CABINET

DATE	23/06/2021
REPORT OF	Councillor Margaret Cracknell, Portfolio Holder for Health, Wellbeing and Adult Social Care
RESPONSIBLE OFFICER	Rob Walsh, Chief Executive
SUBJECT	Integrated Care in North East Lincolnshire
STATUS	Open
FORWARD PLAN REF NO.	GENERAL EXCEPTION – Not included on the Forward Plan therefore will be considered under the General Exception provisions of the Constitution

CONTRIBUTION TO OUR AIMS

The proposed model for the leadership, governance and strategic direction of the North East Lincolnshire health and care system, set out in this report, seeks to bring all health and care partners together to focus on tackling health inequality and addressing, more effectively, the wider determinants of health, in support of the stronger economy and stronger communities priorities.

EXECUTIVE SUMMARY

This report seeks formal endorsement of a proposed approach to the leadership, governance and strategic direction of the North East Lincolnshire Health and Care system, in response to the Government's White Paper on Integrated Care ("Integration and innovation: working together to improve health and social care for all") – and building on the long established local government and NHS collaboration across the Borough.

RECOMMENDATIONS

1. That Cabinet fully supports the "Proposition" set out in Appendix 1 of this report.

2. That authority is delegated to the Chief Executive to execute the Memorandum of Understanding on behalf of the Council and to develop and implement shadow governance arrangements, to give effect to the Proposition, all in consultation with the Leader and the Portfolio Holder for Health, Wellbeing and Adult Social Care

3. That authority is delegated to the Chief Executive and the Deputy Chief Executive in consultation with the Portfolio Holder for Health, Wellbeing and Adult Social Care (and subject to the advice of the Monitoring Officer and the Section 151 Officer) to undertake a review of the Section 75 Agreement currently in place between the Council and North East Lincolnshire Clinical Commissioning Group to reflect the intent of the White Paper (referred to in this report) as well as the prospective Health and Care Bill

4. That subject to the advent of primary legislation, giving appropriate statutory effect to the Proposition, a further report is submitted to Cabinet by the Chief Executive for consideration, including any recommendations arising from the

review referred to in (3) above.

5. That Cabinet supports the principle of a North East Lincolnshire place based health and care workforce as the basis for continued workforce planning and the deployment of resources, in collaboration with the Humber, Coast and Vale Health and Care Partnership (the ICS) and the Integrated Care Partnership (ICP).

6. That the final model proposed for the governance, leadership and strategic direction of the North East Lincolnshire health and care system is referred to Full Council, before April 2022 in any event and subject to any external consultation that may be required.

7. That in all other respects, authority is delegated to the Chief Executive to further the development and implementation of the Proposition in collaboration with the ICS and the ICP and in consultation as appropriate with the Leader and the Portfolio Holder for Health, Wellbeing and Adult Social Care.

REASONS FOR DECISION

To ensure that the Council, working in partnership with the local health and care system, responds proactively to the White Paper and supports the ongoing development of the wider Integrated Care System and arrangements.

1. BACKGROUND AND ISSUES

1.1. The White Paper on Integrated Care signals significant changes for the NHS with prospective legislation likely to place Integrated Care Systems on a statutory footing as NHS bodies.

1.2. The Humber, Coast and Vale Partnership (HCV) will most likely become a statutory Integrated Care System (ICS) from April 2022, subject to legislation. The functions and responsibilities of Clinical Commissioning Groups (CCGs) will be taken on by the ICS and either retained at ICS level or distributed into specific “place” based arrangements in areas co-terminus with local authority administrative boundaries.

1.3. The Council and the CCG in North East Lincolnshire have been operating in partnership for some time under the auspices of the “Union” arrangements, with shared leadership and governance arrangements, combined resources and integrated teams operating across the health and care system – underpinned by a Section 75 Agreement entered into under the National Health Service Act 2006. The close working relationship between the Council and the CCG was preceded by the former Care Trust Plus arrangements established in 2007. In short, there is a long and well established history of partnership, integration and collaboration between the NHS and local government in the Borough. This provides a strong and credible basis to respond to the challenges and the opportunities presented by the White Paper.

1.4. The White Paper proposes a statutory duty to collaborate as between the NHS and Local Government. It reinforces the principle of “primacy of place” and makes it clear that only through effective collaboration at both ICS and place level can the wider determinants of health be tackled to meaningful effect.

These principles resonate strongly in North East Lincolnshire owing to the long standing relationship alluded to in paragraph 1.3.

1.5. The impact of the pandemic and the role that public health has played, in particular, strengthens the importance of an effective public health voice and the development of population health management approaches as a key component of a truly effective and impactful health and care system. The role that the voluntary and community sector (VCSE) has also played during the course of the pandemic reinforces the importance of ensuring that the VCSE is a key partner in the health and care system, as the model proposed under the auspices of the Proposition develops.

1.6. The Proposition seeks to build on the strengths, learning and experience of extensive local health and care partnership and collaboration over recent years. It seeks to bring the health and care system together, through the convening and facilitating role of the Council acting as the "host", with a governance model that will establish a platform for the health and care system to speak with one voice, contribute to the wider and strategic place shaping agenda and support the ICP as the de facto delivery arm of the model now proposed. In summary:

1.6.1. A statutory joint committee with governance, leadership and oversight responsibility for the health and care system and acting as the "place" interface with the ICS

1.6.2. An Integrated Care Partnership (ICP) that brings providers together to act as the delivery arm of the health and care system (including the increasingly significant role of Primary Care Networks)

1.6.3. An emboldened Place / Health and Wellbeing Board, with strategic responsibility for place shaping, system leadership and fostering cross sector collaboration (public, private, voluntary) to ensure a collective approach to addressing priorities, challenges and opportunities across the economic, social and environmental spectrum.

1.7. It is important to note that the public health, children's services and adult social care responsibilities that are held through the respective offices of the Director of Public Health (DPH), the Director of Children's Services (DCS) and the Director of Adult Social Services (DASS) permeate the proposed model - to ensure that (i) the health and care conversation is joined up and (ii) the statutory voice and influence of the DPH / DASS /DCS is a thread that runs through all aspects of governance, strategic planning, resource management and delivery.

1.8. The Proposition sets out in detail how health and care partners will collaborate to deliver improved health and care outcomes for patients, residents and service users. In the context of covid recovery, the challenge to secure improved outcomes will be significant and complex as the real impact of the pandemic - in social, health and economic terms – is only beginning to become apparent. Following an extensive (and continuing) range of engagements and discussions, all organisations (that together form the North East Lincolnshire health and care system) support the model, the intent and the approach that is proposed in this report. It is also noteworthy that the leadership of the Humber,

Coast and Vale ICS have also expressed clear support for the place based approach being taken and developed.

1.9. In developing the Proposition, in parallel, work has commenced to review the Section 75 Agreement currently in place between the Council and the CCG. It is likely, indeed probable, that the Council and the ICS will enter a similar arrangement to support the delegation of health and care functions and responsibilities into "place" and support the role and functions of the proposed Joint Committee, explained further in the Proposition. It is therefore advisable for the Council and the CCG to enact preparatory steps in advance of April 2022, that may result in revisions to the Section 75 Agreement before the end of the calendar year. Legal advice is being taken on these matters.

1.10. A major focus looking ahead will be the health and care workforce. If the model set out in the Proposition is to have maximum impact and effect, the approach of all health and care partners to workforce planning, wellbeing, recruitment / retention and succession needs to be strategic, plugged in to the wider workforce priorities of the ICS and, most importantly of all, joined up. The changes promulgated by the White Paper also have very specific implications for the CCG workforce and, to some extent, Council employees. These matters are being worked through sensitively, the fundamental aim being to retain as much of our health and care workforce in "place" as practicably as possible.

1.11. In summary, the Proposition sets out an ambitious, collaborative and forward looking approach to the leadership, governance and strategic direction of the North East Lincolnshire health and care system, building on the strong record of NHS and local government collaboration in the Borough and responding proactively to the White Paper.

1.12. Cabinet is therefore invited to consider and endorse the Proposition attached to this report as the basis for partners to lead and govern the health and care system, building on the established record of NHS and local government collaboration in the Borough and caveated, as required, as being subject to the contents of the forthcoming Health and Care Bill.

2. RISKS AND OPPORTUNITIES

The learning from and experience of close collaboration (and the Union arrangements) could be lost if partners do not act proactively and promptly to the challenges presented by the White Paper. Workforce implications must also be carefully and sensitively navigated and addressed to ensure that the capacity to support the day to day functioning of the health and care system is not unduly compromised. The overall issue of funding flow and how to manage both integrated (or pooled) and aligned health and care funding is a potential risk to the overall effectiveness of the model but also a strategic opportunity. The relationship with so-called provider collaboratives (e.g. acute care and mental health) will be vitally important here – the bridge between the proposed Joint Committee and the provider collaboratives is another essential building block.

3. OTHER OPTIONS CONSIDERED

To do nothing and await ICS direction and passing of legislation is an option.

However, no part of the health and care system considers this to be a credible alternative, given the vacuum that would be created and the heightened uncertainty that would prevail.

4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

Ongoing support for the local place based leadership and governance arrangements, in response to the White Paper, builds on the reputation of North East Lincolnshire as a system that is proactive and forward looking.

5. FINANCIAL CONSIDERATIONS

The proposals within this report, and supporting appendix seek to maximise the use of the NEL Health and Care £, to the benefit of patients, service users and residents. The approach outlined of continued collaboration and partnership will ensure that collective resources are utilised effectively and efficiently across the range of services covered within the agreements. This will always be challenging given the complex and increasing demand, however a robust process of financial planning will be in place to ensure that appropriate financial envelopes are determined, and through the monitoring process, spend is delivered in line with plans

6. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

The health and care system's role and contribution to the wider green/environmental agenda is being actively considered as part of the further development of the Proposition and the related strategic priorities.

7. CONSULTATION WITH SCRUTINY

It is recommended that the Health and Adult Social Care Scrutiny Panel considers this report in any event.

8. FINANCIAL IMPLICATIONS

The financial implications of these proposals are detailed and complex, and further work will need to be done to ensure that the ambition to maximise the use of the NEL Health and Care £ is achieved. However the basic principles of financial planning and financial management will remain, ensuring that we work within the financial envelopes set, and work together to identify the most efficient and effective solutions to ensure value for money.

9. LEGAL IMPLICATIONS

9.1 Fundamentally the reforms articulated in the above report will be a consequence of primary and secondary legislation, underpinned by a contractual arrangement pursuant to s75 National Health Service Act 2006. This provision permits local authorities and NHS bodies to enter into arrangements with the aim of improving the way in which respective functions are exercised. The Council already has extensive experience of this through its Union working with the North East Lincolnshire Clinical Commissioning Group.

9.2 Whereas the Council will be unable to influence the direction of legislation it nevertheless can build upon strong and current collaborations and partnerships and engineer a s75 agreement so that the aims and objectives of the overall

reimagining of the health landscape can be realised to their fullest potential for North East Lincolnshire.

9.3 Recognising that this is an emerging issue and being subject to anticipated legislation, at this stage, the recommendations sought are appropriate and provide assurance of a further report to Cabinet in due course, together with appropriate scrutiny engagement.

