

Better Lives Lincolnshire

Lincolnshire Integrated Care Board Target Operating Model

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This is a working document to prompt discussion, share thinking and test alignment; and therefore subject to ongoing review and development

Purpose & status of document and contents

| Purpose & status of document |
|---|
| <p>The purpose of this document is to set out the <u>Target Operating Model</u> for the Lincolnshire Integrated Care Board (ICB) from <u>1st April 2022</u>, set in the context of the ongoing evolution of the Better Lives Lincolnshire Integrated Care System (ICS).</p> <p>It is a <u>working document</u> to prompt discussion, share thinking and test alignment; and therefore subject to ongoing review and development .</p> <p>The contents have been developed through the <u>ICS Development Group</u>, which is made up of Executives from all <u>partner NHS organisations</u> – it presents an articulation of current local system thinking in the context of the recently published national guidance on ICS development.</p> |

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Change agenda

Lincolnshire ICS Organisational Change Agenda

To help establish a shared understanding and ambition for the development of the Better Lives Lincolnshire Integrated Care Board (ICB) a change agenda has been developed. An overview of this is set out below, with further detail on subsequent pages...

From...

A fragmented health and care system



WHICH FOR THE PEOPLE OF LINCOLNSHIRE MEANS:

- A lack of ownership of the overall, and continuing, health and care of people.
- A focus on reactive treatment, rather than proactive intervention and preventative action.
- People visiting different services, that are not entirely integrated and do not communicate with each other efficiently across the whole care cycle.

To...

A thriving integrated care system



WHICH FOR THE PEOPLE OF LINCOLNSHIRE MEANS:

- Services organised around patients that span professional boundaries – fewer hand offs and less bureaucracy for people to manage
- Care and support is focused on delivering the outcomes that are important to people
- Care providers are collectively responsible for the full cycle of care - **their key objective is 'how can we best deliver outcomes for people together'?**

Lincolnshire ICS Organisational Change Agenda

From...

A fragmented health and care system



Commissioning

Commissioning activity is transactional

NHS Commissioners undertake a number of activities that are 'low value' and do not drive population health changes

Separate health and social care commissioning

Local Authority and CCG commission services separately and pool only very small amounts of funding associated with Better Care Fund

Provision

Limited integration across providers

Good working arrangements, however integration across care settings, including with social care, remains limited

Providers receive fees for services / parts of pathways

Providers predominantly incentivised to deliver distinct service components through activity-based contracts



WHICH FOR THE PEOPLE OF LINCOLNSHIRE MEANS:

- A lack of ownership of the overall, and continuing, health and care of people.
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Lincolnshire ICS Organisational Change Agenda

To...

A thriving integrated care system

- *Improve outcomes in population health and healthcare*
- *Tackle inequalities in outcomes, experience and access*



- *Enhance productivity and value for money*
- *Help NHS support broader social & economic development*

Integrated Care Partnership & Integrated Care Board

Provide a whole system view of population health needs and inequalities

Set clear strategic direction using outcomes, KPIs and care standards for improvement

Ensure collective accountability between all partners for whole system quality, performance and finances

Provider Collaboration & Partnership

Decide how outcomes, KPIs and standards will be delivered through operational delivery and service/pathway redesign & transformation

Deliver outcome, KPI and care standards based contracts for specific populations incl. capitation, pool funds, and risk shares

Shared:

- **accountability**
- **outcomes**



WHICH FOR THE PEOPLE OF LINCOLNSHIRE MEANS:

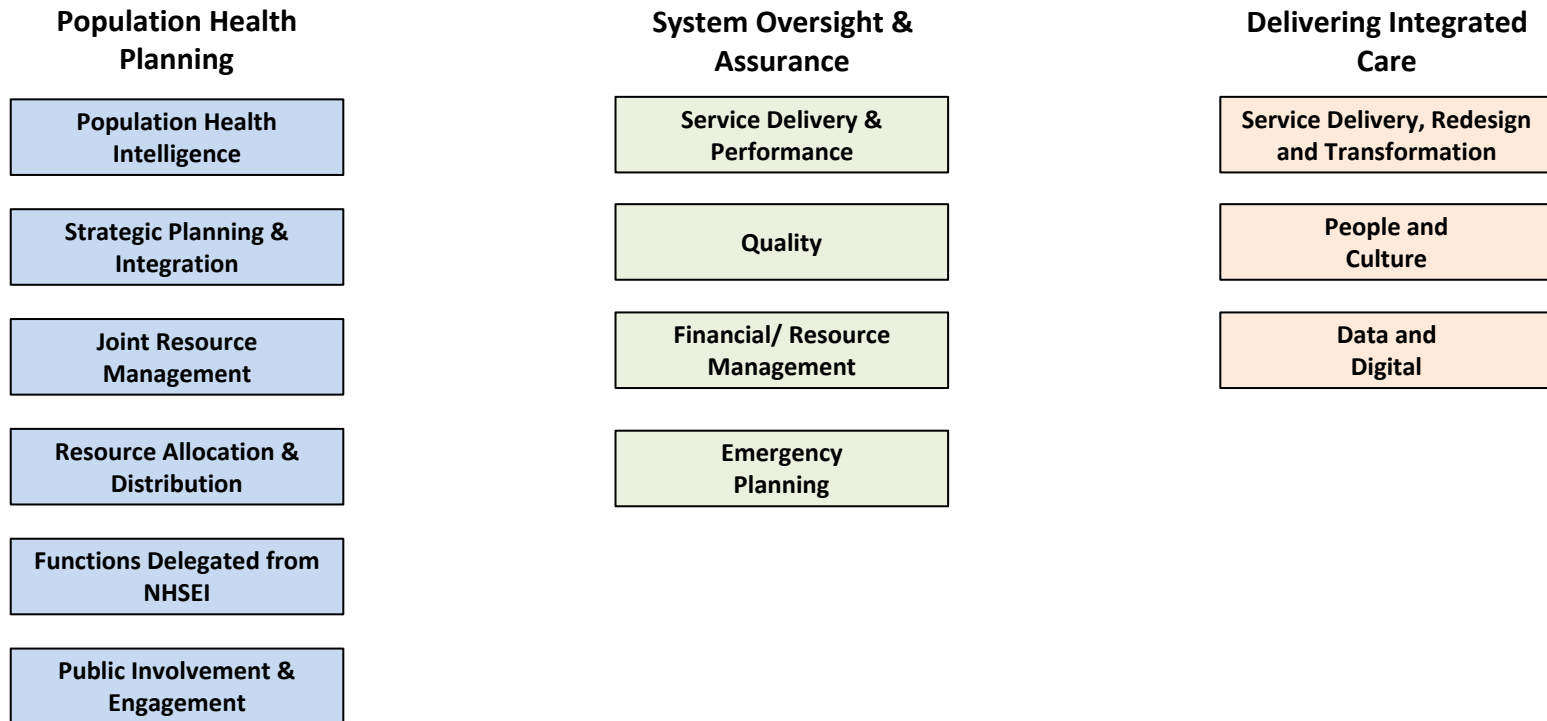
- *Services organised around patients that span professional boundaries – fewer hand offs and less bureaucracy for people to manage*
- *Care and support is focused on delivering the outcomes that are important to people*
- *Care providers are collectively responsible for the full cycle of care - **their key objective is 'how can we best deliver outcomes for people together'?***

