

## West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

Summary report			
Date of meeting: 5 <sup>th</sup> October 2021		Agenda item: 38/21	
Report title:	<b>Integrated Care Board constitution – development and stakeholder involvement</b>		
Joint Committee sponsor:	Tim Ryley, Accountable Officer, Leeds CCG		
Clinical Lead:	N/A		
Author:	Stephen Gregg, Governance Lead Karen Coleman, Communications and Engagement Lead		
Presenter:	Stephen Gregg,		
Purpose of report: (why is this being brought to the Committee?)			
Decision	✓	Comment	✓
Assurance			
Executive summary			
<p>The <a href="#">Health and Care Bill</a>, published on 7<sup>th</sup> July 2021, proposes the establishment of Integrated Care Boards (ICBs), which will take on the commissioning responsibilities of CCGs.</p> <p>The Bill requires that the relevant Clinical Commissioning Group/s (CCGs) must “propose the constitution of the integrated care board and before making a proposal, consult any persons they consider it appropriate to consult”. Subsequent guidance from NHSE states that “CCGs will be legally responsible for the development of ICB constitutions, but we expect this process to be led by the designate ICS chair and CEO. System partners must be engaged in the development of the constitution”</p> <p>This report recommends that we take a ‘whole Partnership’ approach to developing the ICB constitution and involving stakeholders. The Joint Committee of CCGs does not have specific delegated responsibility for agreeing the approach, so is asked to make a recommendation to each CCG for agreement through its own governance arrangements.</p>			
Recommendations and next steps			
<p>The Joint Committee is asked to recommend that each CCG agrees that the West Yorkshire and Harrogate Health and Care Partnership (WY&amp;H HCP) co-ordinates:</p> <ul style="list-style-type: none"> <li>• the development of the draft integrated care board (ICB) constitution.</li> <li>• stakeholder involvement on the constitution.</li> </ul>			
Delivering outcomes: describe how the report supports the delivery of outcomes (Health and wellbeing, care and quality, finance and efficiency)			
The ICB constitution will support the delivery of priority outcomes.			

<b>Impact assessment</b> (please provide a brief description, or refer to the main body of the report)	
Clinical outcomes:	N/A
Public involvement:	The draft constitution will be published on the website and summary content will be made available in easy read form. The constitution will set out the ICB's arrangements for involving the public.
Finance:	N/A
Risk:	<p>There are risks that the approach to developing and carrying out involvement on the constitution will be challenged. Stakeholders may feel they have not been involved or that their comments have not been taken into account.</p> <p>These risks will be mitigated by</p> <ul style="list-style-type: none"> <li>• Co-producing the constitution with partners.</li> <li>• Seeking legal advice on the content of the constitution</li> <li>• Agreeing a communications and involvement plan</li> <li>• Ensuring that the approach is agreed by the CCGs.</li> <li>• Involving a wide range of stakeholders.</li> <li>• Recording formal responses and producing a formal report for transparency.</li> </ul>
Conflicts of interest:	The draft constitution will set out arrangements for managing conflicts of interest.



## Background

1. The Health and Care Bill proposes the establishment of Integrated Care Boards (ICBs), which will take on the commissioning responsibilities of clinical commissioning groups (CCGs).
2. The Bill requires that the relevant CCG/s must “propose the constitution of the integrated care board and before making a proposal, consult any persons they consider it appropriate to consult”. Subsequent guidance from NHS England (NHS E) states that “CCGs will be legally responsible for the development of ICB constitutions, but we expect this process to be led by the designate ICB chair and CEO. System partners must be engaged in the development of the constitution”. Further guidance from NHS E is that extensive formal consultation on draft constitutions is not required and that engagement is to be determined locally (NHS England, 24 August 2021).
3. This report proposes that, on behalf of the West Yorkshire CCGs, the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) co-ordinates involvement with stakeholders on the draft ICB constitution. It is important to note that involvement activity will be about the content of the draft constitution, not about whether ICBs should be established.
4. The Bill is currently proceeding through the Parliamentary process, and although changes are possible, we are proceeding on the assumption that the proposal to dissolve CCGs and establish ICBs gains Royal Assent in March 2022.

## Developing the ICB constitution

5. A WY&H HCP Governance Working Group, chaired by Tim Ryley, the Accountable Officer for Leeds CCG, is leading the co-production of the ICB constitution. The Group includes partners from across our places (Bradford district and Craven; Calderdale, Kirklees, Leeds and Wakefield) and sectors.
6. The draft constitution will be based on guidance produced by NHS England and NHS Improvement. The constitution will set out how the ICB will operate. This will include how we intend to involve the public and carers in our work and how we will deliver transparency around decision making. The latest national guidance about the constitution can be found [here](#).
7. A key element of the constitution will be to set out arrangements for how resources and authority are delegated to each of our places. Each place is developing governance arrangements that meet their local circumstances, within a common framework of good governance. Stakeholder involvement on these local arrangements will be linked into involvement on the ICB constitution.

