Morecambe Bay Clinical Commissioning Group

Bay Health & Care Partners delivering bettercare together

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Dear Amanda

Bay Health & Care Partnership (BHCP) Response to ICS Governance Review

BHCP welcomes the opportunity to comment on the ICS Governance Review proposals for possible changes to the Governance and Assurance Framework.

The view of BHCP is that changes to the Governance and Assurance Framework are needed to strengthen Governance connectivity and partnership working to improve collaboration and integration within our local system. BHCP recognises that the current statutory framework has been a barrier to collaborative working. Developing effective leadership and governance architecture with clear roles and responsibilities within the ICS will support taking forward complex issues and identifying and managing risk.

Taken as a whole, the changes that are being proposed are considered to support more rapid progress and delivery of the ICS strategy. However, BHCP believes that it is vital that any changes are carefully worked through and that there are opportunities to co-create any changes with those affected. BHCP supports the view that changes must not add risk, uncertainty and complexity to the job of leaders already grappling with significant financial, demand and workforce challenges.

Set out below are our responses to the specific recommendations which have been made:

1) <u>System Leaders Executive (SLE)</u>

BHCP broadly supports the strengthening of the ICP leadership roles on the ICS Board. BHCP would propose further work is undertaken to provide greater clarity around the authority of the SLE and its relationship with the ICS Board. A review of the ICS Board TOR's around decision making and its role within our system governance/performance/accountability framework is needed. This should include a review of Lay Member/Non-executive Director representation. This review should also consider membership and consistency and attendance of local authorities. Clarity is also required over the accountability between the ICS Executive team and the proposed new ICS SLE. It is unclear from the proposed arrangements how primary care will be represented on the SLE. Finally, it would be helpful if papers were issued in a timelier manner to allow ICP leaders to engage with partners before meetings. An ICS Board forward planner would be helpful.

2) <u>Replacement of AO/CEO meeting with formal System Leaders Executive</u>

BHCP broadly supports replacing the informal AO/CEO meeting with a more formal SLE. However, BHCP would suggest that the TOR's and objectives need to reinforce that this should be seen as a "transitional" leadership arrangement as we progress toward an integrated system of working. BHCP suggests that the aim should be that the SLE has an existence limit of 2 years, being replaced by the ICP's new leadership structures. Another concern is that the membership has no clear clinical leadership and that there is no representation from general practice. BHCP would also recommend that the SLE should not include NED representation as the role should be strengthened into at ICS Board level rather than at SLE level.

3) Appoint a single Independent Chair for the ICS Board, JCCCG, and Partnership Forum.

BHCP supports this proposal.

4) Retain the Joint Committee of CCGs.

BHCP welcomes the need to strengthen the role of the Joint Committee of Clinical Commissioning Groups (JCCCG) and its relationship with the ICS Board. As well as a single independent chair, BHCP would recommend that a CCG Accountable Officer is appointed to the ICS Board as executive representative of the JCCCG. New TOR's for the JCCCG need to be agreed and circulated to all partners.

5) Provider Group collaboration

BHCP appreciates the value of a Provider Group in delivering the ICS and ICP priorities. However the role and objective of the group needs to be more clearly articulated and the TOR changed accordingly and circulated to all partners for comment. Further discussion is required around membership and its consistency with the role and objectives of the Group to ensure it reflects the full spectrum of providers across the system within health and social care. If the provider board is to represent the development of ICP services then the representation on the board needs to more strongly incorporate Community services, General practice and social care. Depending on the role and scope of the provider board it is likely and desirable to retain a hospital group focused on redesign of acute specialist services reporting into the wider provider group.

6) Partnership Forum

BHCP recommends that there clarity on the Terms of Reference and a need to ensure strong connectivity between the ICS partnership forum and partnership forums within ICP's. There is concern that the objectives and value of the Partnership forum is not visible to AO/CEO's.

7) HLSC partnership agreement

BHCP supports the proposal for a partnership agreement but recommends that it is less prescriptive and focused more on the strategic intent on delivering the ICS priorities. The agreement would signify a significant message of intent if the signatories to the agreement reflected the 5 ICP's/MCP rather than just the statutory bodies. The BHCP do not agree with the proposal that Local Authorities should be represented at ICS level and district councils at ICP's. It is critically important that Local Authorities are committed partners in ICP's. The section on clinical leadership needs to much more strongly describe care professional leadership at ICS, ICP and Neighbourhood levels. It is recommended that the partnership agreement demonstrates a clear commitment and accountability to the public (link to HWBB)

Single Health and Wellbeing Board

BHCP supports the Providers analysis of this proposal and understands and supports the intended single Health and Wellbeing Board across Lancashire. However, further clarification is required on representation of the borough councils/ neighbourhoods.
BHCP have identified a potential challenge with regards to the focus and alignment of the recommendation. BHCP feel that the ICS focus should be more strongly linked with the wider determinants of health.

8) New Programme Delivery Board

BHCP support this recommendation, voicing a suggestion that the new Programme Delivery Board needs to be developed alongside our approach to programme delivery and transformation as well as programme delivery oversite.

However, BHCP raises a concern with this recommendation as there appears to be no connection between this programme board and the ICP's. Recognising the focus of the group the membership requires further review as the membership is currently very ICS focused.

9) Dedicated Performance and Quality Improvement Oversight Group.

BHCP supports the recommendation to establish a performance and quality oversight group, but question the logic of it reporting to SLE as it raises concerns with relation to a reflection of good governance.

Instead, BHCP believes that it should report to the ICS board with a link to the JCCCG. BHCP again emphasises the importance of absolute clarity regarding its relationship with regulatory bodies and whether its purpose is focused on systems or statutory bodies. BHCP proposes that the group should have strong independent representation including lay members/NED's and public representatives.

10) Finance and Investment Group.

BHCP supports this recommendation and development of the new role.
However clear definition of accountability is required and BHCP would therefore propose that this group should ultimately report to the ICS Board, not the SLE. BHCP would also suggest that the group should be chaired by a Non-Executive Director.

11) Review of operational Groups

BHCP support this recommendation and the notion to strengthen the role, reporting, responsibility and accountability for supporting and delivering ICS priorities. BHCP propose that a clearer focus on prioritisation and capacity/capability, including the ICS generated groups and provider generated groups and JCCCG groups.

12) ICS Governance Pack

BHCP supports the recommendation and recognises the advantages of documenting detailed roles and responsibilities of each group in the structure, providing clarity about reporting, lines of accountability and decision making. The ICS/ICP's/Statutory bodies would need to consider how the governance arrangements are embedded. This is important in establishing a common level of understanding beyond the SLE.

13) Reporting into the ICS Board or other ICS structures

BHCP understands the importance of ensured transparency and clarity of decision making and illumination of miscommunication, However, BHCP raises concerns around the use of paper required to fulfil this recommendation. BHCP suggests a "reference Pack" approach electronically to limit this. Also, focus is needed on clarity of legal and statutory duties regarding publication of minutes/papers like the CCG's and JCCCG.

14) ICS Governance Programme management framework.

BHCP agrees with the recommendation and provides no further comment.

Yours sincerely

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