ICB function principles

Better Lives Lincolnshire - Integrated Care Board Functions

To support the Lincolnshire Integrated Care System consider and develop its approach to discharging the functions of the Lincolnshire Integrated Care Board, a working draft of a functions grouping for the ICB has been developed based on a local interpretation of the 'functions of the integrated care board' and 'statutory functions to be conferred on ICBs' set out in the recently published guidance ...

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Note: Function groupings are based on national guidance – these could be added to with local views/perspectives

See Appendix 1 for more detail on Lincolnshire Integrated Care Board functions

Better Lives Lincolnshire - Integrated Care Board Functions

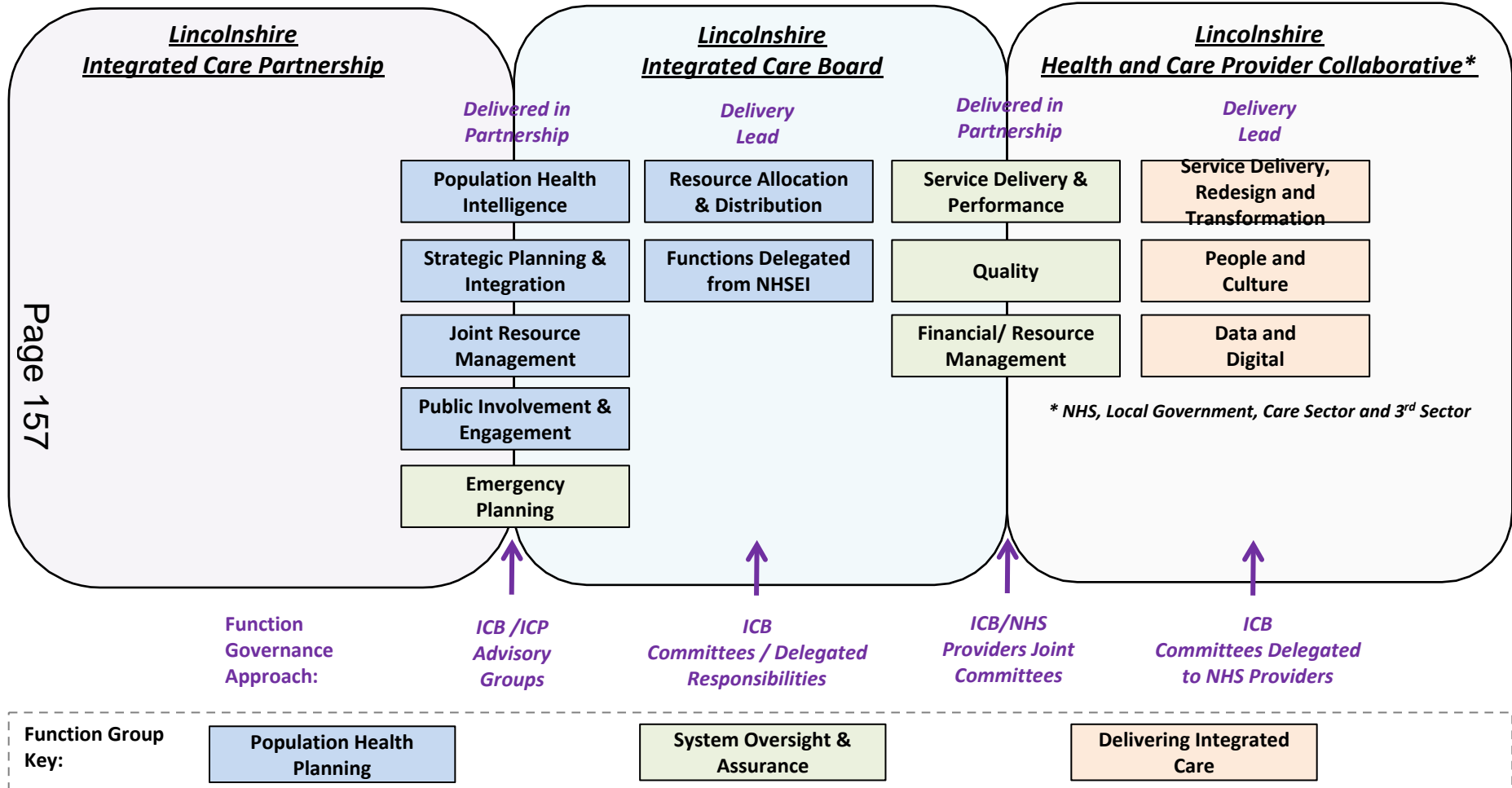
Discussions with and feedback from stakeholders has identified the following principles for informing and shaping how the Lincolnshire ICB's functions should be delivered...