## Approach to involvement

7. We propose that the involvement process is 'designed once' and delivered five times across our local places, involving all relevant and interested stakeholders, via our local communication and engagement leads. The aim of this involvement is to ensure the constitution clearly describes the structure, function, and roles of the ICB and that relevant stakeholders have the opportunity to share their views.

Our objectives will be to:

- communicate clearly and simply the proposed content of the draft constitution using various formats and approaches
  - listen and gather feedback on the draft constitution using a variety of mechanisms such as briefings, meetings etc as appropriate
  - ensure we have in mind organisations who represent protected groups, as defined by the Equality Act 2010 in a meaningful way, adapting materials and approaches as appropriate
  - understand who the organisations most likely to be impacted by the plans are and how the draft constitution changes would impact them
  - analyse and collate the feedback from this involvement process and provide that information to decision makers
  - ensure enough time is given to conscientiously consider the feedback
  - further ensure we can demonstrate that the views expressed have been considered as part of the decision-making process
  - provide clear and meaningful feedback to organisations and citizens who have taken the time to be involved in the development of the constitution. This will be in the form of the final constitution which will be made public on the Partnership website, via partners and bulletins
8. The [WY&H communications and engagement plan](#) sets out our principles for communications, engagement, and our approach to working with local people. An easy read version is also available. WY&H HCP's [involvement framework](#) sets out what the public can reasonably expect the Partnership to do as part of any involvement activity.
  9. A detailed communications and involvement plan is currently being drafted. Delivery of the plan will be wholly dependent on input and support from our five local places - Bradford district and Craven, Calderdale, Kirklees, Leeds, and Wakefield. Structures for involving stakeholders and who those stakeholders are, will be different but similar in each of these places and it is important that each place feels comfortable with the approach taken to involve relevant stakeholders in this work.
  10. We are proposing that involvement should include NHS organisations, local authorities, Healthwatch and other stakeholders such as voluntary, community and social enterprise (VCSE) partners and overview and scrutiny committees (OSCs) at place and West Yorkshire level. To ensure transparency and reduce the risk of challenge, we will publish our draft constitution to enable all interested parties to contribute.
  11. The following groups have been initially identified for targeted activity:

- Local Healthwatch
  - Overview and scrutiny committees
  - Health and Wellbeing Boards
  - Local authorities – commissioners
  - Social services
  - Primary care
  - Trusts and Foundation Trusts
  - Mental health and learning disability providers
  - Community services providers
  - Local voluntary, community, and social enterprise organisations
  - Nursing and medical universities / faculties
  - Local staff
  - Unions
12. Our communication and involvement approach relies on the work taking place locally to ensure we reach organisations and citizens accordingly. We will be seeking support from Healthwatch and communication and engagement colleagues in each of the five local places Bradford District and Craven, Calderdale, Kirklees, Leeds, and Wakefield to reach their local stakeholders. Operating transparently by publishing the draft constitution, other interested parties will have the opportunity to contribute should they wish.
13. The ICB will be complemented by the Integrated Care Partnership (ICP) which will be the forum which includes a wide range of local stakeholders. The ICP will legally be a joint committee of the local authorities and the ICB, so cannot be technically formed until the ICB is established. However, our existing Partnership Board is essentially already operating as an ICP and will be a key forum for overseeing effective stakeholder involvement in the development of our constitution.
14. It is important to us that we feedback in a ‘you said, we did’ format and have an audit trail of comments and views recorded. This will involve looking at what needs to be communicated to whom and when, with a targeted tailored approach, using various communication methods.

## Timelines

15. The ICS Design Framework published on 16 June 2021 sets out that “engagement” on local ICB Constitution and governance arrangements must be completed by the end of December 2021. However, at the time of writing this report, some key national guidance had yet to be published, which may impact this timeline.
16. Subject to publication of further national guidance, our intention is to have a working draft constitution, suitable for involvement activity with external stakeholders, by the end of October. The draft constitution will be presented to the Partnership Board held in public in December, with a near-final version presented to the Partnership Board and Shadow ICB Board in March. An outline timetable is set out below:

Action	Timeline
Draft communication and involvement plan coproduced with local place engagement leads with input from local place governance leads.	Sept / Oct 2021
Joint Committee recommends proposed approach to individual CCGs.	Oct 2021
CCGs agree partnership approach to involvement	Oct 2021
Preparation and planning for involvement	Sept / Oct 2021
Draft co-produced ICB constitution ready for involvement (subject to publication of national guidance)	End Oct 2021
Involvement with all key stakeholders 'goes live' To include presentation to local OSCs and JHOSC.	Nov to Jan 2022
Collation of comments and suggestions about the constitution	Nov to Jan 2022
Present draft constitution at WY&H HCP Partnership Board	7 Dec 2021
Draft constitution to NHS England for review and comment	December 2021
Suggestions incorporated into draft constitution	For Feb 2022
Final draft constitution presented to Partnership Board and Shadow ICB Board	Mar 2022
Final version to NHS England for comment and agreement	Mar 2022
Constitution comes into being with creation of ICB	1 April 2022