

## 1. Purpose

This paper provides an update to the Health and Wellbeing Board on the development of governance and partnership arrangements in Hillingdon in the context of the NHS Long Term Plan

## 2. Background

The publication of the NHS Long Term Plan set out a future model of integrated governance and accountability at three population levels:

- Integrated Care System (eg. NW London)
- Integrated Care Partnership (ICP) or “place” (e.g. Hillingdon)
- Neighbourhood (eg. Hayes and Harlington)

**The NW London single Integrated Care System (ICS)** encompasses health and local authority health related services. Whilst there is no legislation directing these changes, as an ICS we are establishing a Partnership Board with senior NHS representation alongside LA CEO, DASS and Director of Public Health membership. The ICS will set strategic context, share best practice and undertake assurance with a focus on reducing inequalities experienced by our residents. Wherever possible, decisions about care delivery will be taken at Borough-level.

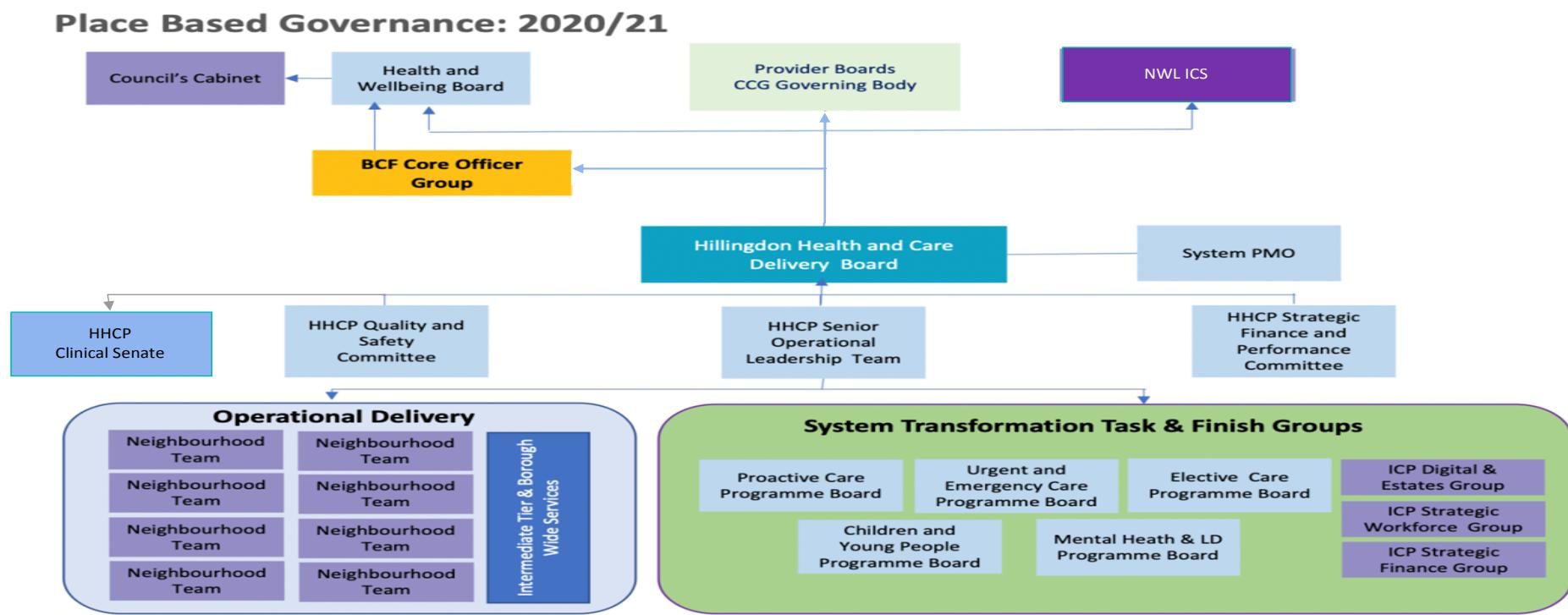
In order to support the move towards a NW London Integrated Care System the 8 CCGs are voting on a proposal to merge into a single NW London CCG. This will enable a consistent strategic commissioner function within the ICS and support the development of integrated borough-based working (the ICPs). There will continue to be a CCG ‘borough team’ for Hillingdon and terms of reference for a Borough Committee, a sub-committee of the NW London CCG are under development as part of the new governance proposals, this will retain elements of decision-making to ensure local accountability is retained. If the membership vote is successful an application will be made to NHS England to establish the new NW London CCG from April 2021.

**Hillingdon Health and Care Partnership (HHCP) is the integrated Care Partnership (ICP) for Hillingdon.** It is well established, with integrated governance arrangements built from 6 coterminous Primary Care Networks/Neighbourhoods that ensure that there is clear collective local accountability. The Provider Alliance Partners are the Hillingdon Hospital NHS FT, CNWL NHSFT (Community and MH), the Confederation Hillingdon (CiC) and H4ALL (Third Sector CIO including Age UK, MIND, Harlington Hospice, Hillingdon Carers). An up to date legally binding Alliance Agreement is operational across all Providers. There is delegated authority in place for the Primary Care Confederation to act on behalf of the 6 Primary Care Networks. The London Borough of Hillingdon are not signatories to the Alliance but work closely with HHCP through the HHCP Health and Care Delivery Board to ensure that care is integrated at an operational level across the Borough.