1. The ICB should be a slim organisation focussed on outcome gain improvement, strategic planning, agreeing system priorities and resource allocation – transformation, service redesign and pathway improvement should be the accountability of provider organisations (delivered through the provider collaborative).
2. The ICB should bring a greater emphasis on collaboration and driving a shared purpose, including the establishment of oversight mechanisms to provide system assurance, and avoid being drawn into the operational detail – accountability for whole system delivery and performance should sit between all partners.
3. ICB arrangements should be proportionate to facilitate transparent decision-making and empower decision making at the point of maximum positive impact to achieve the best outcomes for patients - to enable this statutory partner organisations will need to align their decision-making arrangements.
4. To drive the integration of health and care provision and ensure the NHS plays a full part in the wider social and economic development and environmental sustainability, the ICB should work in partnership with the Local Authority.
5. Support functions need to be the responsibility of the organisation they are trying to support. i.e. digital integration is to support front line staff, people board focused on workforce development of providers.

ICB function map and committee & advisory groups

WORKING DRAFT: BLL - ICB Function Map

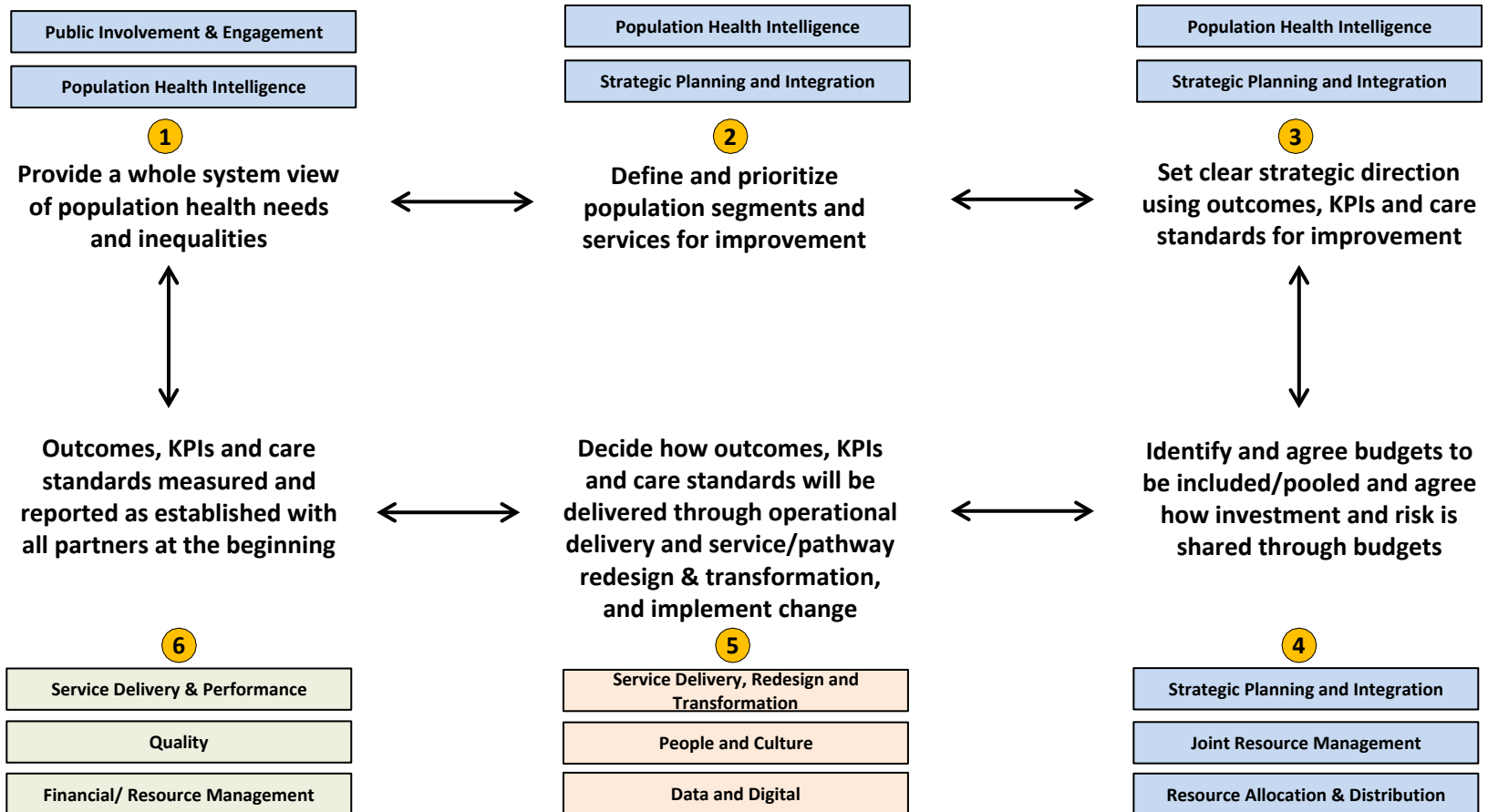
Taking the functions groupings described earlier and applying the principles for how the Lincolnshire ICBs functions should be delivered, a high level function map has been produced ...



