

## TRAFFORD COUNCIL

**Report to:** Executive  
**Date:** 25<sup>th</sup> October 2021  
**Report for:** Decision  
**Report of:** Leader of the Council and Joint Chair of Trafford One System Board, Executive Member for Adult Social Care and Executive Member for Health, Wellbeing and Equalities

### Report Title

Integrating Health and Care: Evolution of One System Board to provide fit and purposeful oversight of Trafford Locality leadership from April 2022

### Summary

This report contains the proposed governance arrangements for the Trafford One System Board for both shadow arrangements and beyond March 2022 as we welcome (pending legislation) the formal introduction of Integrated Care Systems

This report outlines the various governance options for the One System Board for shadow operation from October 2021 and formal implementation in April 2022, and articulates the option as agreed in-principal by the One System Board.

Understanding this is a dynamic and fast changing landscape there is a commitment to bringing regular updates to the Council Executive on related system governance issues and plans, as legislation materialises and there is clarity on the GM ICS operating model and therefore locality operating model.

### Recommendation(s)

The Executive is asked to:

- a) Agree in-principal to the setting up of a joint committee (formally from April 2022 and in Shadow form from October 2021)
- b) To operate in shadow form from October 2021 with accountability and decision making remaining with individual statutory organisations
- c) To agree to the suggested locality board functions, noting clarity on the finer detail is still to be fully determined
- d) To agree to the proposed revised membership from October 2021
- e) The arrangements for the appointment of a chair to the proposed shadow

joint committee, as set out in the report, be noted

- f) Note that the details relating to the terms of reference, delegations, voting and quoracy of the joint committee will be brought back to the Executive for further consideration at a later date

Contact person for access to background papers and further information:

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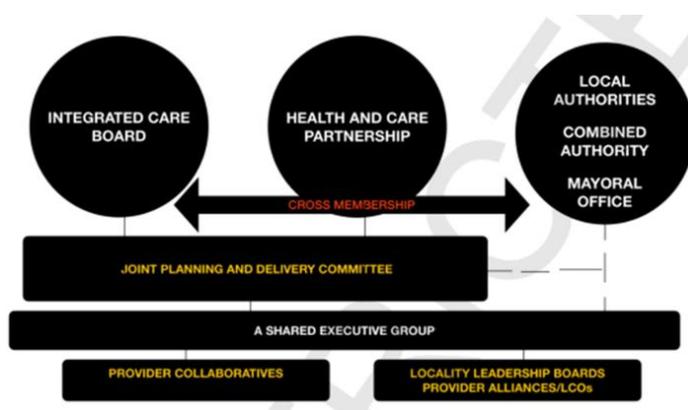
Background Papers: N/A

Relationship to Policy Framework/Corporate Priorities	Corporate Priority: Health and Wellbeing and Targeted Support.
Relationship to GM Policy or Strategy Framework	The GM Health and Social Care Partnership and the emergent GM ICS have requested Localities develop shadow governance arrangements for October 21 and an outline approach has been requested by each GM locality with a deadline of 24 <sup>th</sup> September 2021
Financial	Estimated expenditure across the health and social care system in Trafford is £512m in 2021/22, albeit there are currently significant financial pressures across the whole system. The creation of new GM ICS and Locality governance arrangements will work towards shared stewardship and accountability and provide an opportunity to address the financial pressures in the future.
Legal Implications:	Further national guidance and direction at ICB level is expected, along with potential amendments to Health and Social Care Act 2012 which may directly influence future governance arrangements. Also, further work needs to take place to understand the relationship between, and roles and responsibilities of the One System Board and the Health and Wellbeing Board. Once the position in relation to the outstanding areas requiring development has been clarified through further guidance/legislation it will be possible to further shape the governance arrangements. Until then, there will need to be flexibility around the role and function of the Joint Committee and its membership in Shadow arrangements. The establishment of a Joint Committee will ultimately require changes to the Council's constitution in order to establish the Committee's function, membership and the delegation of authority to the Committee.

