

## **Integrated Care System – Transition arrangements**

### **Background**

The Health and Care Act 2022 introduces reforms to the organisation and delivery of health and care services in England, it received Royal Assent in April 2022. The main purpose of the Health and Care Act is to establish a legislative framework that supports collaboration and partnership-working to integrate services for patients. This will be achieved through integrated care systems (ICS's) and the establishment of Integrated Care Boards (ICB's) that will take on the statutory functions responsibilities of Clinical Commissioning Groups (CCG's)

Integrated care systems are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population.

The aim of the ICSs is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health, social care, community, and voluntary sector.

NHS Hull CCG are currently operating as one of the six defined places within the Humber and North Yorkshire Integrated Care System and will transition all organisational functions and responsibilities into the Humber and North Yorkshire Integrated Care Board when it is established on July 1<sup>st</sup> 2022.

### **Introduction**

The aim of this paper is to provide the NHS Hull CCG Board with assurance on the work under way to achieve an effective transfer of CCG statutory responsibilities and CCG staff employment. It also provides an update on the emerging Hull Health and Care Partnership Committee arrangements to take Hull forward into the new system and become part of the governance of the Humber and North Yorkshire ICB.

### **Due Diligence**

Good progress continues to be made by the CCG with respect to the necessary due diligence work and we remain on track for the Accountable Officer to be able to meet the required deadline of 01/06/22 to issue a letter to the ICB Chief Executive Designate on the successful completion of actions or, where there are legitimate circumstances where some actions cannot be completed by that date, the completion of the work by no later than 30/06/22. (For instance, in circumstances where a final count of activity in relation to CQC notices cannot be completed until the final few days of the CCG).

The programme comprises the main workstreams of finance, quality, IT/IG, HR and corporate governance. Each workstream has progressed a comprehensive series of actions in preparation for ICB establishment which complement and support the due diligence processes. The ICS PMO provided positive feedback to the CCG on the progress it had made on due diligence at the end of April 2022.

The evidence folders created and populated by the CCG in relation to due diligence are subject to a review by internal audit and at the time of writing this report it is

expected that initial feedback will be available for the CCG board meeting on the 27<sup>th</sup> May 2022.

With national guidance on due diligence shifting to focus more on the ICB readiness to operate from 1<sup>st</sup> of July and beyond this work will continue to progress as the CCG transitions into the ICB.

### **Staff Transfer and Support**

CCG staff continue to be supported on a 1:1 basis and through regular team and ICS briefings, the CCG communications team provide a weekly newsletter and the recent CCG celebration event was well attended and appreciated by the CCG team. The most recent staff survey was encouraging with a 60 % response rate, scores overall were positive and scored highly in relation to team and managerial support.

Formal consultation on the transfer of CCG staff into the Humber and North Yorkshire ICB commenced on 4 April 2022 and concluded on the 6 May 2022.

The legal mechanism to transfer CCG staff deemed to be in scope of transfer to the newly established ICBs on the expected date of establishment will be a statutory transfer scheme made by NHS England.

The employment commitment made to support affected colleagues in this transition mandates the 'lift and shift' approach for CCG colleagues below board level. No job matching or pre-transfer selection process is required.

Designate ICB executive directors are starting to meet with relevant CCG directors and leads within each place, and engagement with wider staff groups is also taking place

The ICB will review structures and any changes will be subject to appropriate consultation under the organisational change policy and process. There may initially be a change to job titles, functions, roles to align with the way place partnerships or the ICB is going to work following the transfer.

It is anticipated that an ICB NHS Place Director role for Hull will be advertised in the coming weeks to bring Hull in line with the other five Places across the ICB. The NHS place Director will have some delegated responsibilities from the ICB to enact within the Hull Health and Care Partnership and will report into the ICB Chief Operating Officer.

### **Hull's Health and Care/Place Partnership**

Building on the already well-established Place Partnership Steering Group the Shadow Health and Care Partnership (HCP) has been meeting now for five months to develop its programme plan, memorandum of understanding and prepare for delegation from the ICB. It will continue operating in shadow form until 1 July when it will become formally established as a subcommittee of the ICB.

The Partnership, building on the already strong working relationship between the local authority and CCG has widened its membership to include representatives from acute, community, voluntary and primary care and Healthwatch. Members represent their organisations at a senior level and have been actively engaged in; discussions to

shape the operating framework, agreeing its priorities and communicating back to their host organisations.

The purpose of establishing a strong and mature partnership has to be to work collaboratively on cross-cutting issues for the benefit of people in the city of Hull through an integrated approach, allowing it to remain agile so that it is capable of responding rapidly with a focus on improving outcomes and developing a joint approach to reducing health inequalities.

Going forward the system will make decisions together around prioritisation of resources, innovative service and funding models, workforce models and being mutually accountable for shared outcomes. Robust and transparent operating arrangements will need to be established to support this.

