

## Health and Social Care Overview and Scrutiny Committee 18 March 2021

### ICS Governance, NHS Finance 2020/21, 10 Year Plan including White - **Addendum**

#### 1. Purpose

- 1.1. This addendum provides additional information concerning the Task and Finish Group for ICS governance and the most recent information concerning the Devon STP financial position.

#### 2. Integrated Care System Development - Task & Finish Group for ICS Governance

##### Terms of Reference

##### 2.1. Introduction & Background

- 2.1.1. The recent White Paper, *Integration and Innovation: working together to improve health and social care for all*, sets out the basis on which Integrated Care Systems are due to move to a statutory footing.
- 2.1.2. Key components of the White Paper include both a statutory NHS ICS body (including Local Authority membership) and an ICS health and care partnership. Health & Wellbeing Boards will also remain in existence.
- 2.1.3. At the same time, Devon's shadow ICS Partnership Board has been operating developmentally since autumn 2020. Local Care Partnership arrangements are underway in each of five localities to varying degrees. A commitment was previously made to review Devon's experience of shadow arrangements. It is timely to do this alongside considering the implications of the White Paper.

##### 2.2. Task definition

- 2.2.1. In scope:
- 2.2.2. Working with shadow ICS Partnership Board members and partners, to explore the implications of the ICS White Paper for the future governance the Integrated Care System. To include:
  - a) Statutory Board membership, capacity, skills and culture.
  - b) ICS committee structure, membership, capacity, skills and culture.
  - c) Specification of the relationship and relative roles of the ICS statutory bodies and Health & Wellbeing Boards; including identification of potential ambiguities and/or duplications and with reference to Local Authorities' Constitutions.

- d) Consideration of flexibilities for optimal ICS configuration, for example through committees in common.
- e) Mapping of statutory functions of the ICS and of partner organisations.
- f) Specification of aligned governance and functions between *System* and *Place*.
- g) Review of ICS shadow Partnership Board experience and effectiveness to date.
- h) Cross-system governance arrangements, especially with Cornwall & Isles of Scilly ICS.
- i) The governance and assurance mechanisms of Provider Collaboratives and transparent management of issues associated with multiple interests of partners in the ICS.

### 2.3. Interdependencies

- 2.3.1. The following are outside of the direct scope of this Task & Finish Group but will need to mutually align. That alignment will be managed through the ICS Development plan, and through co-opted membership of the Task & Finish Group where necessary.
  - a) The definition of effective governance structures for programmes of work are subject to separate work underway within the CCG.
  - b) The transitional arrangements by which CCG statutory duties continue to be discharged and transition into and ICS is subject to separate work underway within the CCG.

### 2.4. Relationship with NHSE/I Region

- 2.4.1. The NHSE/I regional team is aiming to facilitate some aspects of ICS design across the region, working with the ICS System Leaders and ICS Development Programme Directors. The ICS Development Programme Director will be responsible for maintaining links between the Devon Task & Finish group and the emerging regional work.

### 2.5. Outputs

- 2.5.1. The outputs of the Task & Finish group will be proposals covering the items in scope, as recommendations to the current Partnership Board. Subsequently, the development plan to achieve the proposal will be developed as part of the overall ICS Development Plan and reviewed by the Task & Finish Group.

### 2.6. Membership

- 2.6.1. A small core membership for the Task & Finish Group is drawn to represent from the CCG, ICS/STP, NHS Providers and Local Authorities.

Name	Organisational affiliation	Representing
Anne-Marie Bond	Torbay Council	Local Authorities; joint commissioning

Ann James	University Hospitals Plymouth	NHS providers
Paul Johnson	Devon CCG	NHS and joint commissioning; primary care
Dame Suzi Leather	Devon STP Independent Chair	ICS
Jane Milligan	Devon CCG/ICS	CCG/ICS
Adam Carrick	Devon STP/ICS	Task & Finish management support and alignment to the overall ICS development programme.

2.6.2. Other members may be co-opted and views of wider stakeholders sought. For example, NHSE/I, Primary Care Networks, VCSE representatives.

2.6.3. Members are responsible for consultation and engagement with the colleagues, organisations and sectors they are representing on the Task & Finish Group.

2.6.4. Dame Suzi Leather will chair the Task & Finish Group. The administration of the group will be conducted through the Chair's office.

## 2.7. Timescale

2.7.1. It is intended to enact shadow ICS arrangements based on the output of this Task & Finish Group during Q2 21/22. Therefore, the Task & Finish Group is scheduled to complete during Q1 21/22.

## 3. Devon System Financial Position as at Month 9 2020/21

Organisation	Full Year		
	Plan	Actual	Var to Plan
Devon CCG	0.0	0.0	-0.0
Royal Devon & Exeter NHS FT	-1.4	-8.3	6.9
University Hospitals Plymouth Trust	-2.4	-4.9	2.5
Northern Devon Healthcare NHS Trust	-3.4	-5.6	2.2
Torbay and South Devon NHS FT	-0.6	-6.5	5.9
Devon Partnership Trust	0.0	3.0	-3.0
Livewell South West	0.0	0.0	0.0
<b>Total</b>	<b>-7.8</b>	<b>-22.4</b>	<b>14.5</b>

- The Devon system plan for 20/21 is a planned deficit of £7.8m which relates solely to lost commercial income during the pandemic
- The forecast outturn at M9 showed a £14.5m adverse variance to this plan. The variance is made up of £17.5m in relation to an accrual required for untaken annual leave by staff due to workforce demand during the pandemic. This is offset by a favourable movement of £3m in relation to a gain on disposal of an asset.
- As at M9, there has been £133.6m of COVID related spend across the system.