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WORKING DRAFT: BLL - ICB Function Map: 'in action' to drive integration

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Function Group Key:

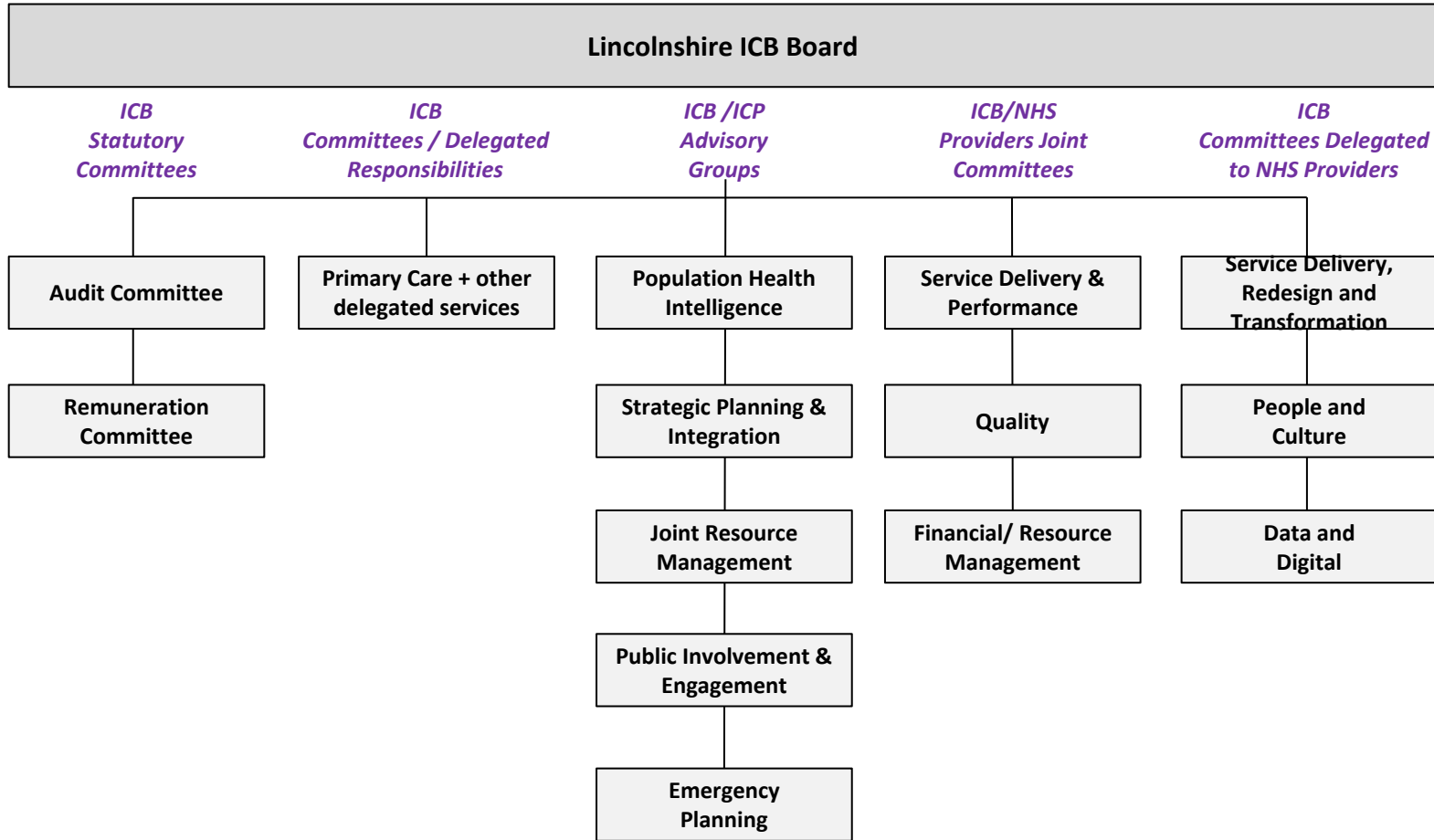
Population Health Planning

System Oversight & Assurance

Delivering Integrated Care

WORKING DRAFT: BLL - ICB Board Committee and Advisory Group Structure

Based on the high level ICB function map, an ICB Board committee and advisory group structure has been drafted...