10. HUMAN RESOURCES IMPLICATIONS

The reshaping of NEL health and care system outlined in this report may have potentially significant human resource implications for council and CCG staff. Employment matters will be dealt with in accordance with established HR procedures to achieve the proposals. Staff will need to be informed of the reshaping of services and proposals being considered prior to any public announcements or public decisions. Staff will need to be kept engaged throughout the respective processes with consultation as appropriate in accordance with the procedural and legal requirements.

11. WARD IMPLICATIONS

All wards are affected.

12. BACKGROUND PAPERS

None.

13. CONTACT OFFICER(S)

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COUNCILLOR MARGARET CRACKNELL
PORTFOLIO HOLDER FOR HEALTH, WELLBEING AND ADULT SOCIAL CARE

APPENDIX 1

North East Lincolnshire Health and Care Governance and Operating model

Contents:

Appendices:

1. Introduction

1.1. The way that care is being organised and delivered by the NHS is necessarily changing, to keep pace with the increasingly complex needs of people and being more reflective of local issues. At the same time, we need to facilitate people's ability to exercise greater choice and control over their physical and mental health and wellbeing and deliver personalised care to support people to manage their own health and wellbeing.

1.2. It is accepted that an individual's health and wellbeing is influenced by many factors beyond existing traditional health care boundaries. Factors such as education, employment, housing, transport, social infrastructures, the environment and green agenda, social deprivation and poverty all play a significantly important role, alongside access to traditional healthcare and social care. It follows that to prevent illness, promote health and wellbeing and to provide health and care support for any population or community we need to consider all these aspects, and more, and take a broader 'population health' approach.

1.3. We have seen much improvement in different parts of the health and care systems working together to focus on agreed priorities; the response to Covid-19 being the best and most recent example. However, we still have too many people experiencing non personalised and disjointed care reflecting the divide between NHS bodies; between physical care and mental health care; and between the NHS, local authority services and other care providers.

1.4. The collective and individual needs of people differ across different communities across the country because of these different factors. No two communities are the same. Therefore, we need services which are designed around a good understanding of the complexity of needs of the community, the local improvements required and for healthcare and non-healthcare organisations to work 'as one' to deliver a better personalised offer locally. **One size does not fit all,** which is why we are pleased that the health and care system recognises North East Lincolnshire as a separate place in the new emerging way the NHS services wants to operate.

1.5. As health and care organisations who provide services to the people of North East Lincolnshire this now gives us a great opportunity to work even closer together wrapping our services around the needs of the population within the North East Lincolnshire Place.

2. Purpose

This paper sets out a governance model for embedding the health and care agenda into North East Lincolnshire's broader place arrangements. This builds upon a history of strong collaborative working and partnership across North East Lincolnshire through the introduction of a formal Joint Committee which binds together North East Lincolnshire Council, Humber Coast and Vale ICS and Provider partnerships to lead and drive the health and care agenda locally.

3. Proposition

- A Local Authority hosted (place based) health and care system in North East Lincolnshire that:
- supports and builds on established health and care integration and collaboration, where it makes sense to do so (and reinforcing the new duty to collaborate)
- brings commissioners and providers much closer together to focus on priorities that serve to improve the experiences and outcomes for the population of NEL
- brings statutory bodies, partners and the voluntary sector together to fully optimise their collective (and active) contribution to the local economic growth agenda (through the lens of the wider determinants of health)
- leads and positively contributes to the development of a sustainable, fit for purpose and agile health and care workforce
- maximises the use of the NEL health and care £ to benefit patients, service users and residents
- supports and facilitates the development of a sustainable Integrated Care Partnership, particularly the role, development and contribution of PCNs
- continues to actively support arrangements that foster public and patient involvement, community voice and clinical leadership
- contributes actively and strategically to the digital, asset and wider infrastructure agenda – supporting 21st century models of health and care and service integration
- positions key place based statutory responsibilities (public health, adults, children) at the heart of the health and care system
- is supported by an operating model that brings data, analytics, intelligence, behavioural insights and policy development together - to inform and support strategic development, resource planning and evidence based decisions

4. How can we, in health and care best serve the needs of the North East Lincolnshire Place?

4.1. NEL Council, the HCV ICS and Health and Care providers within North East Lincolnshire want to embrace the opportunity to better integrate our health and care services and be a key partner within the Humber sub-region; In doing so we want to focus our collective resources on shaping services based around the identified and agreed needs of North East Lincolnshire residents. We will create a sturdier platform to work together to improve North East Lincolnshire population's health and wellbeing.

4.2. Collectively we share the same objectives:

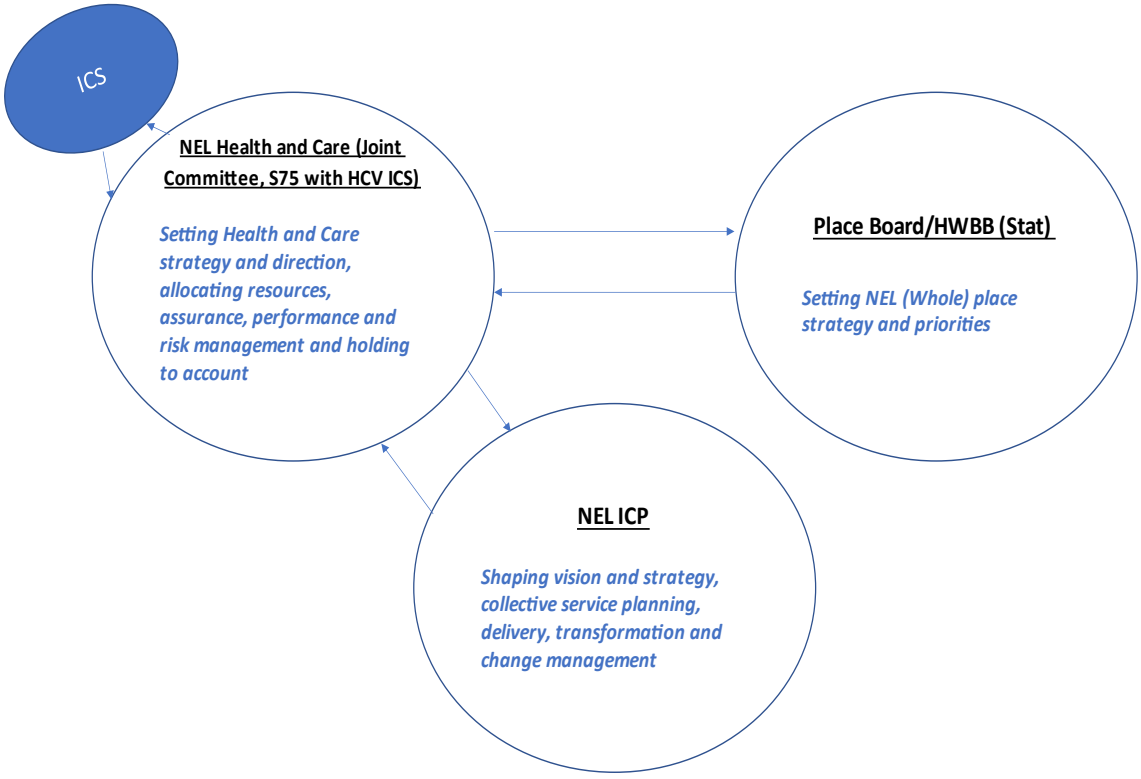
- To focus on the interests and outcomes for North East Lincolnshire residents and to collaborate to determine improvement and service priorities.
- To eliminate health inequality gaps within, and across, neighbourhoods in North East Lincolnshire and between North East Lincolnshire and the ICS.
- To Improve the Health and Wellbeing of the population of North East Lincolnshire adopting a Population Health Management approach.

- To help shape the delivery of those services that will continue to be provided in a hospital or specialist setting but which will be accessed by the N E Lincolnshire population
- To deliver integrated health and care services across North East Lincolnshire, at the same time as continuing to move care away from NHS institutions to as close to home where and as possible.
- Adopt a principle that wherever possible the foundation of an integrated health and care approach will be based on Primary Care Network populations.

4.3. In pursuing these common objectives, all partners agree to adhere to the following principles:

- To make best use of the N E Lincolnshire '£', eliminate replicated cost and effort, and minimising bureaucracy.
- Where appropriate pool skills and resources to deliver improvement.
- Uphold national standards and requirements and work towards the Triple Aim.
- Take an inclusive approach to shaping the future across the partners engaging with staff, patients, carers and the public.
- Adopt a 'collaborative and collective' decision making approach.
- Adopt a collaborative approach to achieve greater service flexibility, financial sustainability, and system resilience.
- Work proactively with partners within the voluntary, charity and SE sector to deliver on our aims.

5. Integrated Health and Care arrangements within North East Lincolnshire



5.1. NEL Place Board (incorporating the Health and Wellbeing Board)

5.1.1. The health and care sector in North East Lincolnshire will become fully integrated within the broader North East Lincolnshire place leadership system, in support of the agreed outcomes framework which aims to address the broadest determinants of health through its membership of the NEL Place Board.

5.1.2. As a health and care community we commit to contribute fully to the overarching aim of a stronger economy and stronger communities through the delivery of the Outcomes Framework, which identifies that all people in North East Lincolnshire will:

- Enjoy and benefit from a strong economy.
- Feel safe and are safe.
- Enjoy good health and wellbeing.
- Benefit from sustainable communities.
- Fulfil their potential through skills and learning.

5.1.3. The role of the Place board (also acting in its statutory capacity as the Health and Wellbeing Board) is to set the whole place strategy to deliver the outcomes framework, and its focus will be:

- Health and Wellbeing
- Economy
- Environment – Green Agenda
- Safe & Sustainable Communities
- Education and Skills

5.1.4. Terms of reference area attached on Appendix 1.

5.2. NEL Health and Care Joint Committee

5.2.1. In accordance with the spirit and intent of the White Paper and subject to legislation that follows, the NEL Health and Care Committee will be a joint committee of NEL Council, Humber Coast and Vale ICS and the North East Lincolnshire ICP.

5.2.2. It is predicated on:

- a section 75 agreement between HVC ICS and NEL Council
- de facto “host” body for the ICS and “place” interface and
- “place” and the ICP interface

5.2.3. The role of the Health and Care Joint Committee is to set the health and care strategy and approve the plans that will deliver the strategy, allocate NHS and Local Authority resources; seek, challenge and secure assurance of delivery of the plans

through performance and risk management and holding health and care providers to account. It's focus will be:

- Determine Health & Care (long term) vision, (five year strategy) and (annual) priorities within context of overall NEL place strategy and national/ICS priorities
- Local accountability management
- Performance and risk management and assurance
- Financial flow ,use of resources, oversight of pooled and/or aligned health and care funds coming into North East Lincolnshire including :
    - Provider Collaboratives (pooled at Humber/ICS)
    - NEL ICP
    - Other partnerships and contracts
- Dispute resolution

5.2.4. Terms of reference are attached at Appendix 2

5.3. <u>North East Lincolnshire Integrated Care Partnership</u>

5.3.1. The North East Lincolnshire Integrated Care Partnership (ICP) of health and care providers takes collective ownership and responsibility for health and social care service provision, now and in the future, for the people of North East Lincolnshire on behalf of the NEL Health and Care Joint Committee.

