Proposed Governance Arrangements for a Combined Berkshire West ICS and Berkshire West 10 – Executive Summary – Final Draft

1. Introduction

1.1. It was agreed late last year that the Berkshire West 10 Integration Programme (BW10) and the Berkshire West Integrated Care System (BWICS) would be combined. This was further reinforced by the CQC System Review in Reading, finalised late last year, which also concluded that there was a need to integrate the two Programmes. The Chief Officers Group workshop on 19th November 2018 agreed that as one of its emerging three priorities, the governance of the two Programmes should be combined. This Paper sets out the proposals for how this might be done. The paper has already been considered by a number of extant groups and is now being brought through the relevant Boards/Executives of the relevant organisations for final approval.

2. Background

2.1. The BW10 was formed in 2014. Its primary purpose was to set a future direction for the integration of health and social are across Berkshire West, and then oversee the implementation of the resulting Programme. The BW10 comprised the four CCGs (at that time), Berkshire Health Care Foundation Trust (BHFT), the Royal Berkshire Hospital Foundation Trust (RBH), the South Central Ambulance Service (SCAS) and the three Unitary Authorities.

2.2. Much of the initial focus of the BW10's work was focused on the Elderly Frail and overseeing the introduction of the Better Care Fund (BCF). Initial governance was focused around the Chief Officers Group (COG) which had been established in 2013 following the implementation of the Health and Social Care Act (2012). As the work of the BW10 grew so did the governance needed to support an increasing scope. A BW10 Integration Board was subsequently established with a supporting BW10 Delivery Group and three Locality Boards based on the boundaries of the three Unitary Authorities.

2.3. The BW10 Integration Board subsequently developed a Vision and work programme which went beyond the Elderly Frail work but this proved difficult to establish for a number of reasons. By 2018 attendance at the BW10 Integration Board had become an issue and it was agreed that its function would merge with that of the Chief Officers Group. The BW10 Delivery Group has continued to meet, as have the three Locality Boards in some form.

2.4. Reflections on the BW10 governance suggest that there have been issues sustaining senior leadership commitment particularly in light of the emergence of the BW10 Integrated Care System (BWICS). The BW10 governance arrangements have also not included Elected Members – they were never formally part of the structure. It is also unclear the degree to which the BW10 governance has linked effectively with the Health and Wellbeing Boards in Reading, West Berkshire and Wokingham.

2.5. The Berkshire West ICS (BWICS) emerged in 2016. From the beginning it was agreed that Health partners alone would start the agreed Integration Programme and that local government partners would join the ICS after two years. The focus to date has been on integrating within Health not integrating Health and Social Care. This has left the ICS very much a Health entity. The only non Health representation on BWICS is the Chair of the BW10 Integration Board who is currently one of the Unitary Authority Chief Executives. The BWICS has progressed well on a number of its objectives and is seen to be one of the more advanced in the country.

3. Governance Proposals

3.1. Before considering future governance proposals it is perhaps worth reflecting on the current strengths and weaknesses of the existing governance arrangements across Berkshire West.

(1) Strengths

(a) Strong lasting relationships most notably amongst Health partners where there has been less churn in senior leadership.

(b) Commitment to partnership working which in some areas has borne improved outcomes.

(c) An effective BWICS governance structure which appears to have supported progress at some pace.

(d) An active and engaged BW10 Delivery Group that has some notable achievements under its belt.

(e) Some effective sub groups within both the BW10 and BWICS structure which have also delivered significant achievements.

(2) Weaknesses

(a) Current lack of agreed vision and strategic plan.

(b) Capacity - most notably at senior leadership level.

(c) Lack of engagement with Elected Members and with Health and Wellbeing Boards.

(d) Complex local arrangements with potential duplication.

(e) Strategic direction is fluid and subject to change – most notably within the NHS. This could undermine the effectiveness and sustainability of any agreed governance arrangements.