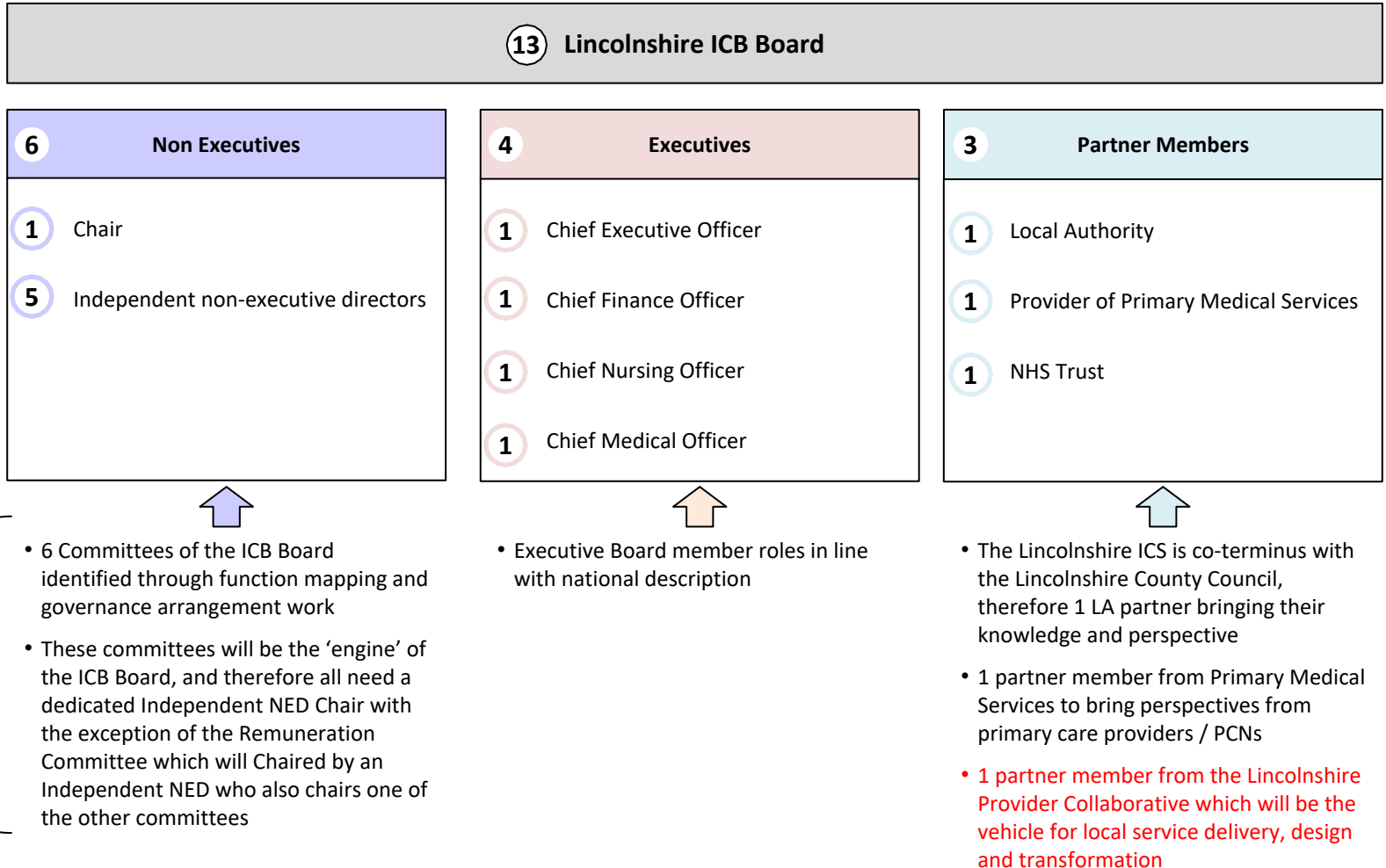


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ICB Board composition

WORKING DRAFT: BLL - ICB Board Membership

In light of the draft ICB Board committee and advisory group structure that has been co-created with stakeholders from across the Lincolnshire Integrated Care System, and reflecting discussions with system partners on ICB Board composition, a working draft of the Lincolnshire ICB Board membership has been developed in partnership with system stakeholders...

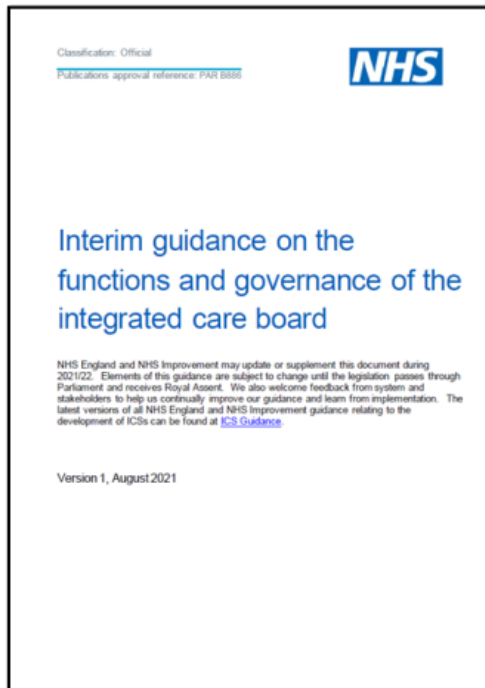


Appendix

Better Lives Lincolnshire - ICB Functions (1)

The 12 functions of the integrated care board identified in the guidance have been aligned to the proposal for the Better Lives Lincolnshire ICB function map...

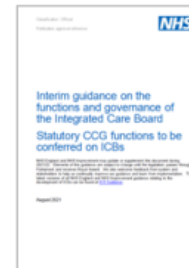
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1. Functions of the integrated care board (12)

| | |
|--|--|
| 1. Identifying a plan to meet the health and wellbeing needs of the population of your area for your area, being agreed in the 'integrated' setting. | 10. Working through investment in IT management support, data and digital capabilities, customer development and other. |
| 2. Identifying resources to deliver the plan across the system, identifying what resources are available for commissioning, what is available and what is needed for this, this should be allocated across services and providers (with respect to the 'integrated' setting) and what is needed to meet the needs of the population, such as the Health and Wellbeing Board and the patient's health and wellbeing health services leading partners. | 11. Working with local industry and voluntary, community and social enterprise (VCSE) sector partners to set a plan to commission care for people, including assessment and provision of voluntary healthcare and funded nursing care, and supporting general health, safety, and other services for care. |
| 3. Establishing and working in partnership with partners that extend collaboration in the plan to deliver across the plan. | 12. Leading system-wide action on data and digital working with partners across the ICB to set and deliver a plan to share digital data and data capabilities to support health and care services to get the best for the care of their care. |
| 4. Establishing governance arrangements to support collective accountability between partner organisations for system delivery and performance, committed to the delivery and operational accountability of individual organisations. | 13. Working across care and digital capabilities to commission and provide, meet delivery of plans, monitor and address operational, clinical, health inequalities and other customer experience or performance and delivery. |
| 5. Arranging for the provision of health services to be with the allocated resources available to the ICB through a range of service delivery models. | 14. Through joint working between health, social care and other partners including public, education, housing, safeguarding, partnerships, employment and welfare services, ensuring that the ICB plan is fully aligned with public, financial and economic development and environmental sustainability. |
| 6. Identifying and applying partner capabilities that will be used to deliver the plan. | 15. Working with care and digital capabilities to commission and provide, meet delivery of plans, monitor and address operational, clinical, health inequalities and other customer experience or performance and delivery. |
| 7. Supporting the development of primary care networks (PCNs) or the formation of other primary care organisations (PCOs) or other primary care organisations. | 16. Through joint work on delivery, commissioning, support, and operational changes to ensure that the system and support underpin goals of development and sustainability. |
| 8. Identifying and applying partner capabilities that will be used to deliver the plan. | 17. Working with partners to set and deliver resources from outside (O&S), to ensure NHS and partner organisations are joined up in those of greatest need, working with our local suppliers, responsibility, or aligned to NHS Digital and NHS Improvement. |
| 9. Supporting the development of primary care networks (PCNs) or the formation of other primary care organisations (PCOs) or other primary care organisations. | 18. Working with partners to set and deliver resources from outside (O&S), to ensure NHS and partner organisations are joined up in those of greatest need, working with our local suppliers, responsibility, or aligned to NHS Digital and NHS Improvement. |