5.3.2. The role of the ICP is shaping vision and strategy, collectively developing and delivering service plans, and change management and transformation improvement by:

- Developing the Health & Care vision, strategy and priorities in line with agreed Place Strategy
- Allocating resources allocated to the ICP (in line with any agreed transitional arrangements) by the Joint committee, to deliver the agreed priorities
- Integrating service planning and business processes
- Managing change and transformational programmes
- Delivery and performance monitoring
- Risk and issues management
- Tactical response to critical Incidents

5.3.3. Terms of reference are attached at Appendix 4

5.3.4. The ICP and Joint Committee share the following objectives:

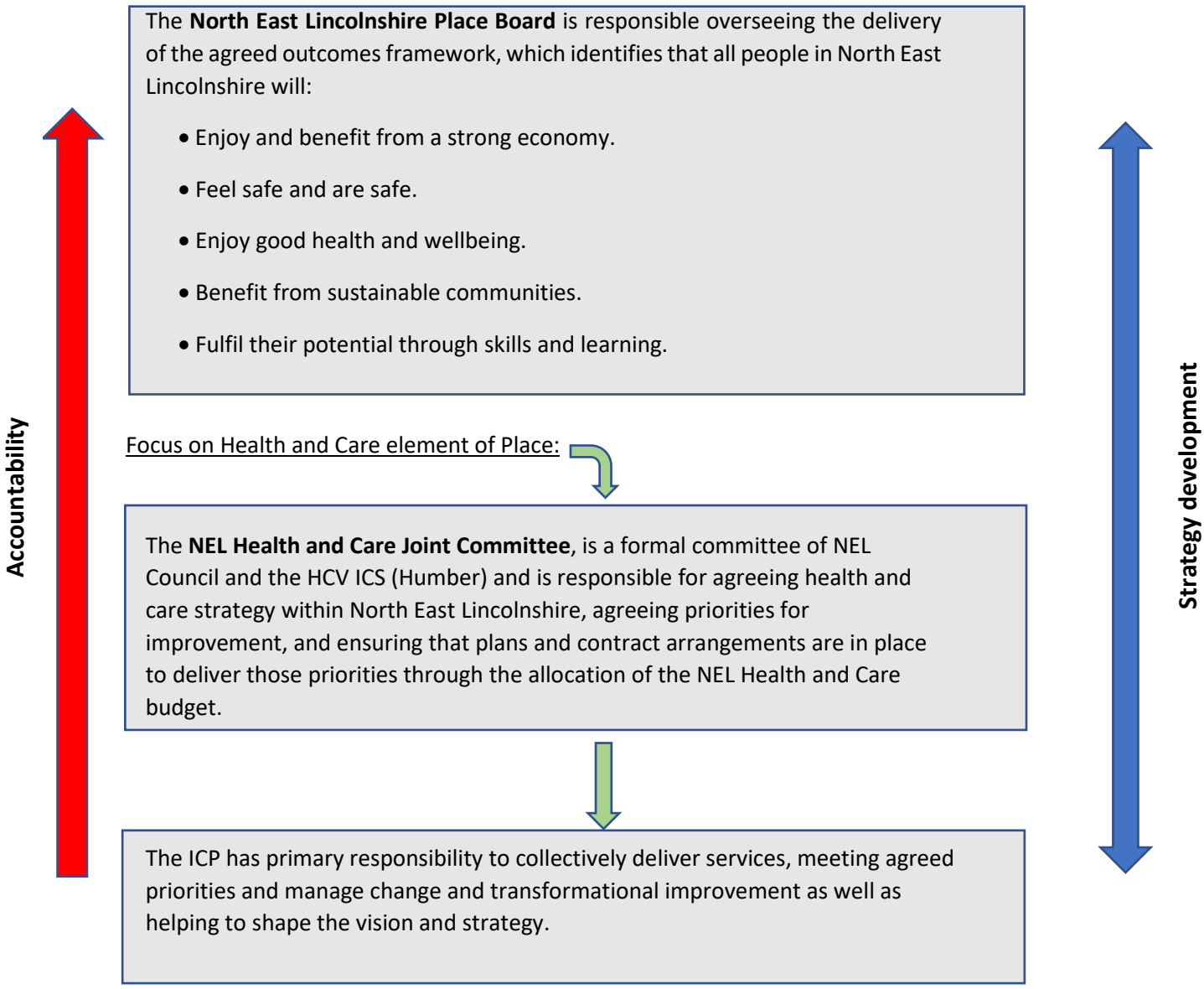
- To focus on the interests and outcomes for North East Lincolnshire residents and to collaborate to determine improvement and service priorities.
- To eliminate health inequality gaps within, and across, neighbourhoods in North East Lincolnshire and between North East Lincolnshire and the ICS.

- To Improve the Health and Wellbeing of the population of North East Lincolnshire adopting a Population Health Management approach.
- To help shape the delivery of those services that will continue to be provided in a hospital or specialist setting but which will be accessed by the N E Lincolnshire population
- To deliver integrated health and care services across North East Lincolnshire, at the same time as continuing to move care away from NHS institutions to as close to home where and as possible.
- Adopt a principle that wherever possible the foundation of an integrated health and care approach will be based on Primary Care Network populations

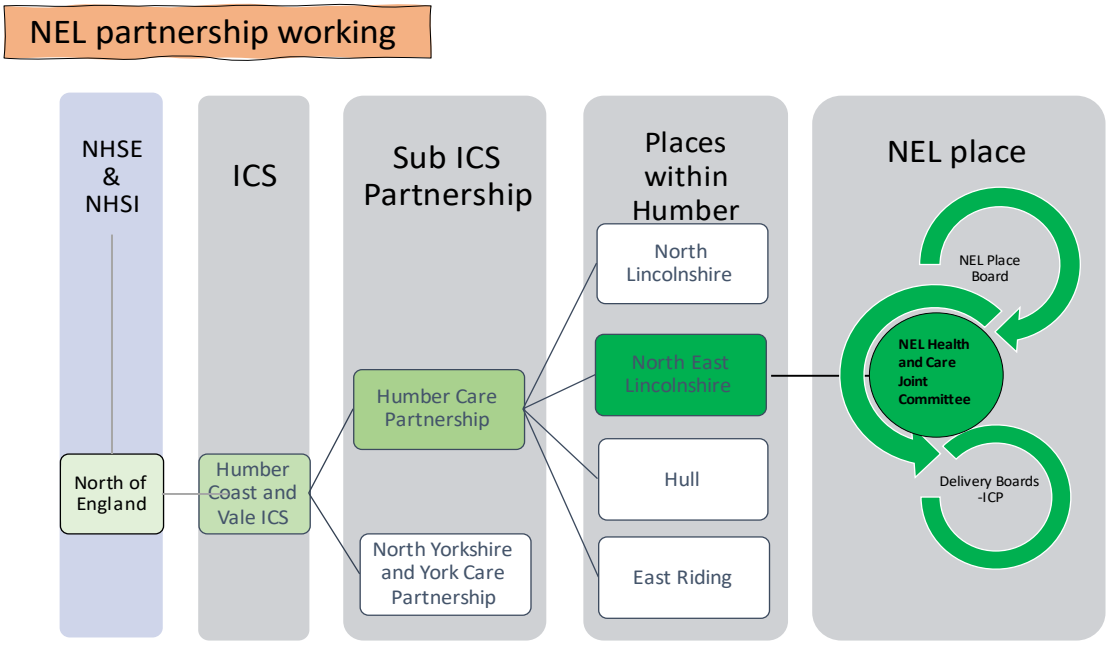
In this way the Integrated Care Partnership is a primary vehicle for the partners to exercise their proposed duty to collaborate across the health and care system.

The partnership will be an anchor partnership, which through the Joint Committee, will support the wider economic and social regeneration of North East Lincolnshire.

6. Summary of North East Lincolnshire Place Arrangements



7. Summary ICS relationships



8. Target Operating Model for NEL Health and Care

8.1. We will set out a Target Operating Model (TOM) for the integrated health and care system in North East Lincolnshire, which will be built up the following core functions and responsibilities:

- Focus on identifying the priorities for improving the health and wellbeing of North East Lincolnshire residents, working in partnership with the Place Board. We will use population health management approaches to do so, focusing on known health inequalities and unmet need.

- Set out a longer-term clinical and service vision for North East Lincolnshire, aligning 'out of hospital' care with acute physical, mental health, and care strategies, shaped by an agreed set of principles. The proposed portfolio includes non-emergency and non-specialised services currently provided in an Acute Hospital setting, and retains community based specialised mental health services and Adult Mental Health Inpatients and Adult Social Care within North East Lincolnshire.

8.2. Developing our Target Operating Model Framework (TOM)

Our TOM has six core elements, each of which will require incorporation of work streams that already exist or will be established to take each element forward.

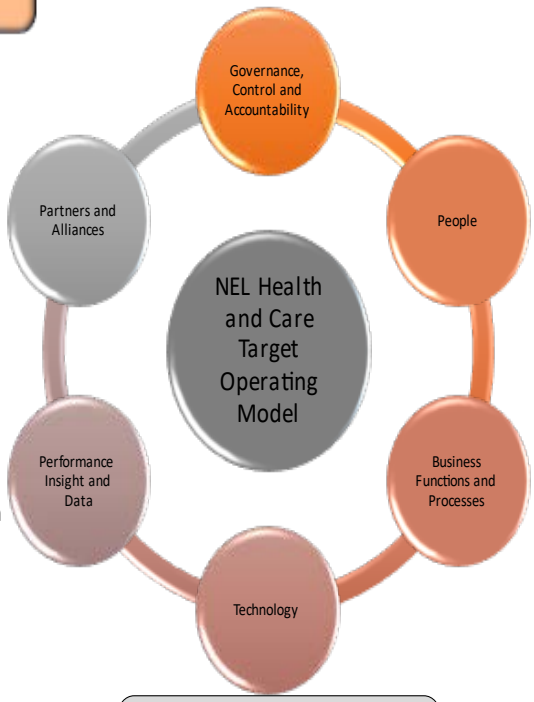
TOM…

Structures, Policies, Controls, compliance, decision making, accountability

Includes staff establishment, transfers etc…

collaboration with other alliances/ICPs, Place, ICS

Culture and behaviour, skills capacity and capabilities



Data and analytics for decision making and performance, KPI's, process indicators and measures.

Core and shared functions/joint structures, aligned business processes, Resource allocation and prioritisation

IT Infrastructure, Data Base Management, comms infrastructure

Appendix 1

Place Board & Health & Wellbeing Board

Terms of Reference

1. Purpose & Aim of the Board

The Place Board provides strategic leadership across North East Lincolnshire. It enables the place partnership system to work effectively in setting direction and shaping the vision for Place through the delivery of identified and agreed Outcome outlined in the Framework. It will drive forward integration and connectively with a focus on addressing the wider determinants of health, e.g. economy, skills, education and environment.

When acting as the Health & Wellbeing Board

It incorporates the leadership role for partners to work together in improving the health and wellbeing of their local population to reduce health inequalities, through the assessment of need and development of an accompanying strategy, developed by the Joint Committee for Health and Care. It will ensure that there is a joined-up agenda across all areas of the Outcomes Framework.

In doing so to promote and enable inclusive integrated service approaches to challenges and opportunities to improve local people's health and wellbeing.

Covid19 contain and recovery

The board fulfils the role of a member-led COVID Local Outbreak Management and engagement board, providing public oversight and engagement on COVID-19 recovery, as required within local outbreak control plans.