### **Operating Framework**

An operating framework has been developed which includes groups that report to the HCP. These groups will ensure that those functions delegated to place are delivered safely and that priorities identified by the partnership will be delivered. These groups have a wide membership across the partnership and include Finance, Quality, Governance, Communications and Engagement and Integrated Delivery.

The HCP has also agreed a memorandum of understanding which outlines plans for the partnership to transition to a Joint Committee of the ICB by March 2023. Some next steps for the partnership include:

- Further consideration to actively ensure a collective approach to engagement with the people of Hull.
- Expanding membership of the group to include an education lead and a lay member.
- Aligning governance arrangements with partners through internal governance arrangements and their schemes of delegation.
- Feeding into the ICS wide strategic design process.
- Further alignment of the integrated financial plan once more information on delegation is available.
- Confirmation of the model for clinical leadership

### **Clinical Leadership**

Each ICB must agree a local framework and plan for clinical and care professional leadership with ICS partners and ensure this is promoted across the system. Individuals in clinical and/or care professional roles on the ICB Board should ensure that leaders from all clinical and care professions are involved and invested in the vision, purpose and work of the ICS.

#### **5 principles and functions of clinical leaders**

1. Integrating clinical and care professionals in decision-making at every level of the ICS

2. Creating a culture of shared learning, collaboration & innovation, working alongside patients & communities
3. Ensuring clinical and care professionals have appropriate resources to carry out their system roles
4. Dedicated leadership development and the opportunity for clinical and non-clinical professionals to learn together
5. Identifying, recruiting and developing a pipeline of clinical and care professional system leaders

The ICB designate executive team have confirmed acknowledgement of a clinical place lead role for each area (clinical in its broadest sense) and that the NHS Place Director (to be confirmed) will have delegated responsibilities for primary care commissioning. There are also existing clinical leadership forums where discussions are taking place to agree and formalise the future model for clinical engagement including the ICS Primary Care collaborative at the Humber primary care collaborative.

There is Hull Clinical Director representation on the Hull shadow health and care partnership and clinical representation on the HWBB our GPs also take on leadership roles across several pathways and services in the city.

We have benefitted from committed and innovative clinical leadership in Hull. Primary care must be central to any integrated delivery model. Primary care is the voice of our patients and provides the intelligence for pathway change. Our challenges in terms of need in the city and capacity across our primary care workforce require a proactive and transformational approach to sustain.

The CCG are awaiting clarity on what will transfer in terms of resources currently associated with clinical leadership and support to the current CCG structure. A protected time for learning across primary care in Hull has been arranged for June to continue this conversation with primary care to inform and influence what form this will take in the new system.

### **Continuing the ambition to Create a Healthier Hull**

The creation of a health and care partnership for Hull is designed to continue the CCG legacy of health improvement for the people that live in the city of Hull. The challenges faced by Hull are well documented. The partnership has agreed on a single aligned strategy and vision across the city.

They have agreed to work together to create a fairer Hull where everyone benefits from real and sustained improvements in health and wellbeing. This vision and strategy is set out in the recently published and updated Health and Wellbeing Strategy.

Underpinning this vision for the partnership are three key priorities these are:

1. **Maintaining momentum** with the focus on reducing health inequalities and proactive prevention. A Health Inequalities framework will be developed and owned by all the partners. A number of innovative strategies will be rolled out across the city to focus on prevention including implementing a first 1001 day programme. Other health improvement strategies will be developed prioritising

mental health in children and young people. This work is being taken forward via the Health and Well Being Board and associated workstreams.

2. **Delivery integration.** Building on existing and successful models already in place there will be a partnership wide focus on developing an integrated approach to care at home. Ensuring that care is wrapped around the needs of people, staff feel supported and our resources and more effectively used. Enabling this will be local plans around workforce.
3. **Developing ourselves** to achieve its ambition the partnership is keen to develop itself by deepening its relationship and aligning its governance across the partners. Moving into a new system approach with providers and a collaborative response to transformation requires some cultural and behavioural change. Thus, enabling the partnership to make joint decisions around use of resources enabling mutual accountability and ownership of joint outcomes.

## Summary

Key programmes of work that continue to realise benefits and improved outcomes for people in Hull will be sustained and carried forward into the new delivery model of the Hull Health and Care Partnership.

All statutory and business functions are ready to transfer, and the CCG Board can have confidence in the connections that have been made between CCG Executive Directors and Designate ICB Directors to ensure smooth transfer and continuity.

There is an expectation that whilst the formal dissolution of the CCG and establishment of the ICB will take place on July 1<sup>st</sup>, 2022, there will a period of development and evolution of the new governance and structures that will aim to consolidate the transfer by April 2023.

Finally, this paper is an opportunity to thank the CCG Board for their leadership, direction, and commitment to the delivery of our objectives over the course of the CCG. NHS Hull CCG is prepared and in a good position to transition into the Humber and North Yorkshire ICB and to continue to progress as a Place partnership focused on improving health and care outcomes in the city.

## RECOMMENDATIONS:

- a The CCG board note work to date on due diligence and staff transfer.
- b The CCG Board note the and note the establishment of the Health and Care Partnership