Health and Wellbeing Board

14. The new legislation includes several references to the role of Health and Wellbeing Boards.
15. 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
16. 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
 - Performance assessment of integrated care boards carried out by NHS England
17. 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.

18. Clarification has been sought on whether the HWBB is able to function as the local place-based partnership, and whilst a close alignment is encouraged, the view from others in the region is that they would need to be separate under a delegated committee arrangement.
19. 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.

Alliance Board meetings

20. The York Health and Social Care Alliance has met monthly since April 2021, with the membership, aims and purpose and terms of reference presented to the council Executive in March.
21. The Alliance’s meetings since the last update to the Health and Wellbeing Board have been time-out sessions, which have had no formal papers or minutes, and have focussed on producing a ‘maturity matrix’ which all six ‘places’ within Humber Coast and Vale have been completing, in order to establish a baseline for how health and systems are working together locally, and where focus should lie to further improve and integrate services. Partners are asked to agree how far work has progressed on a scale from ‘emerging’ through ‘developing’, ‘maturing’ and ‘thriving’. A summary of this self-assessment is included below:

Place Development Framework: Current Assessment (September 2021)

York

| Domains | Emerging | Developing | Maturing | Thriving |
|-------------------|----------|------------|----------|----------|
| Ambition & Vision | | | | |
| System Leadership | | | | |
| Design & Delivery | | | | |

Overall the existing work with partners across the place indicates we are already maturing with strong System Leadership in place. Ongoing actions around workforce and new governance arrangements will further move the place towards thriving throughout 2022-23.

We are working with partners at both North Yorkshire and the ICS/B on overall governance structures to space future actions.

Consultation

22. The work of the Alliance involves key partners from each health and care provider organisation in the city and all of them have been heavily involved in its work. A number of engagement events have been held to share the plans and details on NHS reforms with partners in the city, and more will be possible when the detailed structures have been agreed.

Options

23. The HWBB will receive further reports on the progress of the NHS reforms and the York Health and Care Alliance.

Strategic/Operational Plans

24. The Joint Health and Wellbeing Strategy is the overarching strategic vision for York, and the work of the York Health and Care Alliance supports the delivery of the desired outcomes.

Implications

- **Financial** – There are no financial implications as yet from this report. Any future decisions about finances take by the Alliance will be made through the governance of each partner organisation at this stage, while the Alliance is a partnership rather than a formally constituted body.
- **Human Resources (HR)** – There are no human resources implications as a result of this paper, but significant HR implications of the NHS reforms in general should be noted.
- **Equalities** – the Alliance aligns with the Health and Wellbeing Strategy in aiming to tackle and improve health inequalities
- **Legal** - There are no legal resources implications as a result of this paper, but significant legal and contractual implications of the NHS reforms in general as noted above
- **Crime and Disorder** - none
- **Information Technology (IT)** –none
- **Property** - none
- **Other** – none.

Risk Management

25. Governance processes are in place between the partners to manage the strategic risks of these reforms

Recommendations

26. The Health and Wellbeing Board are asked to:
- Note the update on the NHS reforms and work of the York Health and Care Alliance

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**Report
Approved**



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All

Wards Affected:

For further information please contact the author of the report

Background Papers:

Health and Social Care Bill – available [here](#)

ICS design framework – available [here](#)

ICS Implementation Framework – available [here](#)