3.2. When this Paper was originally conceived late last year it was based on the expectation that the two existing Programmes (BW10 and BWICS) simply needed to be combined. The publication of the NHS Long Term Plan (NHS LTP) in January 2019 has however changed that. It has heralded a shift in the landscape over which NHS services will be planned and delivered over the next 10 years. This has potentially significant implications for Berkshire West and it would seem appropriate to shape this Paper around this new emerging landscape. Quite how some of these

proposals will finally emerge has yet to be clarified so some assumptions have had to be made. That said there is an opportunity now to shape something that both reflects national expectations whilst at the same time protecting the strong partnership arrangements that have already developed across Berkshire West. This will hopefully provide the foundation to strengthen joint working going forward and ensure Berkshire West has a strong and effective voice within the new Buckinghamshire, Oxfordshire, Berkshire West (BOB) ICS (BOB ICS) whilst also reflecting the Localities and Neighbourhoods that lie within Berkshire West.

3.3. Reflecting both the proposed direction in the NHS LTP and some of our own local architecture it would seem appropriate to base our future governance around the following taxonomy:

(1) *System* – the ICS will be the local Health and Social Care System. NHSE have determined that this should be Buckinghamshire, Oxfordshire and Berkshire West (BOB), the same footprint as the current Sustainability and Transformation Partnership (STP). The ICS will therefore no longer be based on Berkshire West. There is also a discussion around the future arrangements for Clinical Commissioning Groups (CCGs). There is a suggestion that there will be one CCG for each ICS: (the remainder of this Paper therefore refers to two ICSs - the current Berkshire West ICS (BWICS) and the newly emerging Buckinghamshire, Oxfordshire and Berkshire West ICS (BOB ICS) which it is assumed will replace the BWICS in time. In the context of this Paper the BOB STP and the BOB ICS should be assumed as one and the same thing!):

(2) *Place* – Berkshire West would be the focus for Place based planning. At this point there would appear to be an expectation that Place will be an important element of the new BOB ICS. A function of this Paper is to start the discussion as to what this Place based planning might look like:

(3) *Locality* – this would be each unitary authority area. The Health and Wellbeing Boards would remain the main planning unit at this level along with the Health Scrutiny function.

(4) *Neighbourhoods* – Primary Care Networks (PCNs) feature prominently within the NHS LTP. Work has already started on developing these across Berkshire West. The expectation is that as planning units PCNs would support a population of between 30,000 – 50,000 residents. Little has been done yet to consider the governance arrangements at Neighbourhood level and this Paper only comments superficially on this level of governance. The area of work is one of the other three priorities agreed by the Chief Officers Group in November last year.

3.4. Fig. 1 shows diagrammatically how this would work locally. It has been adapted from a diagram produced by the BOB STP.

3.5. Given this context some guiding principles have been set for the newly proposed governance arrangements:

(1) They should be built on the 'four level taxonomy' as already outlined providing clarity as to what each level is responsible for and how coordination will be effected between the different levels. Planning and delivery need to be differentiated as two different things.

(2) The new arrangements should be no more burdensome than the existing ones - ideally less so:

(3) The arrangements need to directly support the strategic direction adopted across Berkshire West and provide an effective means of working within the new BOB ICS.

(4) What is in place should be inclusive most notably with regard to Elected Members.

3.6. The absence of a vision and strategic plan creates something of a vacuum in terms of trying to shape governance around what needs to be achieved. Ultimately the work programme will be a combination of;

(1) what needs to be done to support the BOB ICS. (The BOB ICS has already produced an overview plan which highlights that it will delegate a significant amount of planning responsibility to Place – see Table 1);

(2) aspirations at a Berkshire West level (some of which have been articulated through the Chief Officers Group) alongside the existing aspirations of the BWICS and BW10. This requires further work;

(3) a consideration of the aspirations of each Locality as expressed through their Health and Wellbeing Strategies and;

(4) the emerging aspirations of Neighbourhoods largely through Primary Care Networks.

3.7. Table 1 highlights how the BOB ICS currently sees the role of Place. This is summarised below using the seven themes within the NHS LTP (subject to change);

(1) *Integrated Care* - Designed and delivered at Place. The System role would be to share good practice and encourage collaboration.

(2) *Prevention and Inequalities* - Designed and delivered at Place. As above the System role would be too share good practice and encourage collaboration.

(3) *Care Quality and Outcomes* - Designed and delivered at System level but delivered at Place or Organisational level

(4) *Workforce* - Designed by system with delivery left to Place or Organisation.