It brings together leaders from organisations and sectors vital to the recovery of the borough, to collectively oversee the recovery of the borough in a safe way.

Act as ambassadors to promote recovery and the importance of preventing an outbreak and responding appropriately if an outbreak occurs.

Decisions of the Board are given effect through the governance arrangements of the sovereign bodies represented.

2. Role and Responsibilities of the Board

The Place System of an overarching Board is designed on delegation of action and decision making to the most appropriate partnership board/ Joint Committee, with the overarching Board seeking assurance that plans are integrated and appropriately connected to deliver on the strategies and outcomes for the Borough. Where an issue is paramount to the future prosperity of North East Lincolnshire and is cross cutting in nature, the Place Board may opt to adopt the leadership role. The five Outcome areas are; -

- Health and Wellbeing
- Economy

- Environment – Green Agenda
- Safe & Sustainable Communities
- Education and Skills

Place Board

1. To provide strong and visible collective leadership to realise the full economic, social and environmental potential of the borough.
2. To operate in an open and transparent environment, being visible and accountable to the public and ensuring that residents' priorities are at the heart of the Board's activity and decision making.
3. To develop a single, unified strategic vision and shared outcome framework, informed and shaped by strategic intelligence and local insights.
4. To ensure alignment of the strategic vision and shared outcomes framework across constituent organisations' strategic plans and partnership plans.
5. To develop shared solutions to address current and future place challenges to build prosperity and to address inequalities in the borough.
6. To provide assurance that key strategic initiatives are appropriately linked.
7. To provide oversight of strategic partnerships to enable synergy of work programmes.
8. To take a direct leadership role on issues of significant impact and that require co-ordinated action across the partnership system.
10. To contribute to the formulation and expression of joint views (of those organisations represented upon the Board) to central government and other bodies and organisations in respect of legislation, proposed legislation, and other matters of common interest, concern, or relevance to the borough with a particular focus on removing barriers to inclusive growth and the delegation of additional powers and funding.
11. To provide direction on the future governance of the NEL place system

Place Board acting in its capacity as the Health & Wellbeing Board

1. To prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), which is a duty of local authorities and ICSs
2. A duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (i.e. lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.
3. A power to encourage close working between commissioners of health-related services and the board itself.

4. A power to encourage close working between commissioners of health-related services and those that address the wider determinants of health (such as housing, skills, Jobs, and many other local government services)

Covid19

1. Publicly discuss strategy, share good practice, and engage with the community – providing reassurance and confidence that partners are working together and that robust plans are in place.
2. Support recovery through effective communication between key stakeholders and with the public, using all channels at their disposal to get consistent and clear messages to residents, customers, clients, partners, employers, visitors, etc.
3. Take a partnership and collaborative approach to developing and delivering the recovery plan.
4. Endorse plans for recovery and control, including roles and responsibilities.
5. Support communication activity that will be required to deliver the plan, particularly important messages to the public and employers about actions and responsibilities to prevent an outbreak and impacting on the ability to achieve sustainable recovery.
6. Receive regular updates on recovery and control planning from the Director of Public Health and the wider system, learning from good practice within the borough and elsewhere.

3. HWBB Statutory Membership

a. at least one councillor from the relevant council ◦
b. the director of adult social services ◦
c. the director of children's services ◦
d. the director of public health ◦
e. a representative of the local Healthwatch organisation
f. a representative of each relevant ICS

then any other members that are relevant

Current Membership (is subject to review after the May 2021 local elections and to ensure alignment and fit with the White Paper intent over and above current legislative requirements).

4. Quorum

The quorum for the Place Board is three and must include the Chair or the Deputy Chair. For the H&WB section of the meeting quoracy also includes three statutory officers and a representative of the CCG.

5. Frequency and Administration of the Board

The Place / HWWB board will meet on a quarterly basis. The HWBB element will be held in public in accordance with local government legislative requirements and the Constitution of North East Lincolnshire Council.

6. Accountability and Reporting

The Health and Wellbeing Board (in its capacity as a statutory committee of the Council) is accountable to Full Council)

7. Conflict of Interest/Vested Interest

The Board may potentially consist of officers who are potentially conflicted or have a vested interest on the "client and potential contractor" side. It is the responsibility of officers, who are potentially conflicted, or have a vested interest, to declare this.

Any other identification of potential conflict or vested interest will be referred for legal advice, as required.

The issue of vested and/or conflicts of interests will be kept under review and will be revised, as appropriate.

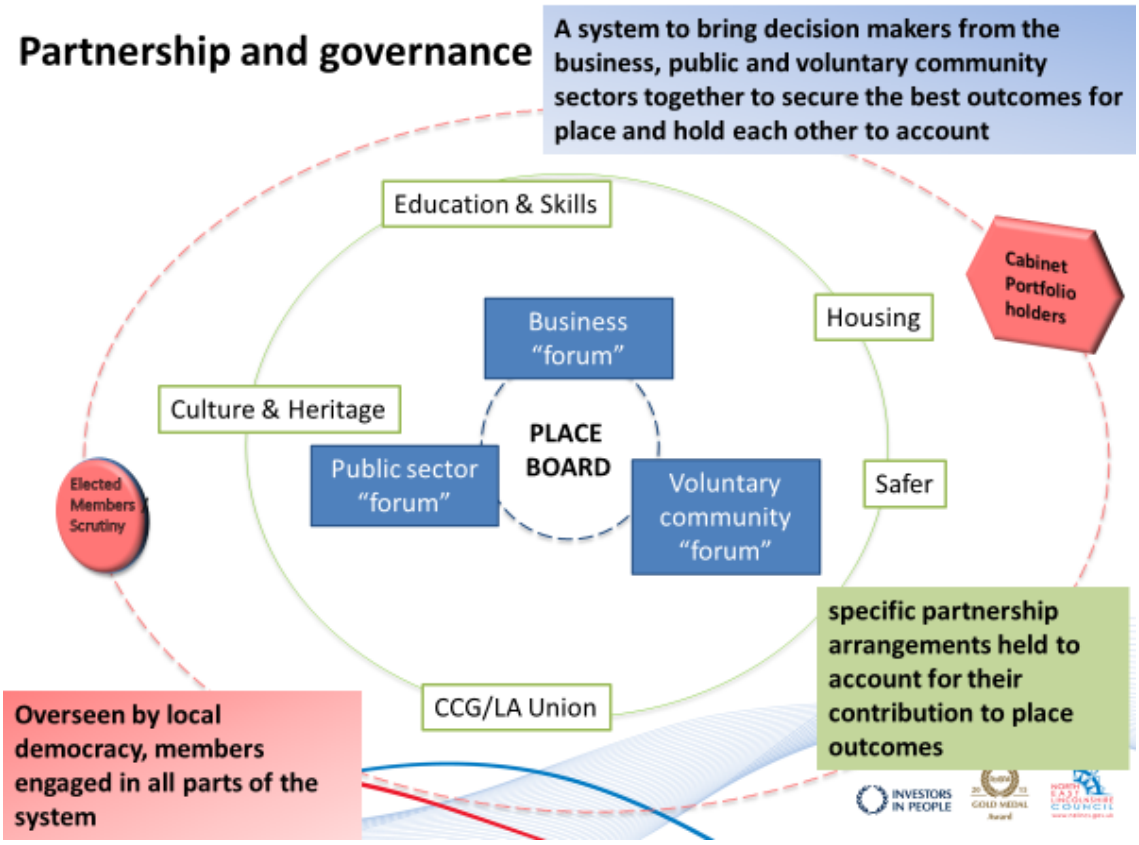
8. Review

The Terms of Reference will be reviewed annually.

9. Communications

The Board will need to ensure that key messages are captured from across the Partnership system and circulated accordingly. Key messages will need to be shared across the communities of North East Lincolnshire to ensure that everyone is aware of the focus of the Place Board and its Supporting Boards. In order to ensure that this happens the Board will agree a communications plan and will agree key messages to be shared at each Board meeting.

Partnership and governance



Appendix 2

North East Lincolnshire Health and Care Committee (Joint Committee)

Terms of Reference

1. Purpose

The role of the Health and Care Joint Committee is to set the health and care strategy and approve the plans that will deliver the strategy, allocate NHS and Local Authority resources, assurance of delivery of the plans through performance and risk management and holding health and care providers to account. Its focus will be:

2. Roles and Responsibilities

- To lead and drive the vision and strategy for the NEL health and care system, and support its focus on the prevention of ill health and the promotion of wellbeing, including collective and active engagement in the wider local economic growth and regeneration agenda.
- To act as the strategic governing body for the NEL health and care system, leading and directing strategic development and the effective use resources Ensuring appropriate arrangements are in place to exercise these functions.
- To act as the formal strategic interface between the NHS and Local Government in North East Lincolnshire, in furtherance of the duty to collaborate
- To host current, future and prospective Section 75 arrangements entered into between North East Lincolnshire Council and the ICS and as between any other bodies that may be permitted by statute from time to time.
- To be the forum for accountability management, dispute resolution and the oversight of pooled and aligned funds allocated to the North East Lincolnshire health and care system.
- To ensure that the statutory duties and responsibilities of the DPH, DASS and DCS are integral to the development of system leadership and the formulation of key priorities in partnership with the ICS and the ICP
- To oversee and facilitate the role of the health and care system in support of Covid-19 recovery, learning and future planning.
- To oversee, and ensure effective integrated health and social care across North East Lincolnshire , including the engagement of the voluntary and community sector.
- To ensure that citizens, patients and service users receive and access the right care at the right time and in the right place, minimising hospital admissions and maximising independence.
- To Develop and approve the local health and care system's strategic direction and plans addressing local health inequalities and the wider determinants of health taking into account the wider Place Based strategy and agenda, in support of the wider roles of the Health and Wellbeing Board and the ICS respectively
- To develop medium to long term priorities for securing investment in and the development of fit for purpose health and care infrastructure (physical and digital) and the effective use of the public estate.
- To support the effective interface between local democratic and clinical leadership across the system

- To ensure that public and patient involvement is integral to the operation and governance of the Joint Committee's and wider system's responsibilities.
- To collaborate to prioritise the interests and outcomes of citizens, patients, and service users in North East Lincolnshire. To uphold the spirit, purpose and intent of the Memorandum of Understanding set out in Appendix 11

3. Membership

The Joint Committee will comprise:

Chair

Executive Lead for Place (LA Chief Executive)

NEL Health and Care Director (Joint appointment between ICS, NELC & ICP)

Clinical Lead for Place

Elected Members

HWBB Chair

Local Authority Deputy Chief Exec (Exec Director for People, Health & Care)

DPH

ICP Representatives

Community representation

4. Voting

It is anticipated that the default modus operandi of the Joint Committee will be to make decisions, consistent with its responsibilities, through discussion with the aim of reaching consensus between the partners. However, where attempts to achieve consensus have been exhausted the Chair may put the matter to a formal vote with one vote allocated to each of the partners.

5. **Quoracy**

Tbc

6. Meeting frequency

The Board will meet, in public, at least 4 times per annum with 2 wider forum sessions per annum

7. Declarations of interest and decision log

Declarations of interest will be requested and logged at the start of each meeting and a decision log will be completed following every meeting.

8. Review

These Terms of reference will be reviewed prior to the start of each financial year in line with the expected continued development of the ICP.

