

## Update to Scrutiny Board (Adults, Health and Active Lifestyles) –Local ICB Arrangements

### West Yorkshire Integrated Care Board

On 1 July 2022, Integrated Care Boards (ICBs) took on the commissioning responsibilities of Clinical Commissioning Groups and will lead the integration of health and care services across their area. This update provides detail on the local ICB arrangements.

On 26<sup>th</sup> April 2022, Scrutiny Board received an update in relation to the ICB Constitution and associated governance handbook. The West Yorkshire Integrated Care Board (WY ICB) met on 1 July 2022 and noted the ICB Constitution and Standing Orders as approved by NHS England and approved the WY ICB governance handbook, which is designed to give flexibility to adapt arrangements.

The ICB Constitution sets out the high-level arrangements and is underpinned by the ICB governance handbook. The principles of subsidiarity mean that the WY ICB will primarily discharge its duties through delegation to the ICB place committees, alongside work that is delivered at WY level. Therefore, most decisions will be made at Leeds place level, in support of local Health and Wellbeing Board priorities.

To support the transition to the new arrangements, each place in West Yorkshire undertook a readiness review. These reviews were assessed independently by Audit Yorkshire who concluded that Significant Assurance could be provided that each of the five places, including Leeds, in West Yorkshire were substantially prepared for the transfer to the ICB from 1 July 2022.

As part of the new statutory Integrated Care System (ICS) arrangements, the ICS is required to refresh the Partnership's Five Year Strategy by March 2023. A [paper](#) was presented to the West Yorkshire Joint Health and Overview Scrutiny Committee (JHOSC) on 8 September outlining the approach to this work alongside the outcome of engagement and evidence gathering to date.

[Guidance on the preparation of Integrated Care Strategies](#) was published in July 2022, setting out the purpose of the strategy, Health and Wellbeing Boards (HWBBs) and subsidiarity, proposals for who to engage with in the production of the strategy and proposed content. The JHOSC were advised that the guidance broadly fits with the existing strategy and early feedback from engagement as part of the refresh process aligns with the engagement that has been undertaken to date.

The West Yorkshire Integrated Care Partnership is working closely with Place-Based Committees and local Health and Wellbeing Boards to ensure that the strategy is developed collaboratively and to ensure collective ownership across the breadth of the partnership.

## **Leeds Place Based Governance Arrangements – Leeds Health & Care Partnership**

The Leeds Health and Care Partnership continues to evolve. Whilst the introduction in statute of Integrated Care Systems and the Integrated Care Board has brought about some significant changes, in Leeds and West Yorkshire the partnerships were already highly developed and continuing to evolve.

The Leeds Committee of the WY ICB held its inaugural public meeting on 14 July 2022, and a further meeting in public on 22 September 2022. The membership of the Leeds Committee includes the following:

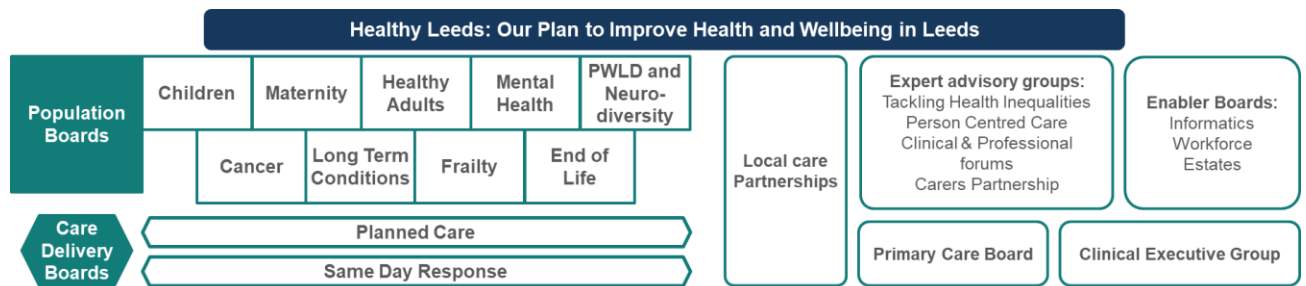
- Independent Chair
- Independent Member – Finance & Governance
- Independent Member – Health Inequality and Delivery
- Chair of Healthwatch Leeds
- Place Lead, Leeds Office of the WY ICB
- Place Finance Lead, Leeds Office of the WY ICB
- Place Nurse Lead, Leeds Office of the WY ICB
- Place Medical Director, Leeds Office of the WY ICB
- Partner Members, representative from the following:
  - Leeds Teaching Hospitals Trust
  - Leeds & York Partnership Foundation Trust
  - Leeds Community Healthcare Trust
  - Leeds City Council
  - General Practice
  - Third Sector
  - Director of Public Health

The three sub-committees of the Leeds Committee of the WY ICB have now all met at least once, and membership is in place. The sub-committees (Delivery and Inequalities, Finance and Best Value and Quality & People's Experience) are responsible for seeking assurance on behalf of the committee that the partnership is sustaining good care and financial balance, and making progress in areas of improvement. The Finance and Best Value sub-committee will also have the task of reviewing major business cases and financial plans. All partner organisations are represented on each and each has an Independent Chair.

Within the city we already have a range of Population and Care Boards alongside the Partnership Executive Group. Work has been underway over the last 12 months to clarify and strengthen the advisory role of these with a particular emphasis on how they interact with each other, and Local Care Partnerships, to prioritise and deliver improvements in care and outcomes for and with the population (Figure 1). The

Population and Care Boards have become increasingly responsible for assessing value of services, pathways and interventions, to ensure that resources are aligned appropriately to best suit the needs of specific groups. A reporting structure is also in development to enable the Population Boards to provide assurance or escalate issues to the sub-committees at Leeds Place.

**Figure 1**



Work continues in relation to the Clinical Leadership strategy and how this links into the emerging landscape.