(5) *Digital* - Designed and delivered at Place. The System role would be to share good practice and encourage collaboration.

(6) *Efficiency* - Designed and delivered at Place Level and amalgamated / added to at System level.

(7) *Engagement and Partnerships* - Designed and delivered at Place level with STP / ICS sharing good practice and encouraging collaboration.

3.8. The main report attempts to do a similar exercise using the same themes from the NHS LTP. This time a Place perspective is taken analysing the relationship between Place and Locality and then a Locality perspective which analyses the relationship between Locality and Neighbourhood. This will require more discussion but it is an important consideration for these governance proposals.

3.9. With regard to the governance of Place the following are proposed and are shown in Fig.2;

(1) An Integrated Care Partnership (ICP) is created for Berkshire West given the titles ICS and BW10 are now no longer appropriate. The term ICP has been used elsewhere as a sub grouping of the ICS. It is felt the term implies a direct link to the BOB ICS which is seen to be important.

(2) The Leadership and Executive Boards within the existing Berkshire West ICS governance are retained. Their terms of reference are broadened to reflect the agreed strategic direction of the ICP. Membership would also need to be broadened and the following is suggested:

(a) ICP Leadership Board – the current membership would be expanded to include the Chief Executive and Elected Members from each local authority in the form of an Executive Member and the Chair of the Health and Wellbeing Board. The Board would retain an Independent Chair:

(b) ICP Executive Board – the current membership of this Group will need to be rationalised if it is to remain effective. The three Unitary Authority Chief Executives would join this Group along with the existing Chief Executives. It is proposed that each CEO would also be accompanied by one of their Directors. The Group would also contain the existing clinical representation. The Independent Chair of the ICP Leadership Board would also be invited to attend as an observer. The Executive Board would be chaired by a Chief Executive which would be revolved annually between the NHS and local government.

(c) The BW10 Delivery Group would become the ICP Delivery Group. The Chair of this Group would be a Chief Executive drawn from the Executive Group and rotated on an annual basis. The nominated Chief Executive would be from the opposite sector to the Chief Executive chairing the Executive Board. The expectation would be that this Group would be represented by Directors of Strategy (NHS), Directors of Adult Social Care (DASS), Children's Services (DCS) or their equivalents. It is proposed that the existing Programme Boards and Enabling Groups would report through the ICP Delivery Group going forward and not directly to the Executive as at present. The

Chairs of the Programme Boards and Enabling Groups would therefore also be expected to be represented on the ICP Delivery Group.

(d) Members of the Executive Board are already Members of the BOB STP Chief Executive's Group and this should provide an effective link at a strategic level to the BOB ICS. The BOB ICS is currently reviewing its own governance to ensure that it is 'fit for purpose' given the roles and responsibilities that the BOB ICS will assume. A watching brief will need to be maintained on this.

(3) Consideration needs to be given as to how Locality based planning interacts with Place based planning in this new arrangement. A stronger relationship needs to exist between the Health and Wellbeing Boards and the ICP. There will be a direct link at the ICP Leadership Board. It is also proposed to create a Prevention Programme Board which may be an appropriate place to take forward the joint working that has already been initiated between the three Health and Wellbeing Boards. This issue is reflected on in greater detail within the Main Report.

(4) No proposals are made in this Paper concerning the governance of the emerging Primary Care Networks. Once agreed this will need to fit appropriately with the 'four level taxonomy' outlined in this Paper. At this point it is proposed that a strong link is created between Neighbourhoods and Locality.

(5) There will be a need to expand the number of Programme Boards given that the work of the existing COG and BW10 work streams will need to be incorporated within the new ICP governance. This is reflected in more detail within the Main Report.

(6) The Chief Officers Group would be disbanded given its role would be assumed by the ICP Executive Board.

(7) It would be for Localities to decide whether they retained their BW10 Locality Integration Board and if so in what form and what its terms of reference would be.

