Tower Hamlets Health and Wellbeing Board

Update on the Integrated Care System developments and Borough Based Partnerships

ICS progress

- The Health and Care Bill published on 6 July 2021 sets out how the government intends to **reform the delivery of health services and promote integration between health and care in England** , recognising that neither the health system nor local authorities can meet the needs of their populations on their own.
- The Bill **includes specifications on how integrated care systems (ICSs) are to be set up and** it emphasis the new statutory functions:
  - **an Integrated Care Board (ICB)** – taking on the NHS Commissioning functions of CCGs which are to be legally abolished and transferred in to these new ICBs. It will also be accountable for NHS spend and performance across the system
  - **an Integrated Care Partnership -** bringing together a wide range of organisations and representatives concerned with improving the care, health and wellbeing of the population to develop a strategy to address the health and care needs of the system
- In addition, the Bill specifies three other core components of the ICS system: Provider Collaboratives, Place-based Partnerships and Primary Care networks.
- Working in an integrated way is not new for north east London, nor Tower Hamlets, and we have a strong history of working together across the system to provide health and care for patients. Most recently this was very much at the heart of our response to the Covid pandemic and the rollout of our vaccination programme.
- For Tower Hamlets Together, this means evolving into a Place-based Partnership within the North East London Integrated Care System. The remaining slides outlines its purpose, potential forms and functions.

Timeline

- **Chair of the new Integrated Care Board** - In July Marie Gabriel, currently Independent Chair of the ICS was confirmed as the Chair designate for the Integrated Care Board
- **Dis-establishment of the CCG** - Subject to the legislation being finalised, it is expected that the CCG will be abolished and there will be a new Integrated Care Board in **April 2022** with current CCG and wider functions
- **Recruitment to Executive Roles** – CEO will be announced in November followed by other statutory roles (Chief Finance Officer, Direct of Nursing, Medical Director) ahead of the new ICB forming in April

Decision-making

- The ICS design framework from July 2021 and the *Thriving Places* guidance issued in September 2021 both support the principle of subsidiarity through place-level decision making:
  - There is an ‘opportunity for a significant amount of system decision-making at place level, where appropriate’, which will require the ‘allocation of decision-making functions between system and place’; and
  - ‘We expect statutory bodies may set a budget for place-based partnerships to support local financial decisions, where it has agreed with the place-based partnership to delegate decision-making functions to the partnership’
- The guidance leaves it to each system to decide upon an appropriate allocation of decision-making authority.
- It suggests that which takes place at place may relate to: local health and care strategy and planning, service planning, service delivery and transformation, population health management, connecting support in the community, promoting health and wellbeing, and alignment of management support across partners.
- Our design for this needs to be driven by the functions that are best delivered at place level and how decisions can be taken as close to patients and residents as appropriate.
- The NEL ICS design process must establish over the coming months:
  - what functions will be reserved to the integrated care board;
  - what functions will be delegated to and exercised by place-based partnerships and provider collaboratives; and
  - what conditions the ICB, as the accountable body, will place on such delegation.
- NHS England anticipates that governance arrangements will continue to evolve after 1 April 2022.
- A NEL wide working group established to develop a framework for formal delegation to place-based partnerships.

NEL ICS programme high-level milestones

Q1 April – June 2021

- Update ICS system development plan - **COMPLETE**

Q2 July – September 2021

- ICB Chair designate appointed - **COMPLETE**
- ICS CEO recruitment process **UNDERWAY**
- Draft proposed new ICS NHS MoU arrangements for 22/23 **- COMPLETE**
- Begin due diligence planning **- COMPLETE**

Q3 October – December 2021

- ICS CEO confirmed by end of November
- Carry out recruitment process for designate finance director, medical director, director of nursing and other board level roles
- Engagement on local ICS NHS Constitution and governance arrangements for ICS NHS body and ICS Partnership
- Commissioning functions – discussions with partners and decisions on commissioning arrangements at system and place level to be finalised by end of Q3
- Updated System Development plan to NHSE

Q4 January – March 2022

- By end of Q4 - readiness to Operate Statement to be signed off by CEO
- A final functions and decision map due before end of Q4 to be completed alongside the model constitution
- Constitution approved by NHSE before end of Q4
- Designate partner members and any other designate ICB senior roles confirmed by end of Q4

Potential responsibilities at place-based partnership level

- The ICS design framework does not prescribe a fixed set of functions or responsibilities for place-based partnerships.
- Rather, it simply recognises them as key to the coordination and improvement of service planning and delivery, and as forums for partners to address wider determinants of health.
- This provides a strong basis for each partnership to reflect on its own ambitions for the early years of the new integrated care system.
- The table to the right lists ten functions that form the basis for a strong and ambitious place-based partnership.

