NHS
Leadership Academy

Integrated Care Board/ Integrated Care Partnership Development

NEXT

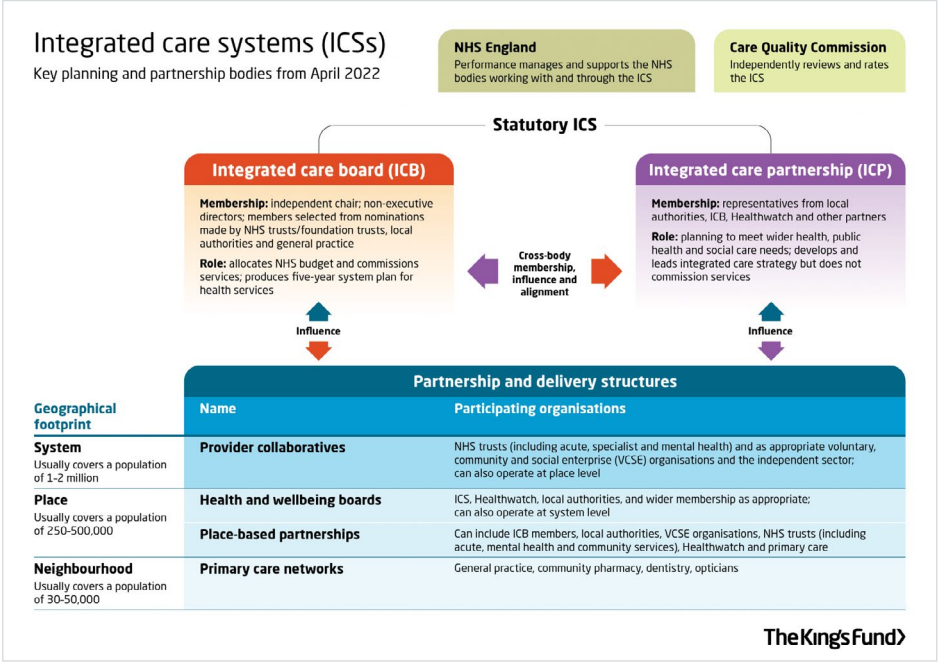
Our Regional Centres

Integrated care systems (ICSs) are geographically based partnerships that bring together providers and commissioners of NHS services with local authorities and other local partners to plan, co-ordinate and commission health and care services.

They are part of a fundamental shift in the way the health and care system is organised – away from competition and organisational autonomy and towards collaboration, with health and care organisations working together to integrate services and improve population health.

The Health and Care Bill will place ICSs on a statutory footing from April 2021, with significant expansion in collective accountabilities and responsibilities for partnership bodies.

The diagram uses the framework of system, place and neighbourhood to explain how organisations will contribute to system working at these different levels. Many organisations will work across more than one level, while there will be variation in ways of working between ICSs given their different sizes and how they have developed. This flexibility is an important feature of ensuring ICSs can work effectively to meet local needs.



Source: Integrated care systems: how will they work under the Health and Care Bill?

ICS Functions

The statutory ICS will be made up of two key bodies – an integrated care board (ICB) and integrated care partnership (ICP).

Integrated Care Boards

Integrated care board (ICBs) will take on the NHS planning functions previously held by clinical commissioning groups (CCGs) and are likely to absorb some planning roles from NHS England. ICBs will have their own leadership teams, which will include a chair and chief executive, and will also include members from NHS trusts/foundation trusts, local authorities, and general practice, selected from nominations made by each set of organisations. In consultation with local partners, the ICB will produce a five-year plan (updated annually) for how NHS services will be delivered to meet local needs. In developing this plan and carrying out their work, the ICB must have regard to their partner ICP's integrated care strategy and be informed by the joint health and wellbeing strategies published by the health and wellbeing boards in their area. Additionally, each ICB must outline how it will ensure public involvement and consultation.

ICBs will also contract with providers to deliver NHS services and will be able to delegate some funding to place level to support joint planning of some NHS and council-led services.

Integrated Care Partnership

Integrated care partnerships (ICPs) will operate as a statutory committee, bringing together the NHS and local authorities as equal partners to focus more widely on health, public health and social care. ICPs will include representatives from the ICB, the local authorities within their area and other partners such as NHS providers, public health, social care, housing services, and voluntary, community and social enterprise (VCSE) organisations. They will be responsible for developing an integrated care strategy, which sets out how the wider health needs of the local population will be met. This should be informed by any relevant joint strategic needs assessments. In developing its integrated care strategy, the ICP must involve the local Healthwatch, the VSCE sector, and people and communities living in the area. ICPs will not directly commission services.