5. Resourcing the new arrangements

5.1 The Chief Officers Group has already assumed that the support for this new governance will be found from within existing resources. There are in effect two sources;

(1) The Berkshire West ICS – there is a Programme Office in existence which includes 2 FTE with a total budget of £105k (staff costs only)

(2) The Berkshire West 10 – there is a BW Programme Office which includes 2 fte and has a budget of £730k. In addition to this each locality also has dedicated resource. In total the Locality resource comes to 5.4 fte (Wokingham 1.4 fte; Reading 3 fte and West Berkshire

1 fte. The BW10 resource is directly funded from the Better Care Fund (BCF).

5.2 In the future the ICS will move from Berkshire West to BOB. It is assumed however that the current BWICS staff funding will remain in Berkshire West. In terms of BW10 the level of project activity at a Locality level has fallen in recent years as projects have become 'business as usual' and the funding available for BCF related work has increasingly been moved into operational activity. It is therefore timely that the current arrangements are reviewed and reshaped around any newly emerging governance. The following is proposed;

(1) The Locality programme monitoring and management resource is moved to Place. The focus of the new resource would be on programme management and supporting the new ICP governance. At its heart will be the Leadership Board, Executive and Delivery Group but the ICP Programme Management Office (ICP PMO) would also need to support the ICP Programme Boards as well. If some ongoing Locality support was needed then this could be drawn from the ICP PMO but under the new governance arrangements the expectation would be that Health and Wellbeing Boards would provide this in Localities and that the resourcing will come directly from the three Unitary Authorities. At this point it is assumed that it would cover the following;

(a) Programme management for the ICP;

(b) Project management coordination;

(c) Performance management and data management;

(d) Forward planning for Leadership Board, Executive and Delivery Group

(e) Agenda management and distribution;

(f) Minuting meetings.

(2) Provision of specific Programme Manager resource to promote delivery of the agreed work programme. The current 'Integration Programme' has within it a number of existing work streams and some potential new ones. The development of the BOB ICS is likely to create new ones. Areas that have already been identified as in need to additional resource include;

(a) development of a vision and strategic plan for Berkshire West;

(b) joint commissioning;

(c) children's services integration;

(d) development of primary care networks although this is likely to be driven by Localities not Place;

5.3 The current view is that to enable this a Programme Office of 2 fte is required which will be funded by NHS Transformation Funding. In addition to this it is suggested

that each locality has 1 fte Project Officer post funded through the BCF. These Locality posts would report to the Programme Office and are likely to support both Place and Locality based work. Overall there will be a notable saving in Programme and Project Management costs compared to the current position.

6. Conclusions

6.1 The original objective of this Paper was to propose governance arrangements for a combined BW10 and BWICS Programme. There has been widespread acceptance that the two Programmes needed to be brought together however the publication of the NHS LTP in January this year has introduced a number of complications.

6.2 The future ICS seems unlikely to be based on Berkshire West but on BOB. A new taxonomy is now beginning to emerge based around BOB being seen as the System with Berkshire West, Oxon and Bucks each being designed as Place. In addition to this the terms Locality and Neighbourhood have also been defined creating a hierarchy in the governance of health and social care. In many respects this new taxonomy is helpful and will hopefully lead to much needed clarity as to who is doing what and where. The BW10 would most probably have made greater progress if such clarity had been forthcoming in 2014.

6.3 Aside from the new taxonomy the new NHS LTP has also provided a set of themes which are being used more widely by the BOB STP to frame its own objectives. This has been continued in this Paper to provide some continuity.

6.4 The focus on the NHS LTP should however be treated with some caution. It is a NHS document seemingly written almost entirely for the NHS. It says little about Local Government, Public Health or the community and voluntary sector and therefore does little to embrace true health and social integration. The NHS LTP also brings significant new resources for the NHS over the medium term. At the time of writing the Government had yet to do anything to address the funding challenges in Social Care nor the ongoing reductions in Public Health Grant. A growing disparity in the funding positions of NHS and Local Government partners will not be conducive to productive joint working and integration and will require effective leadership.

6.5 All that said the NHS LTP shifts the emphasis from Berkshire West to BOB. NHS funding will now be channelled through the BOB ICS and it will be essential for Berkshire West to play a strong role within this new system.

6.6 The proposal to create a Berkshire West ICP reflects this need to establish a strong link with the BOB ICS. The new governance seeks to take the best from the existing BWICS and BW10. Importantly the arrangements should reduce and certainly not increase the time commitments of senior managers which has become a major issue in recent years. It is also set to enable a reduction in the current programme management costs.