2. Statutory CCG functions to be conferred on ICBs (c.150)



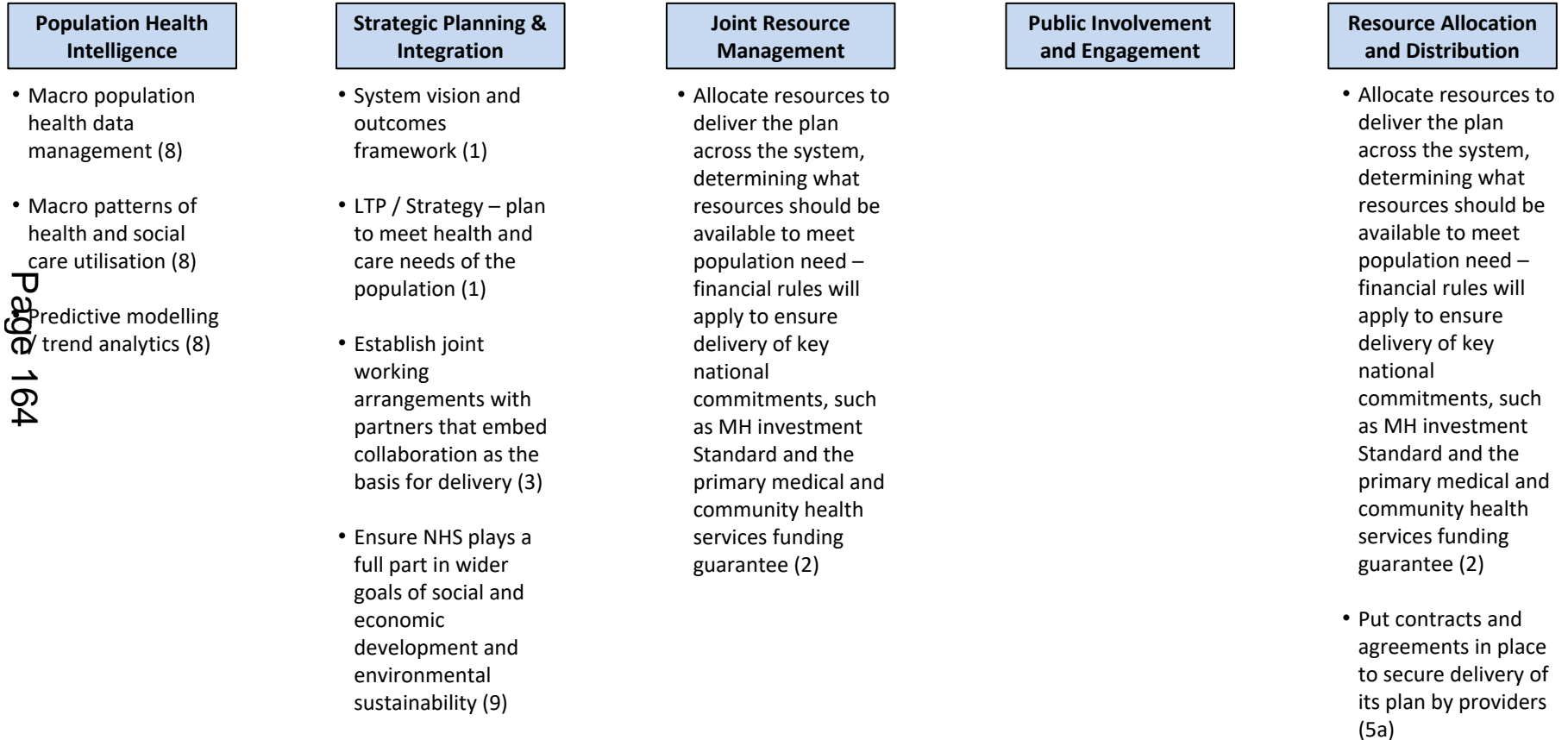
3. Delegating direct commissioning functions to ICBs

The alignment of these 12 functions is set out in more detail in the following pages...

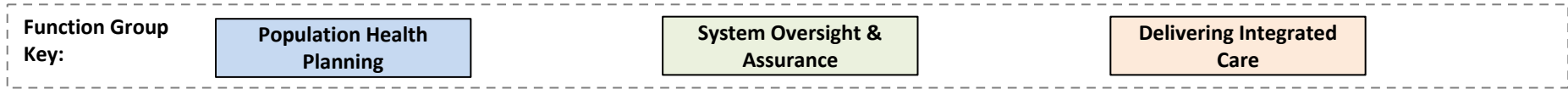
Better Lives Lincolnshire - ICB Functions (2)

Note: Additional local definitions could also be added

Alignment of functions of the ICB to the Better Lives Lincolnshire ICB function map...