Appendix 3

North East Lincolnshire Integrated Care Partnership

Partnership Model

The North East Lincolnshire Health and Care Community has historically embraced a broader plurality of provision base than might be observed in other Health and Care communities. These range from statutory public funded organisations, CIC provided services with sole dependence upon NHS/LA funding streams, charitable organisations with NHS funding streams and voluntary organisations. We will continue to embrace this degree of plurality to continue to learn, for example, best practice from member-based organisations which demonstrate high levels of patients and staff engagement, great governance, substantial innovation and agility and low levels of bureaucracy compared with a more traditional NHS model. Similarly, we have found that our partners with a greater dependence upon charitable funding, have significant expertise in care models, business mindsets and marketing.

As we move into the formal establishment of the NEL Health and Care system we have developed an ICP partnership model which recognises the continued importance of full engagement with all health and care organisations to shape, influence and lead improvements; at the same time recognising not all are able to participate in broader risk and benefit sharing in the way that the wholly public sector funded services would.

We have therefore devised a partnership model which comfortably accommodates 'Associate Partners' who would continue to engage in shaping and delivering local improvements, but not be unreasonably exposed to broader risk and benefits.

Our Model therefore identifies three tiers of relations within and with the ICP:

- Full Partners – Decision making, design and delivery.
- Associate Partners – Design and delivery.
- Contractors – delivery through contracts.

Full Partners share a responsibility for population health outcomes

<u>Full Partners</u>

- Care Plus Group
- Focus –
- Freshney Pelham Primary Care Network
- Meridian Health Group Primary Care Network
- Panacea Primary Care Network
- Navigo Health and Care CIC
- Lincolnshire Partnership foundation Trust - TBC
- Northern Lincolnshire & Goole Hospitals NHS Foundation Trust
- North East Lincolnshire Council

Associate Partners share a responsibly for delivery of services.

The following have been determined as **Associate Partners**. Associate Partners are committed to the delivery of agreed priorities, outcomes and standards and will be fully engaged within our transformational and improvement programmes.

Associate partners will not participate in the ICP Board but will be members of the ICP Leadership Group

Associate Partners

- North East Lincolnshire Voluntary Sector and Social Enterprises
- St Andrews Hospice
- St Hugh's Hospital (HMT)
- Core Care Lincs
- Compass Go - tbc

Appendix 4

North East Lincolnshire Integrated Care Partnership Board

Terms of Reference

1. Purpose and Aims of the Partnership Board.

The overall purpose of the Partnership Board is to deliver improvement in the health and wellbeing of the people (Children and Adults) of North East Lincolnshire by focussing on the prevention of ill health, the promotion of wellbeing and the delivery of integrated care for the established neighbourhoods within and across North East Lincolnshire. Partners within the ICP will have a shared duty and commitment to continuously improve to:

- Secure better health and wellbeing for everyone
- Achieve better quality of health services for all individuals
- Demonstrate a sustainable use of NHS and Local Authority resources
- Eliminate health inequalities across North East Lincolnshire
- Ensure that the health and care system contribute to the wider social and economic wellbeing of N E Lincolnshire

The **aims** of the North East Lincolnshire Integrated Care Partnership are to:

- shape the vision and strategic direction for health and social care provision for the North East Lincolnshire population, based upon a clear and shared understanding of need based on a population health management approach.
- set out plans to deliver our agreed priorities; and
- deliver integrated health and care services for the population of North East Lincolnshire

The partnership is committed to full engagement with our staff, users of our services and the public in agreeing our priorities and in the redesign of services.

To fulfil these aims the ICP will effectively engage in strategic planning activities taken forward in different parts of the ICS that impact on the NEL provider system e.g. NEL Joint Committee, ICS Provider Collaboratives, Humber Geographic Partnership

2. Scope of the partnership

The partnership will be collectively responsible for the strategic planning, resource allocation, quality, and performance for:

- Primary care Services for children and Adults (excluding core and individual performer management)
- Community based secondary care services (including MH and LD) for Children and Adults
- Statutory Children's and Adult social care (micro commissioning) and service delivery
- Crisis and inpatient mental health services for Children and Adults
- Planned care services for Children and Adults
- Ambulatory urgent care services for Children and Adults

The partnership cannot work in isolation and success will be dependent upon working collaboratively with sector based Provider Collaboratives and other place-based systems.

3. Roles and responsibilities

The Integrated Care Partnership will:

- Use a population health management approach to have a full understanding of the health and care needs of the North East Lincolnshire population, and the assets and resources that exist to help meet those needs (both within in and outside the NHS). This includes an understanding of inequalities at neighbourhood level to inform our targeted use of resources.

- Promote and drive integrated care across organisations and neighbourhoods to improve health and wellbeing for the people (children and adults) of North East Lincolnshire. PCNs will provide the foundation of our integrated care approach.

- As a member of the NEL Joint Committee, the ICP will contribute to the development of a health and care strategy for NEL, reflecting the overall Place objectives. In doing so, will ensure that the agreed outcomes and objectives are successfully delivered across the partnership through agreed integrated plans. The health and care strategy will be formally agreed by the Joint Committee and will be shaped by national, ICS and locally agreed priorities and outcomes.

- Seek the views of the public, service users, families, and staff to not only be properly engaged in the development of all plans and programmes, but to have their views directly influence the decisions made by the partnership.

- Exhibit collective accountability and responsibility for the strategic and operational delivery of the ICP transformation programme and for performance of all ICP partners against agreed standards and outcomes in line with the principles and requirements of the partnership agreement.

- Be responsible for the overall development of the Integrated Care Partnership, this includes managing relationships between partners and between the ICP and key stakeholders e.g. N E Lincs Joint Committee, the Humber Partnership and the ICS.

- Implement a quality and performance assurance framework across the work of the ICP including the work of the Integrated Care Leadership Group and associated work programmes.

- Provide assurance to the individual Partner Boards, to the N E Lincs Joint Committee, the Humber partnership and the Humber, Coast and Vale ICS on progress against key outcomes and objectives as well as use of resources.

- Provide assurance to the North East Lincolnshire public, through the NEL Joint Committee meetings held in public, partner membership and ICP engagement fora.

- Create an environment across the ICP partners which encourages and supports continuous improvement and innovation to deliver better care.

- Manage risk collectively; adopting a robust and balanced approach to risk & opportunity.

- Provide a ‘collective’ NHS voice & response for the NHS within Place, the Humber partnership, and the ICS.

- Oversee the governance arrangements under which the ICP will carry out its business.
- Ensure that the specific objectives, principles, and governance requirements within the formal ICP Agreement are fully and effectively discharged.
- Hold to account the Integrated Care Leadership Group for the performance of the ICP such that it achieves the agreed outcomes and objectives.
- Approve the ICP annual operational plan including those incorporated partner plans.
- Agree the distribution and allocation of health and care monies made available from NELC and the ICS to the ICP, including transformation or development monies.

4. Membership

The ICP Board will comprise:

Independent Chair

NEL Health and Care Director (joint appointment between NELC, ICS and ICP)

ICP Clinical Lead

Chair and Chief Officer of Care Plus Group

Chair and Chief Officer of Focus independent social work

Chair and Chief Officer of Lincolnshire Partnership Foundation Trust - tbc

Chair and Chief Officer of Navigo CIC

Chair and Chief Officer of Northern Lincolnshire and Goole NHS Foundation Trust (NLAG)

N E Lincolnshire Council DASS and DCS

CD/Executive Lead for PCNs

Pre-nominated deputies will be formally identified for each formal member to attend in their absence, on the understanding that they will carry the equivalent authority of the member being represented.

5. Authority to act

- Each partner will delegate to its representatives on the ICPB such authority as necessary for the ICPB to function effectively in discharging its duties. Authority delegated by the partners will be set out in writing and attached to these Terms of reference as if incorporated into them. They shall also be recognised to the extent necessary in the partners' own schemes of delegation (or similar).
- The ICPB will function through engagement between its partners so that each partner decides in respect of, and expresses its views about, each matter considered by the ICP Board. The decisions of the ICP Board

will, therefore, be the decisions of the partners, the mechanism for which shall be authority delegated by the partners to their representatives on the ICP Board.

- The ICP will not be a separate legal entity, and as such will not be able to make decisions that are binding on its partners. Decisions made by the Partnership Board will be made so that the respective Board members formally adopt them following their own governance procedures.

6. Voting

It is anticipated that the default modus operandi of the Partnership Board will be to make decisions, consistent with its responsibilities, through discussion with the aim of reaching consensus between the partners. However, where attempts to achieve consensus have been exhausted the Chair may put the matter to a formal vote with one vote allocated to each of the following partners.

Care Plus Group
Lincolnshire Partnership Foundation Trust
Navigo
Focus
Primary Care
Northern Lincolnshire & Goole Hospitals NHS Foundation Trust
North East Lincolnshire Council

(7 votes in total)

Where a vote is required to agree a particular proposal, four votes of those partners present is required for the proposal to be approved. The Chairman will not carry a vote, nor be able to give a casting vote.

7. Quoracy

For a meeting to be quorate 5 of the partner organisations need to be present.

8. Meeting frequency

The Board will meet, in public, every two months when formally established from 1 April 2022.

In shadow form until 31 March 2022 the Board will meet every month to incorporate Development sessions

9. Accountability and wider relationships

Within the ICP

- The Partnership Board will delegate responsibility to the Leadership Group for the operationalisation of the agreed strategy.
- The partner representatives remain accountable to their own organisations in the discharge of authority delegated to the Partnership Board.

With the NEL Place

- Through the Chair, Health and Care Director and Clinical Lead the ICP will be accountable to the NEL Joint Committee for the delivery of agreed plans and priorities.
- Through the Chair, Health and Care Director and Clinical Lead the ICP will shape agreed strategies and priorities within the NEL Joint Committee
- Through the Chair, Health and Care Director and the Clinical Lead, the ICP will be formal members of the NEL Joint Committee.

Within the Humber Partnership

- The ICP Health and Care Director will represent the ICP at the Humber partnership and the ICP Chair will be the Place representative within the Humber Advisory Board.

10. Declarations of interest and decision log

Declarations of interest will be requested and logged at the start of each meeting and a decision log will be completed following every meeting.

11. Review

These Terms of reference will be reviewed prior to the start of each financial year in line with the expected continued development of the ICP.

Appendix 4.1

Authority delegated to the NEL Integrated Care Partnership Board

Formal authority is agreed from each partner to enable the ICP, through the ICP Partnership Board, to:

- develop the ICP, including the management of relationships between partners and between the ICP and key stakeholders.
- Work with the Joint Committee to shape the health and care strategy for NEL; and have authority to deliver it across partners.
- develop collective priorities for NEL; and authority to deliver them across partners.
- approve the ICP annual operational plan including those incorporated partner plans.
- agree the distribution and allocation of health and care monies made available from NELC and NHS England via the ICS to the ICP, including transformation or development monies.
- agree transitional financial policies and arrangements during the migration towards outcome-based contracts.
- oversee the delivery of agreed priorities, standards, targets, and outcomes.
- take decisions related to the terms of reference of the Partnership Board and the Leadership Group.
- establish common systems, processes, and business practices across partner organisations.
- share skills, knowledge, and expertise, including the establishment of shared approaches where agreed.
- To endorse the appointment of an NEL Health and Care Director and an ICP infrastructure relative to core ICP responsibilities.
- agree risk and reward mechanisms.
- oversee business continuity arrangements and lead any tactical response when a collective response is required.
- agree any significant service changes, subject to engagement or formal consultation, as a response to urgent patient safety concerns or proactive service redesign. In this case 'significant' is defined as any change that would normally require formal engagement or consultation.
- work with the sector provider collaboratives and/or with other Place ICPs e.g. North Lincs ICP where they impact on service delivery for the NEL population.