6.7 Importantly the new governance arrangements seek to establish a clear role for Elected Members and also establish closer links with Health and Wellbeing Boards. The new ICP will still have an agenda dominated by Health. This will in part be a reflection of the agenda driving by the BOB ICS which in turn will be driven by the NHS LTP. If the new ICP is to be truly a partnership between Health and Local Government then the blending of work streams and a recognition of the work to be

done at Locality and Neighbourhood will be essential. Creating agendas and a debate that can properly engage all partners will be a real challenge. If participants become spectators to an alien unfamiliar and largely irrelevant debate they will soon depart.

6.8 The history of the BW10 and BWICS suggests that balancing transformation with organisational objectives and the day to day 'business as usual' activity will remain challenging. There will be a need for the ICP to have a handle on the performance of the Berkshire West Health and social care system. At the same time it will need to ensure its own Programme of activity is being delivered and that all of the partners are playing their part in delivering it.

6.9 Berkshire West does not have a vision or strategic objectives which sit comfortably with the new world within which it now resides. Neither does the BOB ICS. It is currently shaping its new strategy. The BWICP will need to do likewise. For the purposes of this document a working set of strategic objectives have been established on which the governance proposals in this Paper have been shaped. At the same time various assumptions have been made about what is best done at System, Place, Locality and Neighbourhood. At this point the strategic objectives largely reflect those of the BWICS, BW10 and Chief Officers Group. They have been framed within the seven themes of the NHS LTP and where appropriate are reflective of the emerging strategy being developed by the BOB ICS. By definition they will change and the BWICP governance, most notably the Programme Boards, will need to change to reflect it.

6.10 The bringing together of the current arrangements under a new BWICP will also necessitate the bringing together of the staff that will need to support and the Paper makes a number of proposals in this regard.

7. Recommendations

(1) The strategic objectives outlined in the main report (Table 4) are approved as the basis of the BWICSs work programme in 2019/20 noting that these are likely to change as a new strategy is developed.

(2) The taxonomy summarised in Fig 1 is used to frame the governance arrangements for the BWICP.

(3) The governance structure as set out in Fig 2 is adopted for the new BW ICP.

(4) The terms of reference for the BWICP Leadership Board, BW10 Executive and BW10 Delivery Group as set out in Appendices 5a-c of the main report are agreed.

(5) The principles for resourcing the ICP as set out in section 5 are agreed.