Source: Integrated care systems: how will they work under the Health and Care Bill?

ICS Operating Model

The table below summarises all formal publications issued by NHSEI through the ICS Implementation Programme (see Appendix 1 for deliverables)

ICS design framework chapter	Publication
The ICS Partnership and NHS Body	• Interim guidance on the functions and governance of the integrated care board • Thriving Places: Guidance on the development of place-based partnerships as part of statutory integrated care systems • Delivering Together for Residents – A Joint Solace & NHS Report • Integrated Care Partnership engagement document: Integrated Care System implementation
People and Culture	• HR Framework for developing integrated care boards • Guidance on the ICS people function • Guidance on the Employment Commitment
Governance and Management	• Integrated care board: Model constitution template • List of statutory CCG functions to be conferred on ICBs
Role of Providers	• Working together at scale: guidance on provider collaboratives
Clinical and Care Professional Leadership	• ICS implementation guidance on effective clinical and care professional leadership
Working with People and Communities	• ICS implementation guidance on working with people and communities • ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector
Other support offers	• ICS Design Framework • System Development Progression Tool

ICS design framework chapter	Publication
Accountability and Oversight	• NHS System Oversight Framework
Financial Allocations and Funding Flows	• Introduction to Population-based Payment • ESR Guidance For ICB Establishment & CCG Abolition • HMRC VAT & PAYE Guidance For ICB Establishment & CCG Abolition
Data and Digital Standards and Requirements	• What Good Looks Like Framework
Change and Transition	• Guidance on the Employment commitment • HR Framework for developing integrated care boards • Due diligence, transfer of people and property from CCGs to ICBs and CCG close down • ICS establishment timeline • 'Readiness to Operate Statement' (ROS) • Readiness to Operate Statement (ROS) Checklist • Due Diligence Checklist • Direct Commissioning Functions: Pre-delegation assessment framework
Other support offers	• ICS Design Framework • System Development Progression Tool

ICS Development

There are a number of ICS development themes articulated within the System Development Progression Tool

System functions		
System and digital transformation	**Leadership and people development**	**System oversight and quality improvement**
Systems have a clear understanding of their service and digital transformation priorities which should be locally designed at the most appropriate level. Individual plans are progressing well and to time, underpinned by effective governance, leadership, resource capability, funding and stakeholder engagement. Improved system working will be accelerated by improved certain key system enablers, including workforce, population health management, digitalisation, data infrastructure, capital & estates and equipment& technology. Individual system enabler transformation plans are progressing well and to time, underpinned by effective governance, leadership, resource capability and capacity, funding and stakeholder engagement.	System partners are appropriately represented within the ICS's leadership structures at all levels of system working, including placed-based partnerships and provider collaboratives. This will include appropriate clinical and professional leadership exercising it's significant influence at all levels of system working. Systems have a single people plan which includes clearly system defining roles and functions, andworkforce model to deliver service requirements and requirements of potential legistlation. A system workforce improvement model will be published to support systems to build their development plans on people and workforce.	**Assurance** - systems are successfully monitoring and assuring themselves against the NHS's Triple Aim and enabling transformation. **Culture and colaboration** - leadership for quality at all levels, a shared vision and understanding of quality and a culture of coproduction. **Systems** - clear roles and accountabilities for quality oversight and well-defines processes for managing quality performance and quality risks. **Learning and insights** - quality and population health needs are well understood by the ICS. A culture of shared learning and an agreed approach to data sharing. **Improvement** - systems have clear quality improvement priorities, based on what matters to service users. Consistent quality metrics and tools are used, and resources are used effectively and flexiby across system partners.

System capabilities

System and digital capabilities

System capabilities are well-established and enable systems both to transform and assure system performance. Systems have assigned roles to the ICS level best able to achieve success. CSUs as trusted deliver partners to ICSs, provide opportunities for achieving economies of scale across the system. Leading-edge capabilities have been developed for:

Population health management - data and intelligence-led approaches to understand current and future needs of different populations and organising proactive and integrated models of care to improve outcomes and maximise use of resources.

Commissioning - to enable commissioning activities to focus on orchestrating and achieving better population health outcomes.

Organisational design - Enables systems to continually evolve and integrate services/pathways across institutional boundaries.