Appendix 5

North East Lincolnshire Integrated Care Partnership Leadership Group

Terms of Reference

1. Purpose of the Leadership Group

The NEL ICP Leadership Group is the executive function of the ICP, charged with the responsibility for delivering the partnership's agreed priorities, under authority delegated by the Partnership Board.

2. Roles and Responsibilities

The ICP Leadership Group will:

- Manage the ICP's business.
- Promote and encourage commitment to the ICP principles and ICP vision amongst all partners.
- Develop health and care strategy options for the partnership board to consider, prior to seeking approval of the Joint Committee, including ensuring that the partnership is influencing the work of the wider NHS and other partnerships (i.e. the LEP) to the benefit of the people living in North East Lincolnshire
- Formulate medium term plans (three to five years) to achieve the vision and objectives of the ICP, co-ordinating the efforts of partners, where required. This would include clear measurable targets for the contribution it will make to the social and economic well being of the local area.
- Formulate the ICP annual operational plan to deliver agreed objectives, standards, targets, and transformational programmes. This will ensure that the direction and activity of the ICP is clear and transparent and capable of being assessed.
- Develop an integrated workforce plan for the NEL Health and Care system and ensure NEL plays an active role in ICS wider workforce planning and development.
- Develop robust arrangements for ensuring that the voices of staff and service users directly influence the work of the ICP, and shape agreed priorities.
- Respond to changes in the operating environment, including in respect of national policy or regulatory requirements, which impact upon the ICP or any partners to the extent that they affect the partners' involvement in the ICP.
- Integrate business processes and plans across the ICP and deliver the 'do it once, do it together' mantra where it would be beneficial to do so, and agree pan ICP operational policies as required.
- Through regular scrutiny of performance determine and implement strategies and plans to improve performance or rectify poor performance.
- Identify and manage the risks associated within the ICP, integrating where necessary with partners own risk management arrangements.
- Ensure that the partnership board can account to the Joint Committee, relevant regulators and other stakeholders through whatever means are required.
- Oversee the implementation of, and ensure partners compliance with, the ICP Agreement and all other Services Contracts.

- Establish a robust Programme Management process to enable the partnership board to actively oversee and hold to account individuals/groups who have responsibility for delivery of prioritised work within the ICP.
- Determine & oversee the implementation of any necessary financial management and accounting processes required to effectively monitor and manage any specific resource delegated or allocated to the ICP from the joint committee or other sources.
- Implement an Organisational Development Plan which will underpin the values and culture of the ICP and support transformation of the system and developing new/changed relationships.
- Produce a Communication Plan to ensure that all stakeholders (internal and external) receive good quality, timely information which promotes understanding and support for the ICP and where stakeholders are given the opportunity to engage meaningfully to inform/influence ICP direction and delivery.

3. Membership

The ICP leadership Group will comprise of:

Health and Care Executive Lead (Chair)

CEO/ lead officer for each partner and associate partner

PCN lead(s)

Director of Adult Social Services

Director of Children's Services

NE Lincs Voluntary and Community sector representative

Professional Group Chair (ICP Clinical Lead)

Elected staff representatives (3)

Chair of the ICP BAME network

Health and Care Executive Finance lead

Community representative

Any partner member can nominate a deputy to attend in their absence, on the basis that such deputy will have the authority to contribute and make decisions on their behalf.

4. Authority to act

The Leadership Group will draw its authority to act from:

- the partnership board as vested within it from each of the partner organisations, and the authority vested in each partner's CEO/Lead officer as determined by their respective governing body's standing orders and scheme of delegation, and:
- any terms or conditions agreed with the Joint Committee upon the allocation of resources to the ICP.

5. Voting

It is anticipated that the default modus operandi of the Leadership Group will be to make decisions, consistent with its responsibilities, through discussion with the aim of reaching consensus between the partners. It the event of dispute, matters will be referred to the partnership board, on an exceptional basis.

6. Quoracy

For a meeting to be quorate 5 of the partner organisations need to be present.

7. Meeting frequency

The Leadership Group will meet every two weeks.

8. Accountability and wider relationships

Within the ICP

- The Partnership Board will delegate responsibility to the Leadership for the operationalisation of the agreed strategy. The Leadership Group is accountable to the Partnership Board.

- The partner representatives remain accountable to their own organisations in the discharge of authority delegated to them.

- The ICP Leadership Group will be supported by a Professional Group and a Staff Forum comprising of elected staff representatives, both of which have separate terms of reference.

Within the NEL Place

- The ICP will usually be represented, where agreed, throughout NEL Place arrangements by a single ICP representative on behalf of the ICP, not just their own organisation.

Within the Humber Partnership

- The Health and Care Director will normally represent the ICP at the Humber Partnership Board. Where representation is required at other Humber/ICS fora the ICP will usually be represented by a single ICP representative on behalf of the ICP, not just their own organisation.

9. Declarations of interest and decision log

Declarations of interest will be requested and logged at the start of each meeting and a decision log will be completed following every meeting.

10. Review

These Terms of reference will be reviewed prior to the start of each financial year in line with the expected continued development of the ICP.

Appendix 6

Integrated Care Professional Group

Terms of Reference

1. Purpose of the Professional Group
   The purpose of the Professional Group is to design and deliver the cross cutting transformation clinical service and workforce plans working across provider organisations

2. Roles and Responsibilities
   The Professional Group will:

- Develop and make recommendations to the ICP Leadership Group on medium term and annual priorities emerging from the PHM approach and the wider engagement work for approval by the Leadership Group.
- Adopt a population health management (PHM) approach to the identification of potential transformational priorities across the health and care system using PHM data and community insight. Using a PHM approach identify those neighbourhoods/localities where the ICP need to target resources to reduce the health inequalities gap.
- Engage with health and care staff and service user/lay forums regarding any potential recommendations on system priorities ensuring co-production.
- Identify emerging clinical/service risks within the local health and care system and where corrective / mitigation action is required ensure that plans are developed and delivered, integrating with partners own risk management arrangements and through oversight, providing assurance to the ICP Leadership Group on the progress being made.
- Once ICP annual and medium term priorities have been agreed oversee the process for the development of Key performance indicators/ outcome measures in order to demonstrate both progress on and impact of the work on agreed individual priorities.
- Ensure that individual task and finish groups are established to take forward the work on each priority. The task and finish groups will be expected to secure engagement from system staff, people who use our services and the voluntary and charitable sector in the design and implementation of new pathways and service models.
- Maintain oversight of the progress of the task and finish groups providing regular progress reports to the Leadership Group and escalating any issues that the Leadership Group need to address to secure further progress.
- The Professional Group will provide assurance that any new service delivery models recommended to the Leadership Group are based on integrated working, co-production wherever possible and are designed to address health inequalities.
- Individual members of the Professional Group will be responsible for building engagement mechanisms in their own organisation/profession that allow them to secure clinical and professional support for any recommended changes in pathways/service models and for their onward implementation. The same mechanisms will allow Forum representatives to bring forward ideas, emerging risks, changes in practice that ICP needs to consider as a system.

- The Forum will design and operate an agreed system level clinical governance framework that focusses on how well we are delivering integrated working and newly agreed whole system pathways.
- The Professional Group will review emerging best practice/national standards (both clinical and professional) that affect system working. Where necessary the Forum will take the lead on the development of new pathways responding to these changes identifying resource implications to the Leadership Group as part of the approval process. This work will include a review of new NICE Guidance and the development of system pathways that will work locally.

  NB: this work will supplement the clinical governance processes of partner organisations which will focus on changes in best practice/national standards that affect internal pathways only.

- The Professional Group will act as one of the key points of connection between the N E Lincs health and care system and the strategic planning/service redesign taking place in other parts of the ICS that will impact on how or what care is received by N E Lincs residents. The Forum will be asked to represent the N E Lincs system in strategic planning, service and pathway redesign work at a Northern Lincolnshire, Humber and ICS levels. Representatives will be asked to provide a system not an organisational view into these wider pieces of work.

3. Membership

ICP Professional Lead (Chair)

Health and Care Director

NLAG Medical Director

Freshney/Pelham PCN – Clinical Director

Meridian Health Group PCN – Clinical Director

Panacea PCN - Clinical Director

Lincolnshire Partnership Foundation Trust – Medical Director

Navigo – Medical Director

NLAG – Senior Allied Health Care Professional

Care Plus Group - Senior Allied Health Care Professional

NLAG – Chief Nurse

Care Plus Group – Chief Operating Officer

Navigo – Chief Operating Officer

Senior Pharmacist

Focus/LA – Principal Social Worker

LA – Community Children's Health

St Andrews – Clinical Lead

St Hughes – Clinical Lead

Consultant in Public Health

The membership will ensure that each organisation is represented on the Professional Group but is designed to also include a broad range of senior clinical/professional representation.

Other attendees: Other professionals e.g. midwives, health care scientists, psychologists will attend the meeting linked to the Forum agenda.

To support the Professional Group in its work a mix of dedicated support posts will be established. This will include an Executive Officer who will report directly to the Chair of the Forum and will be responsible for ensuring all necessary systems, support and programme structures are in place and operating effectively to secure delivery of the outcomes set by the Forum. The Forum will also need access to dedicated Business Intelligence support, project management resource and access to senior financial advice. Administration support will also be required.

The Executive Officer will attend all Forum meetings along with other members of the Forum support team as required.

4. Authority to Act

The Professional Group will draw its authority to act from the ICP Leadership Group as vested in it from each of the partner organisations. This will be set out in a clear scheme of delegation under which the Professional Group is expected to have a significant level of decision making authority in relation to service and pathway redesign, the identification and management of clinical risks and oversight of the priority setting process resulting in a clear set of priority recommendations to the ICP Leadership Group.

5. Voting

It is anticipated that the default modus operandi of the Professional Group will be to make decisions and recommendations consistent with its terms of reference, through discussion with the aim of reaching consensus between the professional representatives. In the event of a lack of agreement, matters will be referred to the ICP Leadership Group.

6. Quoracy

For a meeting to be quorate 7 professional representatives need to be present drawn from 5 different partner organisations

7. Meeting Frequency

The Professional Group will meet every two weeks

8. Declarations of Interest

Declarations of interest will be requested and logged at the start of each meting and a decision log will be completed following every meeting

9. Review

These Terms of Reference will be reviewed prior to the start of each financial year in line with the expected continued development of the ICP.

Appendix 7

North East Lincolnshire Integrated Care Partnership Staff Forum

Terms of Reference

1. Purpose of the Staff Forum

The purpose of the integrated care staff forum is to ensure that staff are supported and empowered to shape service delivery and directly influence the priorities for action by the ICP.