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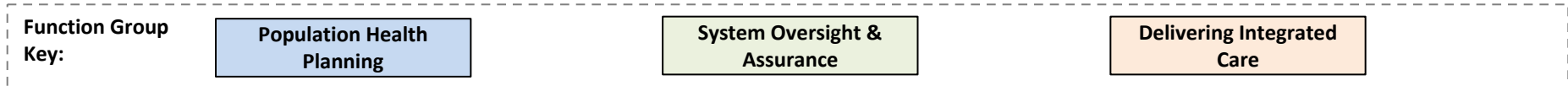
Better Lives Lincolnshire - ICB Functions (3)

Note: Additional local definitions could also be added

Alignment of functions of the ICB to the Better Lives Lincolnshire ICB function map...



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Better Lives Lincolnshire - ICB Functions (4)

Note: Additional local definitions could also be added

Alignment of functions of the ICB to the Better Lives Lincolnshire ICB function map...

Service Delivery Redesign & Transformation

- Convening and supporting providers to lead major service transformation programmes to achieve agreed outcomes (5b)
- Support development of PCNs as building blocks of care (5c)
- Put in place personalised care for people, including assessment and provision of CHC and funded nursing care, and agreeing PHB and direct payments (5d)*
- Drive joint work on estates, procurement, supply chain and commercial strategies to maximise VFM and support wider goals(8)

* Currently a lack of clarity in guidance to the extent this can be delegated

People & Culture

- Lead system implementation of people priorities including delivery of People Plan and People Promise by aligning partners to develop and support 'one workforce' incl. through closer collaboration across the health and care sector, with local government, the voluntary and community sector and volunteers (6)

Digital & Data

- Lead system-wide action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services and put the citizen at the centre of their care
- Use joined-up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address unwarranted variation, health inequalities and drive continuous improvement in performance and outcome (8)

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Function Group Key:

Population Health Planning

System Oversight & Assurance

Delivering Integrated Care

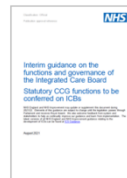
Better Lives Lincolnshire - ICB Functions (5)

The CCG statutory functions to be conferred to ICBs have also been aligned to the proposal for the Better Lives Lincolnshire ICB function map...

1. Functions of the integrated care board (12)

| | |
|---|--|
| 1. Strategic leadership and governance of the ICB | 2. Strategic planning and performance management |
| 3. Financial management and reporting | 4. Risk management |
| 5. Quality and patient safety | 6. Equality, diversity and inclusion |
| 7. Staff management and development | 8. Information management and data |
| 9. Procurement | 10. External relations and public engagement |
| 11. Compliance and legal | 12. Research and innovation |

2. Statutory CCG functions to be conferred on ICBs (c.150)

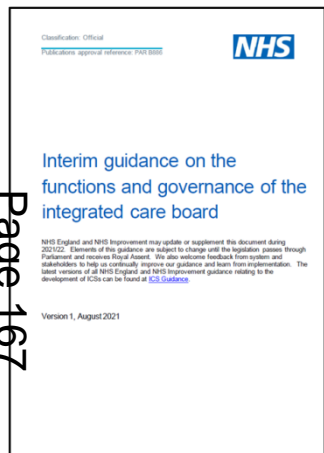


3. Delegating direct commissioning functions to ICBs

To prepare to discharge the statutory functions conferred on ICBs, ICB appointed leaders, supported by CCGs will need to work through the list of statutory functions with a view to ensuring that:

- There will be capacity in the ICB to carry out the activities needed and make appropriate decisions, in respect of each statutory function, so that it can continue to be discharged effectively;
- Responsibility for exercising the statutory functions, or different aspects of the statutory functions, has been apportioned between ICS and place level, each ICB will be able to choose the level at which to plan and make decisions as long as the ICB can ensure that its statutory functions are being discharged appropriately;
- There is sufficient capability available to discharge statutory functions as staff move from their current organisation to the ICB;
- There is due regard for any statutory guidance in relation to the functions, including guidance that will be updated ahead of April 2022.

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The alignment of these functions together with a view from stakeholders of those that could be delegated to provider organisations is set out in more detail in the following pages...

Better Lives Lincolnshire - ICB Functions (6)

Population Health Intelligence

- N/A

Strategic Planning and Integration

- Commissioning plan incl. revisions (but is a system plan) (1,2) *
- Prepare a JSNA and Joint Health and Wellbeing Strategy (4,5) *
- Duty to have regard to assessments and strategies (6) *
- Ensure choice of health service provider offered and publicise/promote patient choice info (35,36) *
- Exercise of function jointly with other ICBs, combined authorities, Local Health Boards (75,77,79) *
- Agree arrangements for support with SoS (81) *
- Power to apply to become a Care Trust (82) *
- Duty as to reducing inequalities (103)
- Duty as to patient choice (105)
- Duty to promote innovation and in respect or research, education & training and integration (107-110)
- Duty to have regard to guidance on commissioning published by NHSEI (111)
- CCG duty to make available facilities to university medical or dental schools for the purposes of clinical teaching and research (112) *
- Duty to cooperate with other NHS bodies, Local Authorities and Prison Service (114-116) *

Joint Resource Management

- Powers to do anything calculate to facilitate, conductive or incidental to another function (8)
- Power to make grants (16)
- Establishment of pooled funds (76)
- Comply with NHSEI direction in respect of spending allotted monies and paying monies arising from disposals or valuations to NHSEI (83)
- Use monies designated for integration for that purpose aka Better Care Fund (84)
- Power to raise additional income, undertake fundraising, invest in companies & enter externally financed development agreements (91,92,93)
- Power to enter into agreements for furthering sustainable development of countries other than UK or improving welfare of their populations (151) *

* Identified in guidance as not exercisable by trust(s) under delegation

* Identified by local stakeholders as could be delegated to trusts

Better Lives Lincolnshire - ICB Functions (7)