**The 6 Neighbourhood teams are multi-disciplinary primary and community care teams anchored in and around the PCNs.** They are the foundation of our community-based care provision and are able to allocate resources across the practice populations in order to deliver effective care to their residents as well as developing relationships with local stakeholders to support proactive health management.

### 3. Current ICP/Place Based Governance Arrangements in Hillingdon

- The principal decision making and strategy setting body of the Borough Partnership (ICP) is the HHCP Health and Care Delivery Board. It meets monthly and is composed of Executive Leads from all members of the Provider Alliance together with the Managing Director and Clinical Chair of HCCG, the Corporate Director, Adult, Children's and Young Peoples Services from the London Borough of Hillingdon and Hillingdon Healthwatch
- The Health and Care Delivery Board fulfils the role of the Borough Leadership Team envisaged by the NWL ICS. The Board has delegated responsibility from sovereign Provider boards for the development and delivery of the Hillingdon ICP Programme and to function as a single executive leadership team operating under an aligned set of incentives derived from the Provider Alliance agreement. The Board is accountable to Provider Boards, Governing Bodies, specified Council Committees and the NWL ICS. They hold to account a number of important subgroups of the HHCP Delivery Board:
- These formal governance arrangements are set out in the diagram below:



#### 4. Further strengthening of ICP/Placed Based Partnership Governance

In the light of national guidance, the **HHCP Partners** have agreed to further strengthen HHCP governance arrangement as follows:

- **Designate CNWL NHSFT as Lead Organisation for the HHCP Borough Partnership, hosting the system integrator function**, which will be accountable to the HHCP Health and Care Delivery Board for **convening, coordinating and supporting existing** Hillingdon borough-based networks and organisations to transform and deliver population health goals through integrated care, and to oversee implementation of COVID system recovery plans.
- **The Lead Organisation as system integrator will explicitly provide ICS accountability on behalf of the HHCP Borough Partnership**
- **The specific system integrator functions set out below will be provided by the ‘best placed’ HHCP Provider Alliance partner:**
  - Providing Leadership and co-ordination to the Borough Partnership
  - Co-ordinating the Borough Recovery Plan and development of the Borough transformation plan aligned to ICS priorities
  - Providing a Borough Partnership PMO function to the Borough Transformation programme
  - Providing a Borough BI and Analytics function to support management of Borough performance and tracking of benefits.
  - Providing a Borough Strategic Finance function including acting as the ‘Borough Banker ‘hosting’ income on behalf of the Partnership
  - Providing a tactical commissioning and contracting function where required and agreed by all partners: acting as “Host” for particular Contracts on behalf of the Borough Partners and making payments on behalf of HHCP
- Jointly appoint a **Borough Partnership Managing Director** and a **Borough Partnership Clinical Director** as soon as practicable to co-ordinate and further drive the development of integrated care and transformation within the Borough and account to the NWL ICS for Borough Performance. Both posts would be accountable to the HHCP Delivery Board. The MD role will be employed by CNWL. The role of Clinical Director would be reserved for a GP to reflect the importance of Primary Care and would be nominated by the Hillingdon Confederation after consultation with PCN CD’s. **The roles will have delegated operational responsibility for all in scope out of hospital services in order to ensure that the roles have the necessary ‘power to act’.** Working together, they will fulfil the role of **‘Out of Hospital Director’ proposed by NWL ICS.**
- The **HHCP Health and Care Delivery Board** will provide the vehicle for **Executive Leads** from Acute, Primary, Community, Third Sector and Mental Health working with the CCG and LA to fulfil the role of **Borough Leadership Team** as envisaged by NWL ICS.
- Partners re-affirmed their commitment **to implementing as soon as practicable Integrated management of functions commencing with those set out below:**
  - Multi-disciplinary Neighbourhood Teams with aligned community services anchored in and around Primary Care Networks.
  - Intermediate Tier including Integrated Urgent Response Hub and Discharge/Step Down arrangements
  - End of Life Care

- Existing HHCP Partnership Governance will not change. Strategic Direction will continue to be set by, and accountability remain with, the HHCP Delivery Board. Governance will however, be further augmented with:
  - A Borough Clinical Senate; (to be hosted by the Hillingdon Confederation)
  - A Borough Quality and Safety Committee; (hosting arrangements to be confirmed following Partner workshop)
  - A Borough Finance and Performance Committee (to be hosted by CNWL)
- The **Right of Veto** of sovereign organisations still remains as set out under the existing Provider Alliance Agreement
- Provider Partners will realign resources from Acute to Primary/Community Care and within out of hospital care between the statutory and non-statutory sector in order to deliver real and effective transformation. Going forward, resources will be deployed to the **best placed organisation to deliver those services based on an objective assessment of quality, experience and value for money**. This will be determined through a transparent partnership process co-ordinated by the Finance and Performance Committee working with the Quality and Safety Committee and subsequently approved by the HHCP Delivery Board. Partners have proposed a time limited review of existing services to take this forward.
- It is proposed that the **System PMO function** is a discrete HHCP branded function, reports to the proposed MD, is accountable to the HHCP Delivery Board and hosted by CNWL
- The Lead Organisation would **NOT** fulfil the role of **Lead Provider** and hold a single contract. The role is purely a co-ordinating and hosting function. Contractual arrangements would remain unchanged.
- **Create a new special ‘associate member’ class of membership to the Provider Alliance** to enable other place-based health and care organisations such as London Ambulance Service and LBH to be party to the Provider Alliance agreement should they so desire without formal decision-making rights or associated obligations.

##### 5. **Action**

The Health and Wellbeing Board are asked to comment upon and note the report