2. Roles and Responsibilities

The Staff Forum is established to:

- Provide a forum where staff from across the health and care system have the opportunity to directly influence the priorities on which the ICP will focus. This will happen in two ways.
    - Firstly the ICP Professional Group will involve members of the Staff Forum in developing recommendations on which priority areas could be the focus of pathway redesign or require changes to the current service model.
    - Secondly members of the staff forum will be able to identify potential priorities and submit these to the Professional Group for consideration in the priority setting process.
- To support the staff forum playing a full part in the priority setting process the Forum will have access to the same population health data being considered by the Professional Group and will be expected to supplement this with other insight based on their direct engagement with a broad range of front line staff across the partners.
- Each member of the Staff Forum will be supported to develop mechanisms that enable them to engage with their colleagues within their respective organisation/sector so that the staff forum view is representative rather than individual.
- Members of the Forum will use their engagement mechanisms to provide direct feedback to their colleagues on the current work of the Staff Forum and the ICP, advising staff of emerging priorities or planned changes to service models/pathways. The same engagement mechanisms will also allow the Staff Forum representatives to identify any emerging risks/concerns amongst staff where it would be appropriate to take a system wide approach to address.
- Members of the staff forum will contribute to the development and oversight of a behaviour framework for the IC. The framework will describe the behaviours that all staff within the health and care system will be expected to demonstrate for successful collaboration to happen.
- Once ICP annual and medium term priorities have been agreed members of the staff forum will have the opportunity to contribute to the work of the task and finish groups set up by the ICP to take forward this priority work. The role of the Staff Forum member within the task and finish group will be to consider the implications for staff of the emerging changes ensuring that the ICP are thinking about the support/training that staff may need to successfully implement these changes.

- The Staff Forum will play a key role in holding the health and care system to account on the actions being taken within all partner organisations to support the health and well being of staff.
- The Staff Forum will ensure that all partners obtain formal feedback from their staff on at least an annual basis. The staff forum will consider the key themes that emerge from this feedback and recommend to the ICP if there are areas where it would make sense to address issues as a system or to share best practice.
- The Staff Forum will elect three staff representatives to sit on the ICP Leadership Group

3. Membership

Each full and associate member of the Integrated Care Partnership will be asked to nominate a representative for the staff forum. A number of organisations already have arrangements in place to elect staff representatives who participate within partner governance arrangements. The ICP will encourage other organisations to do something similar to identify their representative on the ICP Staff Forum.

One staff representative each from:

Care Plus Group

Core Care Lincs

Compass Go

Focus

Freshney Pelham Primary Care Network

Lincolnshire Partnership Foundation Trust

Meridian Health Group Primary Care Network

Navigo Health and Care CIC

North East Lincolnshire Council

N E Lincs Voluntary Sector and Social Enterprises

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust

Panacea Primary Care Network

St Andrews Hospice

St Hughs Hospital

4. Authority to Act

The Staff Forum will draw its authority to act from the ICP Leadership Group as vested in it from the staff of each of the partner organisations

5. Voting

It is anticipated that the default modus operandi of the Staff Forum will be to make decisions and recommendations consistent with its terms of reference, through discussion with the aim of reaching consensus between the staff representatives. In the event of a lack of agreement, matters will be referred to the ICP Leadership Group.

6. Quoracy

For a meeting to be quorate 5 staff representatives need to be present

7. Meeting Frequency

The Staff Forum will meet every month

8. Review

These Terms of Reference will be reviewed prior to the start of each financial year in line with the expected continued development of the ICP.

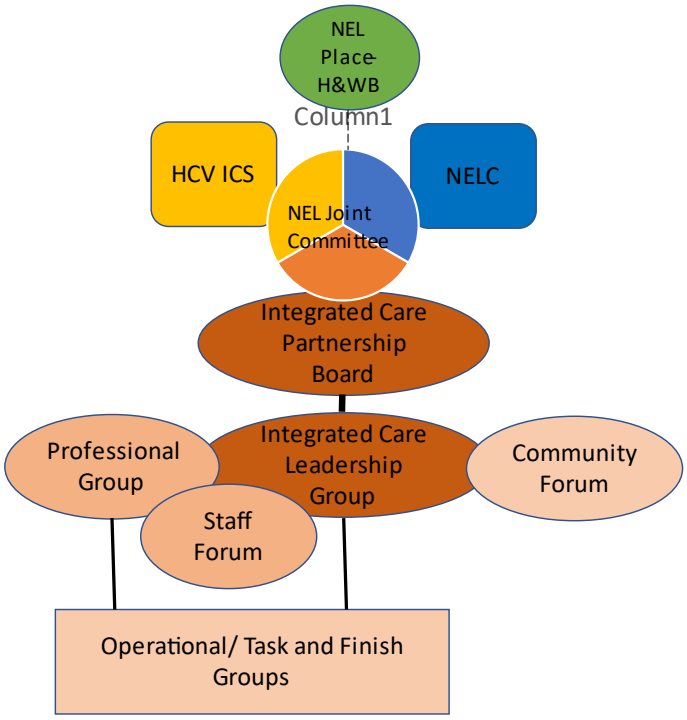
Appendix 7

ICP community and Service User Engagement/ Forum

This will be developed in partnership with engagement from partners, public and patients.

Appendix 9

Overarching Governance Structure



Appendix 10.1

NEL Executive Place Lead (Health & Care)

As part of the recently announced NHS reforms which will come into effect as of April 2022 a new model will be introduced which will mean that CCGs cease to exist. The default position of that is that the current arrangements of the 'Union' between the LA and the CCG under the section 75 arrangements will also cease to exist.

In Preparation for this, a proposal is being developed which will enable the current S75 to be reshaped so that the LA becomes the lead commissioner for Health and Care for the remainder of 21/22. This then places the LA in a strong position to then enter into a S75 arrangement with the NHS through the Statutory ICS arrangements where the LA will host the health and care system arrangements through a Joint Committee model. In order to ensure that NEL has a strong voice and influence it is proposed to create an Executive Lead for Place. It is envisaged that this will replace the role of the Joint Chief Executive arrangements between the CCG and the LA following approval of a new Joint Committee with a jointly endorsed role. The terms and conditions will remain the same including the financial contribution from Health. This role will then form an executive team to support the new arrangements i.e.

- NHS health lead
- Finance lead
- Performance and Quality
- Operating Model and Workforce

The statement below captures the ambition and challenges we wish to purse to best serve the community of North East Lincolnshire:-

People need health, social care, housing and other public services to work seamlessly together to deliver better quality care. More joined up services help improve the health and care of local populations and may make more efficient use of available resources.

Opening statement of NHS England 2017-19 Integration and Better Care Fund

To respond to those opportunities and challenges, the vision is for NELC to host the **(place based) health and care system in NEL that:**

- supports and builds on established health and care integration and collaboration, where it makes sense to do so
- brings commissioners and providers much closer together to focus on priorities that serve to improve the experiences and outcomes for the population of NEL
- brings statutory bodies, partners and the voluntary sector together to fully optimise their collective (and active) contribution to the local economic growth agenda (through the lens of the wider determinants of health)
- leads and positively contributes to the development of a sustainable, fit for purpose and agile health and care workforce
- maximises the use of the NEL health and care £ to benefit patients, service users and residents
- supports and facilitates the development of a sustainable Integrated Care Partnership, particularly the role, development and contribution of PCNs
- contributes actively and strategically to the digital, asset and wider infrastructure agenda – supporting 21st century models of health and care and service integration

- positions key place based statutory responsibilities (public health, adults, children) at the heart of the health and care system
- is supported by an operating model that brings data, analytics, intelligence, behavioural insights and policy development together - to inform and support strategic development , resource planning and evidence based decisions

To underpin the vision & purpose, clear governance arrangement will be developed to ensure that assurance can be given on the management out outcomes and resources these will be overseen by the Joint Committee and lead by the NEL Executive Place Lead for Health and Care (see appendix 1).

In addition to this the Executive Place Lead will champion the vision for a 'Stronger Economy & Stronger Communities' by driving forward the identified priorities set out in the Outcomes Framework for the following areas:

- Health and Wellbeing
- Economy
- Environment – Green Agenda
- Safe & Sustainable Communities
- Education and Skills

ensuring alignment and interconnectivity across health and care with the wider place priorities in order to maximise the opportunities for positive outcomes for the population of NEL

They will lead the 'Place' vision by:

- Bringing together agendas across Health & Care and the wider determinates e.g. education, environment and economy, putting the 'Outcomes Framework' at the centre for place and aligning the vision to support the move to an integrated commissioning plan
- Accelerate integration opportunities to provide more seamless service experience for individuals and families
- Maximise Funding/Investment Opportunities
- Take a pro-active role in shaping local commissioning and ensuring that the provision architecture is in place in order for the ICP to deliver against the agreed outcomes
- Take a pro-active role within 'wider system leadership' (regionally/nationally) raising the profile of NEL and 'place' ambitions.
- Encouraging and ensuring organisational boundaries and barriers are broken down; allowing individuals to build new and different relationships which enable streamlined planning and decision making to support more effective outcomes across the '5' areas
- Creating and encouraging 'collective ownership' of key issues across all leadership for NEL
- Seek out opportunities to be part of best practice or trailblazing initiatives
- Develop and promote a positive culture which supports the 'Team NEL' ethos

Appendix 10.2

Role description for the NEL Health and Care Director

1. Summary profile

The NEL Health and Care Director is responsible for co-ordinating the strategic development of the health and care system in N E Lincolnshire through directly supporting the Place Lead and the NEL Health and Care Joint Committee in the development and agreement of the local health and care strategy, the agreement of priorities and the allocation of funds. The Director will also co-ordinate provision across North East Lincolnshire in line with the agreed plans and priorities by playing a pivotal role within the partnership of health and care providers, the ***NEL Integrated Care Partnership*** (ICP).

The post is a joint appointment between NEL Council and the ICS, endorsed by NELC ICP. They will be accountable to the NEL Joint Committee Chair and the ICP Independent Chair for the delivery of the agreed priorities of the NEL Health and Care. The post holder will also drive the development of the NEL Health and Care strategy within the ICP for consideration and agreement with the Joint Committee ensuring full engagement with users, the public and staff. The post holder will also be NEL's NHS executive lead within the Humber Place, Humber Coast and Vale ICS and at Regional level.

2. Responsibilities

2.1. Within the ICP

- Leading the development of NEL's Health and Care vision and strategy with the partners (including associate partners) of NEL ICP and other key stakeholders outside of NEL ICP.
- Ensure the ICP has a robust strategy for engaging its staff, its service users and the wider public in developing its strategy and plans, service redesign and feeding back on their experience of health and care delivery.
- Ensuring the NEL contributes to the Humber Acute Service Review and Humber Out of Hospital Programme, translating the outcomes of each into a coherent vision, strategy and plan for NEL.
- Ensuring that the ICP acts as an anchor partnership using its resources (be that money, staff, knowledge of buildings) in a way that best supports the social and economic regeneration of our local community, in line with Joint Committee expectations**.**
- Develop operational plans for the delivery of NEL's health and care/ICP priorities ensuring that they are integral to individual partner's plans.
- Monitor the delivery of the ICP's priorities as agreed with the Joint Committee and take corrective action to restore performance against plan; and escalate matters to the leadership group and partnership board as appropriate.
- Oversee the delivery of the pan ICP transformational priorities providing leadership and support to the appointed SRO for each programme of work.
- Provide leadership to any pan ICP enabling groups which may be established within the ICP (e.g. Workforce, OD, Finance capital and estates, digital, Quality etc.) leading and supporting the appointed Chair or lead.
- Develop an integrated workforce strategy to work towards a unified health and care workforce which addresses current and future challenges.