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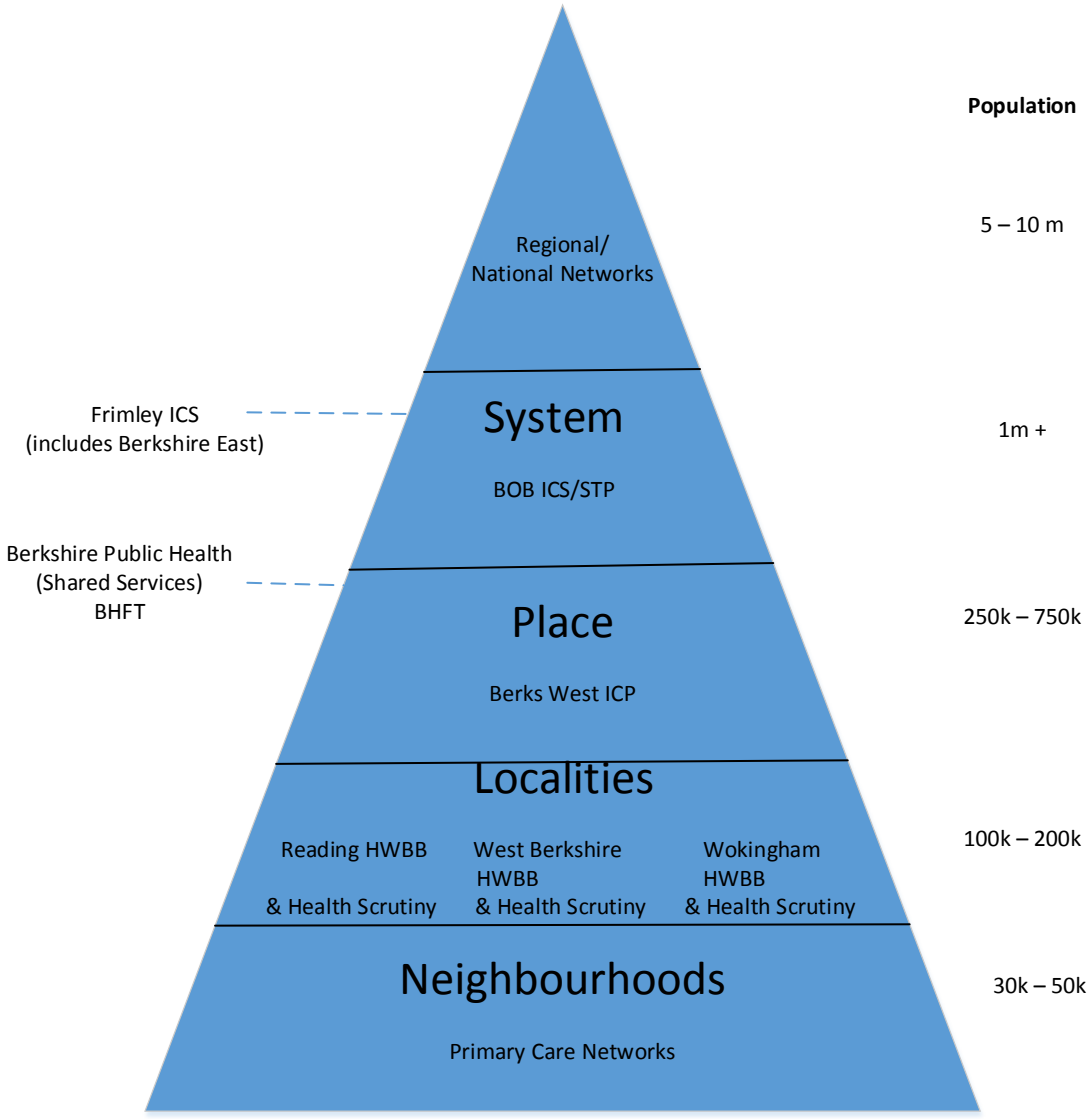
Fig. 1 – The proposed Health and Social Care Planning Taxonomy on which Berkshire West governance is based



Note: Delivery will also be provided by organisations which will not necessarily align with this taxonomy

Table 1 - Proposed allocation of roles and responsibilities between System and Place as proposed in the BOB STP

LTP Theme	Primary Responsibility for design	Primary responsibility for delivery	Proposed System role under current approach	How role could develop to something more ambitious if desired
1. Integrated care	Place	Place	Coordinates/share good practice/encourage collaboration	Elements of system design and delivery (e.g. digital primary care). Ambition and accountability
	Much of System LTP section to be developed at Place and amalgamated. Some elements at System			
2. Prevention & Inequalities	Place	Place	Coordinates/share good practice/encourage collaboration	Elements of system design (e.g. related to population growth or border localities).
	System LTP section to be developed at Place and amalgamated			
3. Care Quality & Outcomes	System (or wider)	Organisation	System design, leave delivery to Place/Organisation	Possibly system delivery e.g. clinical support services. Ambition and accountability
	LTP section to be developed at System level and added to by Organisations			
4. Workforce	STP	Organisations	Some system design, leave delivery to Place/Organisation	System design e.g. shortages. System delivery e.g. regional bank or leadership academy
	LTP section to be developed at System level and added to by Places/Organisations			
5. Digital	STP (or wider)	Place & Organisations	System design, leave delivery to Place/Organisation	System delivery provider for all organisations
	LTP section to be developed in Place and amalgamated/added to at System			
6. Efficiency	STP	Organisations	Some system design, leave delivery to Place/Organisation	System design –STP efficiency plan. System delivery – for scale
	LTP section to be developed in Place and amalgamated/added to at System			
7. Engagement & Partnerships	Place	Place	Coordinates/share good practice/encourage collaboration	System design on engagement, especially with big employers/housebuilders
	LTP section to be developed in place and amalgamated/added to at System			

Fig 2 - Proposed ICP Governance & Leadership (March 2019)