	In the interim, the shadow committee will not have any authority to bind the council or other partner organisations and actions will need to be approved in line with the existing powers and authorities of the respective bodies.
Equality/Diversity Implications	There is an established GM Equality and Diversity programme relating to ICS changes which Trafford are contributing to.
Sustainability Implications	Our new governance and system connectivity arrangements should adhere to the health and social care system's implications on sustainability.
Carbon Reduction	N/A
Resource Implications e.g. Staffing / ICT / Assets	There are no immediate resource implications but full consideration to resourcing will be considered by the One System Board throughout shadow
Risk Management Implications	A programme level risk register is in place and is owned by the H&SC Reform Programme Board to monitor and mitigate risk with escalation to the One System Board where appropriate
Health & Wellbeing Implications	The governance arrangements in health and social care as part of the ICS changes will give us the opportunity to positively address health and wellbeing of Trafford people and its communities.
Health and Safety Implications	N/A

## **Introduction & Background**

1. With the publication of the 2021 Health and Care Bill CCGs will cease to be statutory bodies on 1<sup>st</sup> April 2022 with the statutory duties transferring to an integrated care system (ICS). There is emerging thinking about the likely governance that will support an ICS which is captured in the following diagram:



2. A GM integrated care board (ICB) will fulfil NHS statutory functions and health and care partners will come together to form partnerships (H&CP) both supported by a

joint planning and delivery committee and a shared executive group. The ICB will delegate functions and duties to localities. The development of a robust locality board is a crucial part of the ICS architecture. In Trafford, we have operated with the Trafford One System Board since April 2021.

3. Although there is a significant amount of detail to work through to fully understand the GM ICS operating model (including financial strategy and spatial levels) locality boards will be an integral part of the architecture with the following duties and accountabilities:
  - Setting local priorities
  - Influence service delivery through shared decision making
  - Pooling and aligning NHS and social care spending
  - Allocating budgets to local providers
  - Ensuring delivery of both locality plan and key ICS priorities
4. It is expected that shadow arrangements will be in place from October 2021 as we transition to full implementation of ICS in April 2022.
5. The purpose of this report is to consider the various governance options for the Trafford locality board including potential form, function and membership.

### **Progress to date in Trafford**

6. Recognising the need to develop a locality board, in April 2021, the Trafford One System Board was established. Initially this board has overseen the transition work of 6 work-streams and the refreshing of the Trafford Locality Plan.
7. Membership was originally drawn from the Trafford Joint Commissioning Board with additional colleagues from local partners added. The current membership, therefore, is dominated by CCG governing body and Trafford Council colleagues.
8. It is recognised that from October 2021 when we enter shadow ICS operation the membership needs to be refined to ensure that all Trafford partners are represented and that there is an equitable share of accountability supporting shared stewardship. This will mean that from October, the number of CCG and council members of the board will significantly reduce.
9. Paragraphs 23-25 suggests a provisional membership of the Trafford One System Board for October 2021.

### **Recent guidance**

10. NHS England and Improvement have recently published interim guidance on the functions and governance of the integrated care board.<sup>1</sup>

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<sup>1</sup> <https://www.england.nhs.uk/publication/integrated-care-systems-guidance/>

11. The governance arrangements of locality boards, or place-based partnerships (PBPs) will be agreed by the board of the ICB and place leaders. The guidance summarises the broad types of governance arrangements that could be established to support PBPs if the health and care bill is passed in its current form.
12. The Trafford ICS governance work-stream has considered these options with the key issues associated with each, including potential advantages and disadvantages, summarised on the following table:

Model	NHSE description	Local considerations
<p><b>Consultative forum:</b></p> <p>Helpful for engaging the widest range of partners to discuss and agree shared strategic direction together</p>	<ul style="list-style-type: none"> <li>• A collaborative forum to inform and align decisions of statutory bodies</li> <li>• Decisions of statutory bodies should be informed by consultative forum</li> </ul>	<ul style="list-style-type: none"> <li>• Ambition for locality governance to have decision making authority</li> <li>• Would allow partners to engage (similar to current LCA arrangement)</li> <li>• Would require more formal governance to support shared stewardship</li> </ul>
<p><b>Individual executives or staff:</b></p> <p>Helpful for engaging partners in the decision making of statutory bodies, while retaining a single SRO for decisions.</p>	<ul style="list-style-type: none"> <li>• Statutory bodies may agree individual members of staff to exercise delegated functions</li> <li>• May convene a committee to support them</li> <li>• Budgets would be managed through internal management and reporting</li> <li>• The individual could be joint appointment between ICB and statutory body</li> </ul>	<ul style="list-style-type: none"> <li>• Closer to current model and might be appropriate for early part of shadow organisation.</li> <li>• Relies on delegated authority therefore locality governance could be fragmented</li> <li>• Would allow partners to engage</li> <li>• Potential for individual organisation thinking rather than wider system approach</li> <li>• Wouldn't represent a significant step towards shared stewardship</li> </ul>
<p><b>Committee of the ICB:</b></p> <p>Helpful for making decisions of the ICB based on a range of views</p>	<ul style="list-style-type: none"> <li>• A committee with delegated authority to make decisions</li> <li>• Could include members from outside the organisation</li> <li>• Decisions reached are the decisions of the ICB (in line with scheme of delegation)</li> <li>• A delegated budget could be set to cover remit of the committee</li> </ul>	<ul style="list-style-type: none"> <li>• Good opportunity to support delivery of delegated ICB functions</li> <li>• Could be seen as health dominated with less opportunity for integration</li> <li>• Potential less opportunity for tackling wider determinants of health</li> </ul>

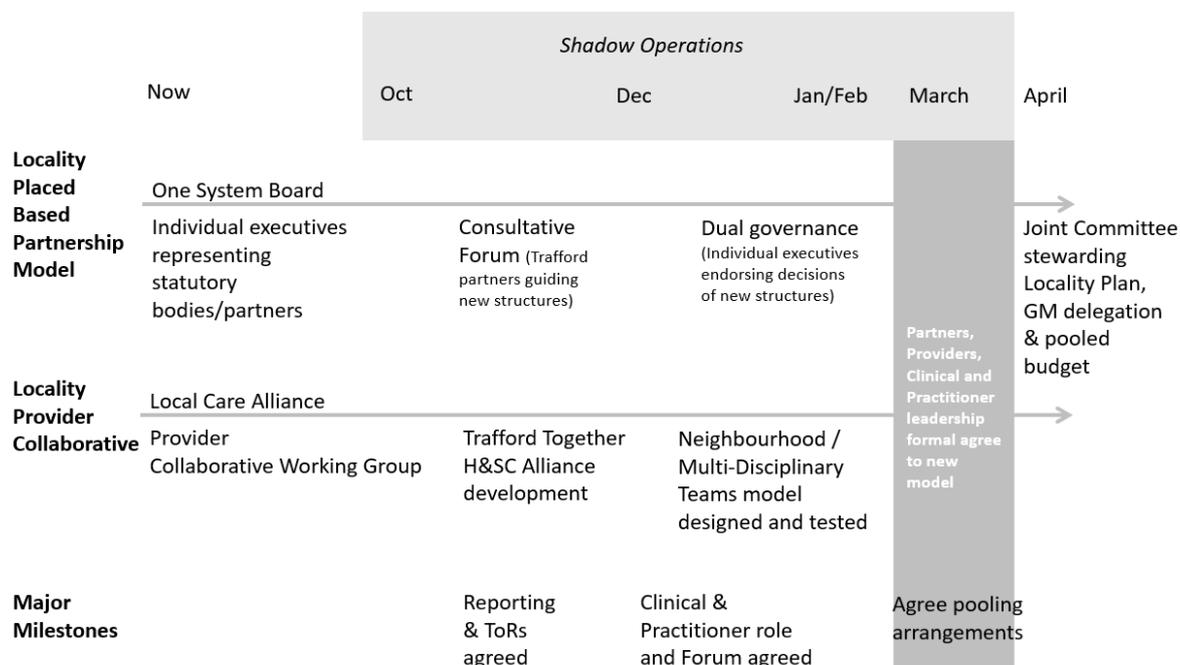
<b>Model</b>	<b>NHSE description</b>	<b>Local considerations</b>
<p><b>Joint committee:</b></p> <p>Helpful for making joint decisions between relevant partners</p>	<ul style="list-style-type: none"> <li>• A committee established between partner organisations</li> <li>• The committee may appoint representatives of non-statutory bodies</li> <li>• Statutory bodies can delegate decision making to the joint committee</li> <li>• A budget may be defined to provide visibility of the resources available</li> </ul>	<ul style="list-style-type: none"> <li>• Would support shared decision making and accountability</li> <li>• Good vehicle to support pooling of statutory body budgets</li> <li>• Would need to ensure that all partners were represented</li> <li>• Logical next step from current OSB arrangements</li> <li>• Significant amount of work to put in place (unlikely to be ready by October 2021)</li> <li>• Would reflect commitment to delivery of Trafford locality plan</li> </ul>
<p><b>Lead provider:</b></p> <p>Helpful for giving provider leaders greater ownership and direction around the delivery and coordination of services</p>	<ul style="list-style-type: none"> <li>• A lead provider manages resources and delivery at place level</li> <li>• As part of a partnership under a contract with ICB and/or local authority</li> <li>• Sub contract and establish governance with partnering providers to support delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Depending on provider, could be seen as too health focussed</li> <li>• Potential to disenfranchise smaller providers</li> <li>• Opportunity to use existing governance (within foundation trust model)</li> </ul>

