

**LINCOLNSHIRE HEALTH AND WELLBEING BOARD**

Open Report on behalf of NHS Lincolnshire Clinical Commissioning Group

Report to	<b>Lincolnshire Health and Wellbeing Board</b>
Date:	<b>14 June 2022</b>
Subject:	<b>Integrated Care System Update</b>

**Summary:**

This report provides an update on the development of Integrated Care Systems (ICSs).

**Actions Required:**

Note the current position in relation to ICS legislation.

## 1. Summary Position

### Legislation

The Health and Care Act 2022 completed the parliamentary process and received Royal Assent on the 28 April. This confirms the establishment of statutory Integrated Care Systems (ICSs) on the 1 July.

The Health and Care Bill requires ICS to have two statutory functions:

- Integrated Care Board (ICB) bringing the NHS together locally to improve population health and care. In addition, the functions currently performed by Clinical Commissioning Groups will be conferred onto ICBs.
- Integrated Care Partnership (ICP): a joint committee of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly created by the County Council and Integrated Care Board with specific statutory responsibility for preparing an Integrated Care Strategy for the ICS footprint.

## 2. Integrated Care Board

### ICB Constitution

The final version of the Model Constitution was distributed by NHS England and Improvement (NHSEI) on the 16 May. The revised constitution reflects alterations made to the Health and Care Act 2022 during its passage through parliament. Two principal changes made were the need to have a board member with suitable knowledge and experience of delivering mental health services and for the Local Authority Partner Member eligibility criteria to include Councillors.

The key focus of the constitution is to outline the composition of the Integrated Care Board. The final board membership outlined in the NHS Lincolnshire ICB Constitution is as follows:

#### Non-Executives

- 1 x Chair
- 5 x Non-Executive

#### Executives

- 1 x CEO
- 1 x Director of Finance
- 1 x Nursing Director
- 1 x Medical Director

#### Partner Members

- 1 x Local Authority
- 1 x NHS Trust
- 1 x Provider of Primary Medical Services

#### Mental Health

- 1 X Mental Health Member

### Integrated Care Board Recruitment

Sir Andrew Cash OBE has been appointed by NHS England as the Interim Chair of the NHS Lincolnshire Integrated Care Board (ICB). Andrew came into post in February 2022. Recruitment will commence in June 2022 to seek a permanent appointment to the post.

The appointments to the Non-Executive roles have been completed. The appointment to four of the roles was undertaken in March and the details of the successful candidates can be found below:

#### Dawn Kenson

Dawn Kenson has an executive background in financial services, predominantly with Barclays, and extensive Non-Executive experience in public sector bodies within HMRC, Ministry of Defence, the Department for Transport and the Northern Ireland Office. Dawn has also served as a Non-Executive Director in a care services company, a housing trust and from 2015 with Frimley Health NHS Foundation Trust. Dawn lives on the rural outskirts of Lincoln.

Dawn's lead Non-Executive responsibilities in the ICB will be for Service Delivery and Performance.

#### Dr Gerry McSorley

Dr Gerry McSorley has a background in NHS leadership having served as Chief Executive at Derby City Hospital, Leicester General Hospital, Nottingham City Hospital, Hinchingbrooke Hospital, and Northampton General Hospital. Gerry has also worked in the NHS Institute for Innovation and Improvement, served as Independent Chair of Health Education England Midlands Local Education and Training Board, and is a specialist advisor for the Care Quality Commission. He has previously worked at the University of Lincoln where he was a visiting Professor in Healthcare Leadership and Management. Gerry served as Vice Chair of NHS Lincolnshire CCG since its inception in April 2020 to December 2021, since when he has been the Chair of the CCG. Gerry lives in Leicestershire.

Gerry's lead Non-Executive responsibilities in the ICB will be Remuneration Committee, Primary Care, and East Midlands Partnerships.

#### Pete Moore

Pete Moore has had an extensive executive career in local government including in Lincolnshire County Council where he worked from 1988 until his retirement in 2019. From 2000 Pete was an Executive Director of the Council. Pete's leadership responsibilities included Corporate Services (Finance, Property, People Management, Information Technology, Legal Services, Procurement and Business Support) and Direct Services (Community Safety, Fire and Rescue, Emergency Planning, Trading Standards, Youth Offending, Cultural Services, and Adult Education). He has also chaired the Lincolnshire Community Safety Partnership, the Lincolnshire Youth Offending Service Management Board and was a member of the Lincolnshire Public Protection Board. Pete is also currently a Non-Executive Director for the NHS Lincolnshire CCG since its inception in April 2020, where he is Chair of the Audit and Risk Committee. Pete lives in Lincolnshire.

