

Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee

27 June 2022

LLR ICS Transition Programme Update

Background

1. In April, the Health and Care Act 2022 completed the parliamentary process and received Royal Assent putting Integrated Care Systems onto a statutory footing with the establishment of Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs), known locally as the Leicester, Leicestershire and Rutland Health and Wellbeing Partnership.
2. ICBs are statutory NHS organisations responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. When ICBs are legally established with effect from 1 July 2022, Clinical Commissioning Groups (CCGs) will be abolished.
3. The vision for greater integration was laid out in the Five Year Forward View and then the NHS Long Term Plan in 2019. The Bill builds on this, whilst also incorporating valuable lessons learnt from the pandemic to benefit both staff and patients.
4. A Leicester, Leicestershire and Rutland ICS Transition Programme was established in 2020 to ensure:
 - The three LLR CCGs were legally and safely closed overseeing the safe transfer of people (staff) and property (in its widest sense) to integrated care boards (ICBs); and
 - Ensure that the legal and operationally critical elements are in place ready for the establishment of the NHS LLR ICB as a statutory body on 1 July 2022.
5. The LLR ICS Transition Assurance Committee has met monthly to provide assurance to the shadow NHS LLR ICB that the programme to transition the system to statutory status on 1 July 2022 is sufficient and robust.
6. Highlight reports from the LLR ICS Transition Assurance Committee have been shared in progress updates at the monthly NHS LLR ICB and LLR CCGs Governing Bodies meetings in Common, with all members being asked to note progress.
7. This paper provides the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee (JHSC) with an update on progress towards the establishment of a statutory Integrated Care Board by 1 July 2022. The paper contains detail on:
 - System preparedness
 - Key appointments
 - Governance arrangements for the ICB and ICS

System Preparedness

8. The system has been preparing using the Readiness to Operate Statement (ROS), a high-level statement to confirm that all legally required, and operationally critical elements are in place ready for the establishment of each ICB as a statutory body on 1 July 2022.

9. The statement is underpinned by a checklist that includes reference to due diligence work required to ensure the safe and legal close of the three CCGs and assurance of the transfer activity for the newly established ICB.
10. LLR has worked closely with NHSEI to manage the ICB transition sharing evidence and progress at agreed review checkpoints, further developing progress based on feedback and system requirements.
11. There are 12 priority areas within the checklist with key supporting elements that are required and once complete LLR will receive approval to proceed. Table 1 lists the 12 areas and their status as per the June 2022 submission:

Table 1 ROS Checklist Priority Areas

Ref	Description	Final RAG Rating at June 2022
1	Integrated care partnership (ICP): Initial ICP arrangements and principles agreed	Completed
2	Integrated care board (ICB): Designate appointments to the Board of the ICB made and Board quorate in line with relevant guidance	Completed
3	System development plan, ICB constitution and governance arrangements: System Development Plan, ICB constitution and governance arrangements in place	Completed
4	Provider partnerships: Provider partnership arrangements agreed	Completed
5	People and culture: People function ready for operation	Completed
6	Quality, safety and Emergency Preparedness, Resilience and Response (EPRR): Quality, safety and EPRR systems and functions ready for operation	Completed
7	Clinical and care professional leadership: Model / arrangements prepared	Completed
8	Working with people and communities: Public involvement and engagement strategy / policy	Completed
9	NHS oversight and ways of working: NHS oversight and ways of working between NHS England and NHS Improvement regional team and ICB	Completed
10	Finance and planning: Planning for 2022/23 developed in line with national requirements and finance function and systems ready for operation	On target for delivery by 1 July
11	Data, digital and information governance: Systems ready to operate and information governance activities on target	On target for delivery by 1 July
12	Transition from CCGs to ICBs: Equalities duties complied with, due diligence of people and property complete, consultation completed in line with Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) requirements / The Cabinet Office	Completed

12. On 30 May 2022 LLR received feedback on the 20 May 2022 ROS assessment submission from NHSEI. The feedback set out the key actions and additional evidence required for the final ROS assessment on 10 June 2022. All the key points and actions were addressed and included within the 10 June 2022 submission, and wider system development feedback was noted.
13. On 1 June 2022 LLR CCGs AO provided written assurance to the ICS Chair (designate), with a copy to NHSEI's Regional Director that due diligence processes had been completed.
14. On the 10 June 2022 LLR submitted their final ROS and checklist signed by the ICB Accountable Officer (designate).
15. On the 17 June 2022 NHSEI's Regional Support Group will review and recommend ICS establishment readiness to enable the NHSEI Regional Director to sign each ICS Readiness to Operate Statement.
16. The inaugural NHS LLR ICB meeting will be held on 1 July 2022 whereby members will be requested to endorse, adopt and/or approve all new and adopted strategies, policies and governance arrangements and other necessary documentation to finalise the ICB establishment.
17. Property and Staff Transfer Schemes will transfer their assets and liabilities, with staff transferring into the NHSLLR ICB on 1 July 2022 under a legal Transfer under Protected Employment Rights (TUPE).
18. The new Constitution and Governance Handbook will set out the governance framework within which the ICB will operate.
19. Policy and strategy adoptions will ensure continuity, whilst a programme of consolidation takes place. This will ensure the strategy and policy frameworks of the legacy CCGs for those staff and registered populations to which they apply, will continue until such time as consolidation is completed, successor documents are approved, or they are no longer required.
20. The former LLR CCGs Audit Committees and Governing Bodies will close their final business in June 2022.