Public Involvement and Engagement

- Consultation about commissioning plan (3) *
- *Public involvement and consultation (43) **
- Engagement with Health Overview and Scrutiny Committees (44) *
- Duty to promote involvement of each patient (104) *

Resource Allocation and Distribution

- Provides for existence of CCGs and provides that their general function is arranging for the provision of services for the purpose of the health service (7) *
- Power to (a) enter into agreements, (b) acquire and dispose of property and (c) accept gifts (9)
- Duty to arrange for provision of services or facilitate to meet the reasonable requirements of people for whom it has responsibility (10)
- Power to arrange for the provision of such services or facilities as it considers appropriate for the purposes of the health service (11)
- Performance of functions outside England (12)
- Refer a dispute concerning an NHS contract to the Secretary of State (13)
- *Provision of vehicles for disabled people (14) **
- *Agreeing to make facilities available to providers or eligible voluntary organisations (15) **
- *Supply of goods and services to local authorities (17) **
- Responsibility for payment to providers (20)
- *Pay medical practitioner for examination under Part 2 of the Mental Health Act 1983 (33) **
- *Arrangements between NHS bodies and local authorities (73) **
- *Power to recover charges owed to an NHS body as a civil debt and any reduction/remission/payment which was not due to a person as a civil debt (89,90) **

Functions Delegated From NHSEI

- *Exercising functions jointly with, or delegated by, NHSEI (74) **
- Exercise of functions by, or jointly with, NHS England (78) *

* Identified in guidance as not exercisable by trust(s) under delegation

* Identified by local stakeholders as could be delegated to trusts

Better Lives Lincolnshire - ICB Functions (8)

ICB Corporate Functions

- Functions of audit and remuneration committee (48) *
- *Register of interests of conflicts of interest (49) **
- Appointing persons to be employees (53) *
- Annual report (54) *
- Prepare annual accounts (55) *
- Constitutional arrangements (58-62, 66, 67) *
- *Provide information to NHSE & SOS, assist with fraud investigations and disclosure information related to its functions to 3rd parties (95, 96, 97, 98) **
- *Duty to have regard and promote the NHS Constitution (99, 117) **
- *Duty to exercise functions effectively, efficiently and economically (100) **
- *Duty to obtain appropriate advice (106) **
- Duties in relation to Local Audit and Accountability 2014 (132-136) *
- Audit or examination of English NHS charity accounts (137) *
- Duties in relation to Freedom of Information Act 2000 (152) *

Emergency Planning

- Role in respect of emergency planning (45) *
- Comply with directions from SoS in respect of an emergency (46) *
- Partner in local counter-terrorism (121) *

Service Delivery and Performance

- Provide documents and information to NHSEI for purposes of performance functions (70) *
- Co-operate with NHSEI and other ICB where it is subject to performance related directions from NHSE (72) *

* Identified in guidance as not exercisable by trust(s) under delegation

* Identified by local stakeholders as could be delegated to trusts

Better Lives Lincolnshire - ICB Functions (9)

Quality

- Assessment and provision of NHS CHC (22) *
- Cooperate with LA on assessments of CHC eligibility (23) *
- Nominate members for Independent Review panels and implement decisions (24, 25) *
- Assess and secure provision of nursing care (26) *
- Pay for NHS funded nursing care on an urgent basis (29) *
- Duties in relation to personal health budgets (30) *
- Direct payments for health care (31) *
- Commissioning after-care services (32) *
- Provide prescribed forms and pre-paid envelopes in respect of notices of births (34) *
- Duties in relation to individual funding requests (42) *
- Duties relating to Additional Learning Needs and Education Tribunal (Wales) Act 2018 (118-120) *
- Duties relating to Care Act 2014 (122-124) *
- Duties relating to Social Services and Wellbeing (Wales) 2014 (125) *
- Duty to participate in Anti-Social Behaviour Care Reviews (126) *
- Duties in relation to the Children's Act 2004, and Children & Families Act 2014 (113, 127-131) *
- Public sector equality duty (138) *
- Providing relevant services for adults with autistic spectrum disorders (139) *
- Duties relating to Education and Skills Act 2008 (140) *
- Duties relating to Childcare Act 2006, Children Act 2004, Education Act 1196 and Children Act 1989 (142-148, 159-163) *
- Duties relating to Domestic Violence, Crime & Victims Act 2004, Criminal Justice Act 2003, Crime & Disorder Act 1998, and Domestic Abuse Act 2021 (149, 150, 154-158, 158) *
- Duties relating to Disabled Persons Act 1986 (164) *

Financial / Resource Management

- Ensure organisational financial balance and comply with financial requirements set by NHSEI directions (85) *
- Comply with revenue and capital resource limits set by NHSEI (86) *
- Publish details of how it has spent a quality payment from NHSEI (87)
- Comply with restrictions on use of support monies and other support resources provided by NHSEI under this section (88)

* Identified in guidance as not exercisable by trust(s) under delegation

* Identified by local stakeholders as could be delegated to trusts

Better Lives Lincolnshire - ICB Functions (10)

Service Delivery, Redesign and Transformation

- Measures to secure the continued provision of commissioner requested services (21) *
- Make arrangements for appointment with specialist for patients urgently referred with suspected cancer (39) *
- Duty to offer alternative provider for treatment for suspected cancer (40) *
- Arrangements with SoS in respect of the exercise of public health functions (80) *
- Duties relating to provision of MH services under the Mental Health Act 1983 (165-167) *
- Meet maximum waiting times standard and offer assistance re waiting times (37, 41) *

People and Culture

- N/A

Digital and Data

- N/A

* Identified in guidance as not exercisable by trust(s) under delegation

* Identified by local stakeholders as could be delegated to trusts