Pete's lead Non-Executive responsibilities in the ICB will be Audit and Risk.

#### Sir Jonathan Van-Tam

Sir Jonathan Van-Tam is a medically trained Epidemiologist and Public Health Physician, with a clinical background in Acute and Emergency Medicine, Anaesthesia, and Infection Diseases and is a globally recognised expert in respiratory virus infections, influenza epidemiology, vaccines, influenza transmission, and pandemic preparedness and response. Jonathan has very senior experience in UK government having served as the Deputy Chief Medical Officer at the Department of Health and Social Care (DHSC) since late 2017 and throughout the pandemic period. Jonathan is also Clinical Professor of Health Protection and Public Health at the School of Medicine, University of Nottingham, and from May 2022, upon returning from his DHSC secondment, will become the Pro-Vice-Chancellor, Faculty of Medicine and Health Services, University of Nottingham. Jonathan lives in Lincolnshire, and has strong ties to his hometown of Boston, where he has recently been granted Freedom of the Borough.

Jonathan's lead Non-Executive responsibilities in the ICB will be Quality, Health Inequalities, Population Health and Prevention, and Research, Education and Innovation.

Interviews for the final Non-Executive post were completed on the 18 May which resulted in the selection of a suitable candidate. The required due diligence for the post is now taking place and an announcement on who will take up the post will be made once this has been completed.

The recruitment to all executive roles has been concluded and the successful candidates are as follows:

- Chief Executive – John Turner
- Director of Finance – Matt Gaunt
- Director of Nursing – Martin Fahy

An appointment to the Medical Director Post has been made with the required due diligence underway.

### Partner Members

The ICB will be a unitary board, which means all directors are collectively and corporately accountable for organisational performance. The purpose of the board is to govern effectively and in doing so, build patient, public and stakeholder confidence that their healthcare is in safe hands. Partner Members share the generic roles and responsibilities of all Board members which are:

- Leading the process to formulate a plan for the Lincolnshire System, and subsequently for the ICB organisation
- Leading the process with partners for delivery of the Lincolnshire System plan
- Operating in line with the highest standards of public sector service accountability and responsibility
- Shaping a healthy culture for the wider ICS partnership and for the organisation.

Partner Members also have additional responsibilities in the following areas.

- Bring knowledge and experience from their sector and contribute their perspective of their sector to the decisions of the Board
- Not act as delegates of their sector(s) or their host organisation

The appointment to the partner member roles on the ICB Board could not commence until after the 6 May. This was due to the local elections taking place across England and the requirement for formal approval by NHSEI of the appointment process.

The nomination process for these roles is now underway in line with the ICB Constitution, announcements on who will act as partner members will be made once this has been completed.

### **3. Integrated Care Partnership**

The ICP is a statutory function that is required to be in place in each ICS. A key early focus of the ICP will be the development of a 5 year Integrated Care Strategy, which needs to be completed by December 2022. The ICP will be a pivotal function in the ICS. To ensure it is established effectively in line with the requirements of the Lincolnshire system, partners across the ICS met for a planning session facilitated by IMPOWER on 26 April. The purpose of the session was to:

- Develop a shared understanding of the roles and responsibilities of the HWB and ICP in achieving our strategy.
- Gain consensus about how we need to work together, and the arrangements we need to put in place, to develop an effective, seamless relationship between the HWB and ICP.
- Ensure these roles and responsibilities and ways of working align to our shared ambition and our key values across “Better Lives Lincolnshire” our Integrated Care System.

The workshop was successful and the following agreements were made:

- HWB and ICP to align meeting timings, locations and frequency
- Membership of HWB and ICP to be refreshed/ agreed and reviewed annually
- Appoint an Executive Councillor of the County Council as Chair of the ICP
- Refresh the Health and Wellbeing strategy 2018 to incorporate Integrated Care System requirements, which the HWB/ICP will be the guardians of

The formal process for establishing the ICP will commence on 1 July when ICS's become statutory. To support the establishment of the ICP work is currently underway to:

- Update Terms of Reference of the HWB to reflect the new arrangements
- Develop Terms of Reference and determine membership of the ICP in readiness for "go live"
- Plan for refresh of HWB strategy in 2022 to inform ICB strategic plan 2023

#### **4. Conclusion**

The Health and Wellbeing Board are asked to note the current position in relation to forthcoming ICS legislation.

#### **5. Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy**

The Council and Clinical Commissioning Group must have regard to the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

The JSNA and JHWS will be used to inform the development of the ICS.
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#### **6. Consultation**

Not applicable.

#### **7. Appendices**

None.

#### **8. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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