- Leadership of the ICP infrastructure.
- Ensure the integration or synchronisation of business processes across the ICP (e.g. strategy and planning, operational planning, performance management, risk management) eliminating transactional replication and/or streamlining approaches.
- Working alongside the ICP Clinical Lead, provide dedicated managerial support and resources to the Clinical and Professional Group, to support improvement work driven by it.
- Provide leadership capacity and coordination (or direct leadership) to NHS emergency tactical response required across NEL.

This ICP leadership role will be provided through Chairing the ICP Leadership Group and the development of relationships with ICP partner leads.

2.2. <u>Within the Joint Committee</u>

- Provide routine assurance to the Joint Committee Chair on the delivery of the Health and Care priorities and as required, to relevant committees within the NEL Place Infrastructure including the Health and Wellbeing board; including the need for remedial action where required.
- Ensure appropriate coordination between the provider boards (ICP and Children's) where required.
- As NEL's Health and Care Executive lead represent the Joint Committee in the Humber Partnership, Humber Coast and Vale ICS or other for a as determined by the Joint Committee chair.
- Under the direction of the Joint committee chair, develop health and strategy options for the Joint Committee to deliver the whole place health and wellbeing outcomes.
- Identify and escalate risks and issues to the Joint Committee along with mitigation plans.
- Shape health and care priorities drawing from local PHM priorities, local service priorities, ICS and national priorities ensuring a good balance between mandated 'top down' priorities and locally determined improvement and transformational priorities.
- Support the Finance Lead for NEL Health and Care in the allocation of resources and securing additional discretionary (revenue and capital) for North East Lincolnshire.

Appendix 11

NORTH EAST LINCOLNSHIRE HEALTH AND CARE SYSTEM

DRAFT Memorandum of Understanding

Dated XXXXXXXX 2021

The Parties to this Memorandum of Understanding (MOU) are:

(1) North East Lincolnshire Council (the Council)
(2) NHS North East Lincolnshire Clinical Commissioning Group (the CCG)
(3) Humber Coast and Vale Health and Care Partnership (the ICS)
(4) North East Lincolnshire Integrated Care Partnership, through its constituent members (the ICP)

1.**Introduction and context**:

1.1The purpose of this Memorandum of Understanding (MOU) is to set out the commitment of all key partners in the North East Lincolnshire health and care system to work together to improve the health, care and wellbeing of the population of North East Lincolnshire.

1.2The parties to this MOU are committed to the greatest and most sustainable health, care and wellbeing improvements and outcomes by focusing on an agreed set of priorities, based on a collective commitment to a set of principles and a governance model that fosters integration, innovation, transformational change, infrastructure development and early intervention to address the wider determinants of health.

1.3This MOU creates a framework for subsidiarity as between the Humber Coast and Vale ICS and North East Lincolnshire, the Place.

1.4This will be overseen and governed by a Joint Committee hosted by North East Lincolnshire Council, informing the priorities and focus of the Health and Wellbeing Board and supporting the development and leadership of the North East Lincolnshire Integrated Care Partnership; providing the necessary assurance to the ICS regarding the effectiveness of the North East Lincolnshire health and care system.

1.5This MOU therefore sets out the basis of and approach to collaboration, partnership and integration across the North East Lincolnshire health and care system.

1.6All parties to this MOU agree to act in good faith to support the objectives and principles of this MOU for the benefit of all citizens, patients and service users.

2. **Whereas:**

2.1 HM Government published a White Paper – Integration and Innovation: working together to improve health and social care for all (the White Paper).

2.2 The Council and the CCG operate an integrated health and care partnership under the auspices of an Agreement entered pursuant to Section 75 of the NHS Act 2006 (the Union).

2.3 The Union is governed by a Union Board , a committee in common of the Council's Cabinet and the CCG's Governing Body.

2.4 The ICP is a non-legally constituted health and care partnership in North East Lincolnshire, with membership from all health and care providers, including Primary Care Networks (PCNs).

2.5 In response to the White Paper the Council and the CCG are reviewing the Union arrangements and the implications for local health and care commissioning.

2.6 The ICP is developing a governance and partnership model to support more joined up and collaborative provision of local health and care services, working with the CCG and the Council.

2.7 The Council is statutorily responsible for the administration and operation of the Health and Wellbeing Board in North East Lincolnshire (HWB Board).

2.8 Subject to legislative implementation of the White Paper, the CCG will cease to exist from April 2022.

2.9 The Council, the CCG and the ICP are working together to develop governance, leadership and oversight arrangements for the North East Lincolnshire health and care system (the Proposition) in response to the White Paper.

2.10 The Council, the CCG and the ICP seek to work in collaboration with the ICS to develop, test and implement the Proposition in North East Lincolnshire subject to legislation, legal advice and all necessary constitutional and governance approvals of the Parties.

2.11 The Parties acknowledge that, in any event, public consultation may be required prior to the implementation of any changes signalled by the scope and intent of this MOU.

3.**It is Agreed that**:

3.1 The Parties support the principle of Primacy of Place as set out in the White Paper.
3.2 "Place" is agreed as the local government administrative and co-terminus CCG area of North East Lincolnshire.
3.3 In response to the White Paper the Parties support the principles set out in Annex A as the basis of the Proposition as well as the Primary Objectives set out in Annex B.
3.4 The Proposition is predicated on the establishment of a Joint Committee for Place , with proposed terms of reference and membership set out in Annex C (Governance Model)
3.5 In support of the Proposition the Parties support the high level focus of the HWB Board set out in Annex D.
3.6 The Parties seek to operate the Governance Model in shadow form from (Date X) 2021 Subject to agreement with the ICS and NHS England.
3.7 The Council and the CCG will consider the best practicable use of Section 75 of the NHS Act 2006 to support the Proposition, subject to legal advice.
3.8 This MOU is not legally binding on the Parties but the Parties agree to both the spirit and intent of this MOU, in the interests of developing the most practicable and effective health and care system governance, leadership and oversight arrangements for the population of North East Lincolnshire.

4. TERM AND TERMINATION

4.1 This MOU shall commence on the date of signature by the Parties, and shall remain in place unless terminated by unanimous agreement or a termination pursuant to clause 4.2 or because legislative change renders the purpose and intent of this MOU superfluous.

4.2 Any party may terminate this MoU by giving at least three months' notice in writing to the Council.

5. VARIATION

5.1 The provisions of this MOU may only be varied by written consent of the Parties.

6. CHARGES AND LIABILITIES

6.1 Except as otherwise provided, the Parties shall each bear their own costs and expenses incurred in complying with their commitments obligations under this MOU.

7. STATUS

7.1 Nothing in this MOU is intended to, or shall be deemed to, establish any partnership or joint venture between the Parties, constitute either party as the agent of the other party, nor authorise any of the Parties to make or enter into any commitments for or on behalf of any other Party

Annex A

The Principles

A Local Authority hosted (place based) health and care system in North East Lincolnshire that:

(i) supports and builds on established health and care integration and collaboration, where it makes sense to do so (and reinforcing the new duty to collaborate)
(ii) brings commissioners and providers much closer together to focus on priorities that serve to improve the experiences and outcomes for the population of NEL
(iii) brings statutory bodies, partners and the voluntary sector together to fully optimise their collective (and active) contribution to the local economic growth agenda (through the lens of the wider determinants of health)
(iv) leads and positively contributes to the development of a sustainable, fit for purpose and agile health and care workforce
(v) maximises the use of the NEL health and care £ to benefit patients, service users and residents
(vi) supports and facilitates the development of a sustainable Integrated Care Partnership, particularly the role, development and contribution of PCNs
(vii) continues to actively support arrangements that foster public and patient involvement and community voice and clinical leadership
(viii) contributes actively and strategically to the digital , asset and wider infrastructure agenda – supporting 21st century models of health and care and service integration
(ix) positions key place based statutory responsibilities (public health, adults, children) at the heart of the health and care system
(x) is supported by an operating model that brings data, analytics, intelligence, behavioural insights and policy development together - to inform and support strategic development , resource planning and evidence based decisions

Annex B

Primary Objectives:

(i)To support an improved focus on the prevention of ill health and the promotion of wellbeing, including collective and active engagement in the wider local economic growth and regeneration agenda.

(ii)To oversee and facilitate the role of the health and care system in support of Covid-19 recovery, learning and future planning.

(iii)To oversee effective integrated health and social care across North East Lincolnshire , including the engagement of the voluntary and community sector.

(iv)To develop medium to long term priorities for securing investment in and the development of fit for purpose health and care infrastructure (physical and digital) and the effective use of the public estate.

(v)To ensure that citizens, patients and service users receive and access the right care at the right time and in the right place, minimising hospital admissions and maximising independence .

(vi)To collaborate to prioritise the interests and outcomes of citizens, patients and service users in North East Lincolnshire.

(vii)To conduct all activities resulting from this MOU in ways that are consistent with the Nolan principles and to take all reasonable steps to ensure that any employees, partners and associates involved in carrying out activities do likewise.

Annex C

Place Governance Model

(insert final agreed diagram and terms of reference)

Annex D

Health and Wellbeing Board areas of focus

(i) Strategic partnership direction and shaping of place
(ii) Wider determinants of health
(iii) NEL Population health
(iv) JSNA
(v) Place / system recovery post Covid

Signatories:

Place design features (courtesy of West Yorks)

Is the Place **Emerging**, **Developing**, **Maturing**, or **Thriving**, according to these areas of development?

Ambition and Vision

- Is there a clearly defined place contribution to the **ICS big ambitions**.
- Is the Place working to a **single source of data**?
- Does the Place have **a clear strategy** setting out the vision?
- Is there **clear ownership** of the strategy across all partners in place?
- Have all organisations signed off the **joint plan** through their own governance?
- Has **clinical leadership and citizen voice** been embedded in the design and development of the joint plan?

Design and Delivery

- Does the Place have a structure in place which clearly articulates its **role and responsibilities** at place?
- Does the Place have clear **management and leaderships** arrangements in place?
- Are there **effective processes** and systems in place to make it work?
- Is there clear governance in place to establish a **Joint Committee** which can act as a sub-committee to discharge finance, quality and performance to?
- Is there an **effective decision making** framework in place?
- Are there processes in place for partners to hold each other accountable for performance, as part of a **mutual accountability framework**?

Improvement Ethos

- Performance **development and improvement** rather than traditional performance management
- **Data driven, evidence based** and rigorous approach to design and delivery, including real time data to track continuous improvement
- Focus on improvement **supporting spread and adoption of innovation** and best practice between partners
- **Staff, service user and patient driven, requiring skills in change and improvement**
- Harness and leverage partners capacity and expertise in improvement
- **Peer review** a core component of improvement methodology
- **System oversight and assurance will prioritise deployment of improvement support with input from places**

System Leadership for effective partnership working

- Does the Place have **an OD culture of shared learning**?
- Do the system leaders consistently **demonstrate the agreed Place values and behaviours**?
- Has the **workforce moved from 'payslip to place'?**
- Is the **Place clear on what behaviours would enable true trust and therefore collaboration**?

WY&H has commissioned an external provider to develop a to which Place Partnerships will us self-assess behavioural competence to enable change through influence and personal / team change readiness.