### **Preferred option**

13. Guidance is clear that these options are not mutually exclusive and places may draw upon multiple versions for different areas of business and decision making.
14. The Trafford governance work-stream considered the guidance and the various governance options and proposes that the development of a joint committee of Trafford partners with the ICB is the preferred option for the following reasons:
  - Would show commitment from Trafford partners for shared decision making, accountability and stewardship
  - Would support fair representation from all partners
  - Joint delivery of Trafford locality plan
  - Suitable vehicle for pooling of locality funding
  - Provide governance for delivery of delegated NHS functions without appearing to be health dominated
15. The GM ICS, including locality governance arrangements, are likely to be operating in shadow form from October 2021. However, it is unlikely that a joint committee would be fully operational and embedded by this time. It is therefore, more likely that

during transition, the Trafford One System Board would have a revised membership and operate as a shadow joint committee but accountability and decision making would remain within the governance of individual statutory organisations.

16. Between October 2021 and March 2022 there will be a need to operate with elements of dual governance as we transition to formal governance from April 2022. The diagram below provides indicative timings of key milestones:



17. The One System Board will have an important and formal relationship with the locality Provider Collaborative (Trafford Together Health and Care Alliance) and will need to establish methods of delegation and responsibilities. Particularly the One System Board will have oversight of key service changes and work in partnership across constituent members to understand known and unintended consequences of service reform.
18. It will also be the guardian of robust Clinical and Practitioner leadership throughout Trafford’s health and social care system, advocating for strong clinical and practitioner leadership alongside managerial input. It is likely that guiding principles will be developed at GM level based on national guidance that is yet to be published – any guidance will as a matter of course be digested by the established working groups.

**Functions of locality boards**

19. Since April 2021 our OSB has had oversight of the transition programme and the refresh of the Trafford Locality Plan. Earlier in the summer, GM Partnership Executive Board supported high level governance arrangements including the likely function of each part of the proposed architecture. Locality boards act under the delegated authority of the GM ICB and includes the following:

- Responsible for setting local priorities
  - Ensuring performance management, quality, population health improvement and reducing internal inequalities is prioritised
  - Oversight of key service change
  - Pooling and aligning NHS and social care spending
  - Allocating budgets to providers/provider alliances
  - Ensuring delivery of key programmes set out in GM operating model
  - Liaison with provider collaboratives
  - Supporting, developing and embracing neighbourhood working
  - Aligning non-health and care spend to deliver a health and care dividend
20. Further work needs to take place to understand the relationship between, and roles and responsibilities of the One System Board and the Health and Wellbeing Board. Further national guidance and direction at ICB level is expected, along with potential amendments to Health and Social Care Act 2012 which may directly influence future governance arrangements. An active survey of system leaders on the connectivity between the two boards will inform future arrangements and recommendations will be developed with the above considerations.
21. There is much work to fully understand the GM operating model and the exact level of delegation to localities. For April 2021 it is proposed that the OSB accept the above list of functions along with retaining oversight of the ICS transition programme. During the second half of the year terms of reference will be refined to reflect agreed governance arrangements.