Key Appointments

Committee Appointments

21. The proposed NHS LLR ICB membership is as follows. Further details will be included on the ICS website on 1 July 2022.
 - David Sissling, Chair
 - Andy Williams, Chief Executive Officer

- Darren Hickman, Non-Executive Director, Audit and Risk
- Simone Jordan, Non-Executive Director, Remuneration and People
- Professor Azhar Farooqi, Non-Executive Director, Equalities and Communities
- Pauline Tagg, Non-Executive Director, Quality
- Richard Mitchell, NHS Trust Partner Member
- Angela Hillery, NHS Trust Partner Member
- Professor Mayur Lakhani, Clinical Executive Lead
- Martin Samuels, Partner Member, Leicester City Council
- Mark Andrews, Partner Member, Rutland County Council
- TBC, Partner Member, Leicestershire County Council
- TBC, Partner Member, Primary Care
- Nicci Briggs, Chief Finance Officer
- Dr Nilesh Sanganee, Chief Medical Officer
- Dr (Hon) Caroline Trevithick, Chief Nursing Officer
- Alice McGee, Chief People Officer
- Sarah Prema, Chief Strategy Officer
- Rachna Vyas, Chief Operating Officer

22. With regard to representation on the LLR ICB and Health and Wellbeing Partnership, nominations for membership of the ICB have been requested. (At the time of writing confirmation of the Leicestershire County Council Partner Members is awaited). The three Health and Wellbeing Chairs will be invited to attend the meetings of the Board and contribute to discussions. It has been proposed that a limited number of areas which the Health and Wellbeing Partnership (ICP) might focus on in its first phase of operation. These will be those which can, distinctively, be best addressed at an LLR level. This will avoid the risk of duplicating work which can and should be progressed at Place. Initially the Health and Wellbeing Partnership will be constituted with limited membership to include David Sissling, ICB Chair, three Local Authority representatives, the two Directors of Public Health and Andy Williams, ICB CEO. In the first instance, there will be a meeting of the three Health and Wellbeing Boards to discuss and approve the list of priorities. The Health and Wellbeing Boards will be asked to discuss and agree membership of the Health and Wellbeing Partnership that will meet three or four times a year with one of these being the full Health and Wellbeing Board membership.

Executive Appointments

23. The Executive management structure is in place and recruited to including designate ICB members.
24. A copy of the ICB leadership structure including details of executive portfolios can be found in Appendix 1. This includes reference to the mandatory SRO roles for board level functions of people, digital and data, emergency planning, safeguarding and special educational needs and disabilities (SEND) and for children and young people's services as well as relating to key ICB functions such as quality, performance, strategy and planning.

Governance arrangements for the ICB and ICS

25. The LLR Integrated Care System (ICS) provides an excellent opportunity to further develop collaboration and joint working in health and care. The attached Functions and Decision-Making Map provides further detail (Appendix 2).

26. The Integrated Care Board (ICB) will be the formal statutory NHS organisation and operational decision-making board for NHS resources across the system (including place and neighbourhood), whilst Cabinet/ Executive are the decision-making boards for the respective local authority resource at place.
27. There is an emerging consensus that the ICP locally should focus on the health, care and wellbeing of the LLR population overall and not be hierarchically 'above' the Health and Wellbeing Boards. Instead, the ICP should be the partnership board that operates on a system or LLR footprint. It is also the driver for the development of the system-wide Integrated Care Strategy which is due early December 2022.
28. The Health and Wellbeing Boards (HWBs) are the statutory partnership boards that operate on a place footprint and will have crucial role in bridging the collaborative work between system and place. The Health and Wellbeing Boards also have delegated authority to sign of the Better Care Funds for each place.
29. On 1 July 2022 (10.00 – 11.30am) the inaugural NHS LLR Integrated Care Board meeting will be held. NHSEI will have brought into effect the Constitution and Standing Orders through the establishment order and formal business will be transacted.

Recommendations

30. The Joint Health Overview Scrutiny Committee (JHOSC) is asked to:
 - **NOTE** progress of the LLR ICS transition programme.