Financial framework and use of resources

Collective management of risk - Systems have a clear understanding of their funding inflows and allocations to ICS partners. They understand the need to accept and effectively manage whole population capitation risk, whilst remaining within financial control totals, year-in, year-out.

Control total management - System partners work together to deliver system financial balance though a process that provides transparency, promotes cooperation and enables the ICS to fairly distribute financial resources (and assign associated risks). Systems are authorised to take collective, proportionate interventional action, where necessary.

System oversight, governance and accountability

Leadership - Leadership structures enable ICSs to conduct their business effectively in a streamlines way. Leadership teams at all levels are clear on their purpose, understand their responsibilities for and conduct their business effectively and transparently.

Governance - Strategic decision-making across the ICS is done collectively. Decisions are made at the level of the ICS that is both practicable and closest to the patient/service user (including where applicable collaboration across ICS boundaries). Decision-making is inclusive, timely and evidence based. Good collective governance is exercised at each level of the ICS and, when taken together, operates coherently and harmoniously.

Accountability - Systems are held to account for their decision and collective performance. Accountability is rendered in several ways, at different time and to various bodies, including ICS NHS body and the ICS health and care partnership, ICS partners, NHSEI and local citizens.

ICS Board Development

Leading this fundamental shift towards statutory ICS development requires a systems organisational development approach, at all levels of subsidiarity, however, the ICB and ICP, will play a pivotal role in governing effectively to build patient, citizen and communities confidence that their wellbeing, health and care is in safe hands.

This is also at a time of unprecedented time of pandemic, recovery and unmet/ pent up need, when the ICS will face historically unrivalled challenges.

Role of Board

Three key roles, underpinned by three building blocks that enable boards to exercise their role

Board Effectiveness

Five important clusters of activity that enable boards to improve their effectiveness.

Well-Led

The 2021/22 System Metrics Oversight Framework proposes the development of a system (ICS) quality of leadership indicator. National Leadership Competencies (Appendix 1) will also underpin NHS Board level roles (and are transferable to wider public sector)

PREVIOUS NEXT

ICB/ICP Board Development Proposal

The Leadership Academy will support ICS with ICB-ICP Board development and systems OD for all levels of ICS subsidiarity

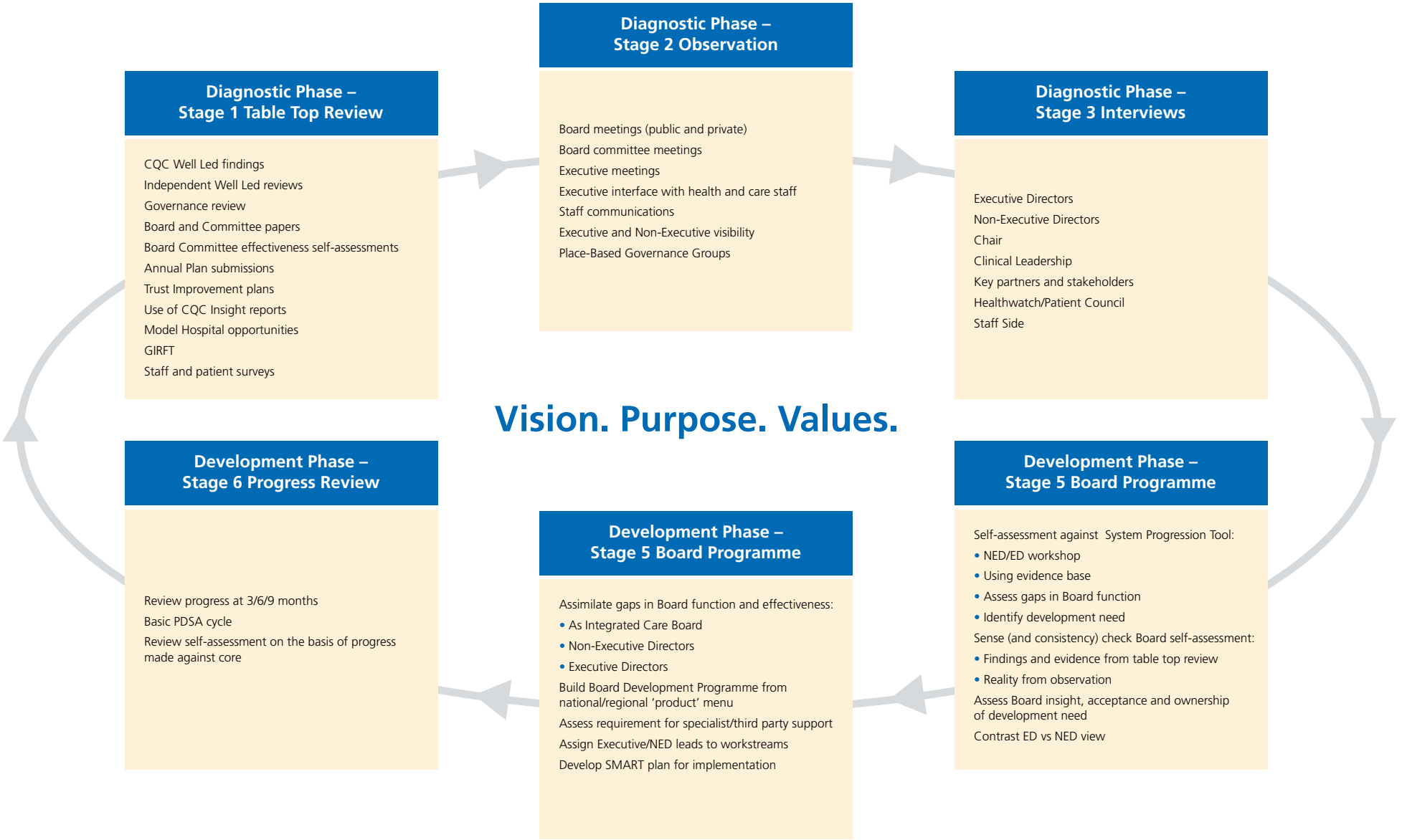
A co-production approach will enable tailored options that reflect local need, however, a high level approach will encompass:

