



## Update on Health and Care Bill Proposals September 2021

### Summary

As part of preparations for the legislative changes set out in the Health and Care Bill for integrated care systems, NHS England and the Department of Health and Social Care have published a range of guidance designed to support the establishment of Integrated Care Boards (ICBs) by 1 April 2022.

The guidance published during August and September all build on the expectations set out in the [ICS Design Framework](#), and are intended to help us prepare for our next steps. You can read all guidance [here](#).

### Integrated care systems

The first reading of the Health and Care Bill took place in the House of Commons on 7 July with the second reading on 14 July. The Bill is currently in the [Committee Stage](#). The Bill follows on from the [White Paper Integration and innovation: working together to improve health and social care for all](#) and sets out legislation to establish Integrated Care Boards (formerly known as Integrated Care Systems) as statutory bodies.

NHS England and NHS Improvement (NHSEI) published the [Integrated Care System \(ICS\) Design Framework](#) to guide next steps in developing ICS' in line with the Bill and the [White Paper](#).

**Until the legislation is agreed by Parliament the move to create new statutory NHS bodies to replace clinical commissioning groups remains a proposal.**

### Terminology

The following information regarding integrated care systems may help in terms of terminology which can be confusing.

#### NHS Integrated Care Board (ICB)

The NHS Integrated Care Board (ICB) will involve:

- Chair - appointed by NHS England, with local panels (see below), approved by Secretary of State
- Chief executive - appointed and approved by NHS England. This will involve the chair if in post
- The Board will include an independent chair and a minimum of three ordinary members with a minimum of two independent non-executives. We await guidance on the constitution which is being worked through locally in anticipation of publication. Duties of the board including finance, health and wellbeing, quality of services, efficiency, and sustainability
- Functions of the Board will be discharged at a local place-based partnership level (PBP) – some of you may know these currently as integrated care partnerships (ICPs).

#### Integrated Care Partnership (currently known as an ICS – West Yorkshire and Harrogate Health and Care Partnership)

Our plan is to have an Integrated Care Partnership Board. This will be like the [Partnership Board](#) we currently have in place. Board members will be responsible for the integrated care strategy.



## New national guidance

As part of preparations for the legislative changes set out in the Health and Care Bill, NHS England and the Department of Health and Social Care have published a range of guidance designed to support the establishment of Integrated Care Boards (ICBs) by 1 April 2022.

The guidance published on Thursday 19 August, and those to come over the next few weeks, all build on the expectations set out in the [ICS Design Framework](#), and are intended to help us prepare for our next steps.

The guidance includes the interim guidance on: the functions and governance of the integrated care board; partnerships with the voluntary, community and social enterprise sector; effective clinical and care professional leadership; working with people and communities and guidance on the ICS people function. This is all in-line with the work already underway across our Partnership and in many ways is an evolution of the journey we have been on for the past five years.

The Bill recognizes the importance of ‘places’, and this is set out in [‘Thriving places: Guidance on the development of place-based partnerships as part of statutory integrated care systems’](#).

The guidance sets out the potential activities and approaches of place-based partnerships

- Health and care strategy and planning at place
- Service planning
- Service delivery and transformation
- Population health management
- Connect support in the community
- Promote health and wellbeing
- Align management support

In addition, each Place will have delegated authority from the ICB for some elements of funding and performance.

NHS England / Improvement have also published [‘Working together at scale: guidance on provider Collaboratives’](#) in August. The guidance sets out that:

- Trusts providing acute and mental health services, must be part of a provider collaborative by April 2022
- Community trusts, ambulance trusts and independent providers can participate in collaboratives “where this would benefit patients and makes sense for the providers and systems involved”
- Collaboratives distinguished from “place-based partnerships”, as the former will involve providers operating across multiple places and potentially multiple systems
- Provider collaborative should be formed with one or more of following goals in mind:
- Reducing unwarranted variation and inequality in health outcomes, access to services and experience, improving resilience by, for e.g., providing mutual aid
- Ensuring that specialisation and consolidation occur where this will provide better outcomes and value
- Emphasis on the benefits of scale, helping to address key challenges including Covid-19 recovery and scarce resources such as workforce and capital.



We already have excellent provider collaboratives across our area, for example [West Yorkshire Association of Acute Trusts](#), and the [Mental Health, Learning Disabilities and Autism Collaborative](#). Our model will build on the solid foundation already in place.

You can read all guidance [here](#).

### **Recruitment for Chair of the NHS Integrated Care Board and Chief Executive role**

The national aim is to have NHS Integrated Care Board (ICB) chair designate and chief executive designate appointments made by October 2021. The recruitment process for our chair designate has begun, with the appointee ready to assume the new role from April 2022 if the Bill is passed and in a designate capacity prior to this. The interviews will take place in September with:

- A citizen and patients' panel: Which will focus on the outcomes, inequality, and citizen engagement.
- A staff network panel: Which will focus on leadership style and behaviours, including equality and diversity.
- A Partnership members panel: Which will focus on the understanding of our system and fit with our ways of working.

The assessment of the candidates from the stakeholder panels will be summarised and fed into the interview panel which was held on 14 September 2021.

It is expected that the recruitment for the NHS ICB chief executive roles will begin early September to conclude early October 2021.

### **West Yorkshire and Harrogate current position**

Over the last few months, various work streams have been focusing on the new statutory arrangements to strengthen our well-established approach to working together. This includes working towards the HR framework.

All ICSs will be established in statute from April 2022, subject to Parliamentary approval. There is a national expectation for ICSs to be operating in 'shadow form' from October. Our Partnership's established relationships, ways of working and team infrastructure mean that we are already operating to a large extent in 'shadow form' – i.e.

- We have clear well defined places building effective partnerships at a local level
- Mature provider collaboratives for mental and physical health and a strong and inclusive set of working arrangements at West Yorkshire and Harrogate level, which are transparent and backed by good governance.

We see the changes taking place between now and April as further evolution and extension of our way of working, rather than step changes to shadow form in October then full statutory arrangements in April 2022.

### **Public involvement and communications**

Our West Yorkshire and Harrogate Health and Care Partnership [communications and involvement plan](#) sets out our principles for communications, engagement and consultation and our approach to working with local place-based colleagues and people for 2021/2021.



We also have a summary '[plan on a page](#)' version of the [communications and involvement plan](#) and [you can also view our easy read version here](#). We are committed to transparency and meaningful involvement in our work. We have also developed a draft [involvement framework](#) which builds on the communications and involvement plan to describe at a West Yorkshire and Harrogate level our approach and the way we work with programmes and local place-based colleagues.

Following on from the engagement to date about the White Paper and [independent involvement review](#), a further event for those citizens and carers involved with organisations took place on the 9 September.

### **Keeping you informed throughout**

As we receive clarification and guidance, we will keep everyone updated. There is a dedicated section on the [Partnership's website](#), and we will provide updates through our weekly bulletin and briefings. A series of listening events have been taking place across clinical commissioning groups and for West Yorkshire and Harrogate programme and core team colleagues.

### **What next?**

- We are having conversations with each Health and Wellbeing Board to ensure joined up working across the area
- The Chairs and Leaders Reference Group (council leaders and chairs of Trusts) will meet on Friday 27 August to discuss governance arrangements and finance.
- We will continue to engage with colleagues as our work develops.
- We will co-produce our draft Partnership constitution with partners over the next few months, so that it can be formally agreed in April 2022 when the new Health and Care Act comes into force (subject to parliamentary approval)
- Recruitment to the CEO role for our ICS is expected to begin in September.
- Coproduction on public involvement will continue.