#	Function		Detail
1	Understanding and working with communities	Developing an in-depth understanding of local needs	This involves bringing together data and insights from different agencies to build up a rounded picture of the needs and strengths of different communities, which where necessary drives a differentiated health and care offer including at the levels of primary care networks and neighbourhoods
2		Connecting with communities	This means being the level at which most public engagement relating to health and care happens, focused on how care pathways are experienced from a user perspective and local service changes (rather than wider system change)
3	Joining up and co-ordinating services around people's needs	Jointly planning and co-ordinating services	This involves joining up planning and delivery across NHS, local government, VCS, and independent sector services for more co-ordinated and personalised care and to avoid duplication. The focus is on community-based services, including primary care, community health services, social care, and some community mental health services, plus their interface with acute care
4		Driving service transformation	This means leading the implementation of place-based, cross-partner transformation schemes that promote more person-centred and preventive approaches to care. It also means connecting local partners to wider pan-ICS changes, ensuring that new delivery models take local factors into account.
5	Addressing social and economic factors that influence health and wellbeing	Collectively focusing on the wider determinants of health	This involves widening the local planning and delivery conversation beyond services to the social and community networks and the physical, social, and economic contexts that impact on health and wellbeing outcomes. This includes housing, green space, employment, and leisure
6		Mobilising communities and building community leadership	This means investing in building community leadership capacity, including by supporting community-led organisations and creating roles such as community health champions that give local people influence over local health outcomes, as well as engaging constructively with elected councillors and VCS representatives
7		Harnessing partners' economic influence as anchor institutions	This means leveraging partners' roles as local employers and purchasers of goods and services to play an active role in promoting the health, wellbeing, and economic resilience of communities, in line with the vision for this likely to be set at system level for some partner organisations
8	Supporting quality and sustainability of local services	Supporting the best use of financial resources	This requires partnerships to look at the collective resources available to improve health and wellbeing and, either directly or by influencing partners (according to where budgets sit formally), aligning these behind local priorities. This includes making best use of opportunities to pool functions and funds across the NHS and local government
9		Supporting local workforce development and deployment	This means complementing ICS-level work on longer-term workforce planning, recruitment and training by influencing how the collective health and care workforce across a place is deployed and developed in support of desired service changes. Workforce development is therefore an area where the division of efforts across places and systems will need careful working through with tailored local solutions. It is linked to partners' roles as anchor institutions.
10		Driving improvement through oversight of quality and performance	This involves not creating an additional assurance layer at place level but a distinct role for place-based partnerships in forming informal local accountability mechanisms that can help drive improvement in local services, including through peer support and challenge between the leaders of different organisations as well as clinical peer review.

* Adapted from The King's Fund: *Developing place-based partnerships – the foundation of effective integrated care systems*

THT Borough Partnership Board

- Established partnership arrangements through THT and into HWBB
- Opportunity to build on strengths – where can we do more and how can delegation and form help
- Understand the conditions that will come with delegation
  - How will we demonstrate system accountability for outcomes, delivery, resources, quality, performance?
- What will our provider landscape look like across the partnership?
  - Development of provider collaboratives
  - Development of primary care and PCN's
  - Continued engagement of CVS

Existing strengths

THT operating framework:
- Aims and Principles
- Vision, mission, objectives
- Agreed priorities and plan
- Outcomes framework
- ToR for partnership groups

THT integration examples:
- Asthma and wheeze project; H@H;
- Jointly funded and commissioned services eg Tower Connect; Linkage Plus; CAMHS
- Multi-disciplinary teams in place
- Response to Covid19 – helpline; IDH; support to CEV children and young people
- Workforce and OD strategy
- Strong focus on engagement and co-production
- Race equality and work with BRAP
- Opportunities for further integration through some of the redesign and re-commissioning underway eg homecare; rehab and reablement; SALT; ASD pathway

Developing options for delegation to place based partnerships

Many of the statutory functions that the ICB has could be delegated to a place. The following options are most likely:

- Commissioning functions for specified services;
- Communications and engagement functions;
- Contracting and financial management (including through control of a delegated budget);
- Service planning, transformation and delivery management;
- Strategic planning;
- Quality, risk and financial monitoring and management.

In each case, the functions would be delegated for the place area and would be subject to agreed NEL governance arrangements.

Form

- *Thriving Places* reiterates the five governance options for place-based partnerships from the ICS design framework.
- These will be agreed for April 2022 between the central ICS leadership team and each partnership. The aim is to make use of what each place has already created and to transition each partnership into the statutory ICS structure with a minimum of disruption.
- Further considerations may be needed re membership as the place-based partnership mature.

1. Consultative forum	2. Committee	3. Individual executives	4. Joint committee	5. Lead provider
A collaborative forum to inform and align decisions by relevant statutory bodies, such as the ICB or local authorities, in an advisory role. In this arrangement, the decisions of statutory bodies should be informed by the consultative forum	A committee provided with delegated authority to make decisions about the use of resources, with terms of references and scope set by the statutory body and agreed to by the committee	Statutory bodies may agree to delegate functions to individual members of staff to exercise delegated functions, and they may convene a committee to support them, with membership that includes representatives from other organisations	A committee established between partner organisations, such as the ICB, local authorities, and statutory NHS providers, potentially with representatives of non-statutory providers to participate but without being members	A lead provider manages resources and delivery at place-level, as part of a provider partnership, under a contract with the ICB and/or local government, having lead responsibility for delivering the agreed outcomes for the place for the defined set of services
Helpful for engaging the widest range of partners to discuss and agree shared strategic direction together	Helpful for making decisions based on a range of views, while facilitating delegated authority for the use of resources	Helpful for engaging partners in the decision-making of statutory bodies, while retaining a single SRO for decisions	Helpful for making joint decisions between relevant partners	Helpful for giving provider leaders greater ownership and direction over service delivery and coordination

Could start here → Aim for here

Next Steps

- Further THT workshop in November
- Opportunity to engage with Browne Jacobson at a local level

- Agree proposals for form and governance – April and beyond
- Explore further the options for delegation – including commissioning activity

- Continue engagement in the discussion on provider collaboratives and what this means locally
- Continue to develop our locality plan (with primary care and PCN's and CVS) – includes locality development fund

- A maturity process by which NEL ICS signs off the recommended form requested by the borough partnership will be developed by the NEL ICS.(by April 2022)

There will now be opportunities to consider key areas and agree the TH place-based partnership approach to them. These relate to the Integrated Care Board (ICB) functions and will need to be agreed with the ICB.

- Quality and performance
- Finance
- Public and patient involvement
- Clinical and care professional leadership model
- Strategic estates planning
- Delivery of the THT strategy