### **Proposed membership**

22. Current membership of the OSB is based on previous governance arrangements (Trafford Joint Commissioning Board) with additional partners. This has undoubtedly supported the transition process and the refresh of the Trafford locality plan. However, with effect from October 2021 it is proposed that a new membership is agreed.
23. It will be for local partners to determine the membership of locality boards (place based partnership boards). Recent guidance suggests representation from the following:
- Primary care provider leadership, represented by PCN clinical directors or other relevant primary care leaders
  - Providers of acute, community and mental health services
  - Representatives from provider collaboratives where appropriate
  - People who use care and support services and their representatives (including Healthwatch)
  - Local authorities
  - Independent health and care providers
  - The VCFSE sector

- The ICB (expected to be the Trafford place leader)
24. All of the above suggested membership is currently included in our Trafford One System Board arrangements. It is, therefore, proposed that from October 2021 CCG colleagues will cease to be members of the board with the following exceptions:
- Where CCG colleagues represent another sector (e.g. VCFSE/PCN)
  - Place leader (currently the CCG Accountable Officer) remains a member during transition
  - Transition work-stream leads will be accountable to the board so may be required to attend
25. In addition, Trafford Council colleagues will be asked to consider appropriate council membership. Similar to the CCG, it is proposed that council membership covers the following categories:
- Leader of the Council
  - Executive Member for Adult Social Care
  - Executive Member for Health, Wellbeing and Equalities
  - Executive Member for Children's Services
  - Corporate Directors of Adults and Children's Services
  - Council Chief Executive
  - Director of Public Health
26. Partners will also need to agree future arrangements for chairing the Trafford OSB. This could be either an independent chair or an agreed representative from one of the Trafford partners. Existing Co-Chair arrangements will continue until a decision is supported by the OSB about new arrangements.
27. The mechanism for agreeing the future chair for the shadow committee is through the OSB itself, supported fully by the established system governance working group (Multi-partner) that will be guided by legislation and/or any national & regional guidance that is communicated.
28. Voting and quoracy arrangements will need to be developed based on joint committee principles.

### **Proposals and areas for consideration by the Council Executive**

29. In the context of the recently issued guidance and the support for the below recommendations by the One System Board Council Executive is asked to consider the content of this paper and specifically agree the following:
- a) Agree in-principle to the setting up of a joint committee (formally from April 2022 and in Shadow form from October 2021)
  - b) To operate in shadow form from October 2021 with accountability and decision making remaining with individual statutory organisations

- c) To agree to the suggested locality board functions, noting clarity on the finer detail is still to be fully determined
- d) To agree to the proposed revised membership from October 2021
- e) The arrangements for the appointment of a chair to the proposed shadow joint committee, as set out in the report, be noted
- f) Note that the details relating to the terms of reference, delegations, voting and quoracy of the joint committee will be brought back to the Executive for further consideration at a later date

**Other Options**

The alternative option would be not to have a joint committee arrangement and opt for alternative governance arrangements as highlighted in the paper. Certain governance models in this report would not enable the rigour and shared accountability and stewardship of a joint committee that will give us the opportunity to strategically move forward with a place based integrated health and social care commissioning and delivery system – based upon a collectively agreed, integrated strategic direction that is reflective of the health and social care system at present.

**Consultation**

Consultation is not proposed at this stage but may be applicable as we go through the reform process up until 2024.

**Reasons for Recommendation**

The Trafford system governance working group and subsequently the One System Board considered the guidance and the various governance options and proposes that the development of a joint committee of Trafford partners with the ICB is the preferred option for the following reasons:

- Would show commitment from Trafford partners for shared decision making, accountability and stewardship
- Would support fair representation from all partners
- Joint delivery of Trafford Locality Plan
- Suitable vehicle for pooling of locality funding
- Provide governance for delivery of delegated NHS functions without appearing to be health dominated

**Key Decision** (as defined in the Constitution): No  
**If Key Decision, has 28-day notice been given?** N/A

**Finance Officer Clearance** (type in initials).....GB.....  
**Legal Officer Clearance** (type in initials).....JL.....



**[CORPORATE] DIRECTOR'S SIGNATURE**

To confirm that the Financial and Legal Implications have been considered and the Executive Member has cleared the report.

