

Leicester, Leicestershire and Rutland Joint Health Scrutiny Commission

28th March 2022

Update on Transition to an Integrated Care System

Purpose

1. This paper provides an update on progress towards the establishment of the Leicester, Leicestershire and Rutland Integrated Care Board.

Delay to timeline

2. To allow sufficient time for the remaining parliamentary stages of the Health and Care Bill, a revised date of 1 July 2022 has been agreed for the new arrangements to take effect and Integrated Care Boards (ICBs) to be legally and operationally established. This replaces the previous date of 1 April 2022.
3. The new date will provide some extra flexibility as ICSs prepare for the new statutory arrangements and manage the immediate priorities in relation to the pandemic response, while maintaining momentum towards more effective system working.
4. The establishment of statutory ICSs, and timing of this of course, remains subject to the passage of the Bill through Parliament.
5. National and local plans for ICS implementation have been adjusted to reflect this timescale, with an extended preparatory phase from 1 April 2022 up to the point of commencement of the new statutory arrangements. It is not envisaged that the delay will impact on the programme significantly. Plans are well developed, and we will continue to move forward with the actions necessary to close the existing three Clinical Commissioning Groups and establish the Integrated Care Board.

Role of Clinical Commissioning Groups April to June 2022

6. As statutory organisations the three Clinical Commissioning Groups will now continue as statutory organisations, with all their existing duties and responsibilities, until the end of June 2022. Existing governance arrangements will remain in place to enable them to discharge their duties during this period.

Integrated Care Board Meetings

7. From April 2022 the LLR Integrated Care Board will start to hold its Board meetings in public. Each meeting will be advertised and agendas and papers made available on the LLR CCGs websites together with information on how the public can join the meeting.

Appointments

8. The Leicester, Leicestershire and Rutland Integrated Care Board has David Sissing as its Designate Chair and Andy Williams as its Designate Chief Executive Officer.
9. Following a recruitment process the following are the preferred candidates for the Designate Director roles for the LLR Integrated Care Board.

Role	Appointed
Director Finance	Nicci Briggs
Director Nursing	Caroline Trevithick
Director People	Alice McGee
Director Transformation	Rachna Vyas
Director Strategy	Sarah Prema
Director Medicine	Dr Nil Sanganee

10. Four Non-Executive Director appointments have also been made to the LLR Integrated Care Board. These roles will be designate to the end of June 2022 with roles formally commencing on 1st July 2022.

Role	Appointed
Audit Committee Chair	Darryn Hickman
People and Remuneration	Simone Jordan
Health Inequalities, Public Engagement, Third Sector and Carers	Professor Azhar Farooqi
Quality, Safety and Transformation	Pauline Tagg

Working with people and communities

11. The LLR ICS has developed a draft strategy which explains at a high-level the approach to working with people and communities about how healthcare is designed and delivered. The strategy responds to the views and experiences from local people and stakeholders over the last two years.
12. The strategy is currently out for engagement and can be found via the following link <https://www.leicestercityccg.nhs.uk/get-involved/the-nhs-in->

Integrated Care Board Governance

13. The Constitution for LLR Integrated Care Board is currently in draft form; this is based on a national template. It sets out how the Integrated Care Board will be governed including composition of the Board; the appointment process to the Board; process and procedures that the Board will use; and meeting arrangements. The national template will be revised in line with the final legislation with a view of final Constitutions being submitted to NHSEI in the middle of May 2022.
14. The Constitution is underpinned by a range of documents that support the governance of the Board and the organisation including Standing Orders; Standing Financial Instructions; Conflicts of Interest Policy; and Governance Handbook. All the supporting documents are in the process of being developed.
15. Current draft membership of the Integrated Care Board includes the Chair and Chief Executive of the ICB; four Non-Executive Directors; four ICB Executive Directors; and six Partner Members (one from Community/Mental Health Sector; one from Acute Sector; one representative from each local authority with social care responsibility in the ICB area; one Clinical Executive Lead). The Constitution sets out the nomination and selection process for the Partner Members which will be underpinned by secondary legislation setting out who can nominate each Partner Member.
16. Once the Constitution has been finalised and the secondary legislation issued that supports Partner Member nomination onto the Integrated Care Board the process of appointment for Partner Members will commence.

Health and Wellbeing Partnership Development

17. Work has been undertaken, by a partnership group, to define the priorities for the Health and Wellbeing Partnership and its membership. The current proposals are due to be considered by the Health and Wellbeing Partnership at its 31st March 2022 meeting.

Assurance on progress

18. As part of the process for the disestablishment of the three Clinical Commissioning Groups and the establishment of the Integrated Care Board an assurance process has been established and dedicated resources are in place to support this.
19. At a local level there is a programme plan setting out all the necessary actions and timelines. This is regularly reviewed by the programme team to ensure that actions are on track and any necessary actions taken. Progress is also reviewed at a weekly Transition meeting.
20. The shadow Integrated Care Board has established a system Transition Committee which receives regular reports on progress to enable it to be assured that progress is being made and any necessary issues are dealt with. Monthly reports from the Committee are provided to the shadow Integrated Care Board and the CCGs Governing Bodies.
21. At a regional level the ICS is required to provide regular updates, via a Readiness to Operate Statement, to NHSEI together with regular discussion and feedback on progress. The latest submission is due for submission at the end of March 2022. These submissions will continue until the establishment of the ICB.

Recommendations

The LLR Joint Health Scrutiny Commission asked to:

NOTE to progress being made in relation to the transition to the Integrated Care Board.