- Table top review of evidence of evolving Board performance and effectiveness
- Observation of Board performance
- Conduct interviews with key staff
- Board self-assessment of performance
- Identify and agree gaps/areas for development in Board function
- Match to national/regional support offer and build Board Development Programme
- Identify requirement for external/specialist input to Board Development Programme

This is a funded offer from the Leadership Academy, including support to source/contract external/specialist facilitation. Expected outcomes include:

- Progression against System Development Tool indicating evolving maturity
- Outstanding performance (or movement towards) system quality of leadership indicator
- Leadership competencies and behaviours that reflect Our Leadership Way

ICB/ICP Board Development Approach



Appendix 1:
NHSE/I ICS Implementation Programme Guidance

Thriving Places: guidance on the development of place-based partnerships as part of statutory integrated care systems (Published: 2 September 2021)

Guidance on the development of place-based partnerships as part of statutory ICS: Co-produced by NHSEI and LGA, this guidance will support all partner organisations in ICSs to collectively define their place-based partnership working and to consider how they will evolve to support the transition to the new statutory ICS arrangements. It is published alongside Delivering together for residents, prepared by the Society of Local Authority Chief Executives and Senior Managers. This guidance is aimed at all ICS partners and leaders.

Present - April 2022	Key 'deliverables' for 1 April 2022 / Minimum requirement (Now delayed until 1st July 2022)

Action required:

- As part of the establishment of new ICS arrangements from April 2021 ICS leaders should confirm their proposed place-based partnership arrangements for 2022/23, including their boundaries, leadership and membership.

Key Points:

- Place-based partnerships are collaborative arrangements formed by the organisations responsible for arranging and delivering health and care services in a locality or community.
- Place-based partnerships will remain as the foundations of integrated care systems as they are put on a statutory footing (subject to legislation), building on existing local arrangements and relationships.
- It will be for system partners to determine the footprint for each place-based partnership, the leadership arrangements and what functions it will carry out.
- This guidance describes the activities placed partnerships may lead, capabilities required and potential governance arrangements.

LINKS TO GUIDANCE: Thriving Places: guidance on the development of place-based partnerships as part of statutory integrated care systems

April 2022 onwards	Longer term 'deliverables' (Now delayed until 1st July 2022)
• The NHS, local government and other local partners should agree the configuration, size and boundaries of the ICS's places from April 2022 (Now delayed until 1st July 2022). • The NHS, local government and other local partners should agree the ICS responsibilities and functions to be carried out at place level.	• The NHS, local government and other local partners should agree the planned governance model for place including: - membership - place-level decision-making arrangements, including any joint arrangements for statutory decision-making functions between the NHS and local government - leadership roles, for convening the place-based partnership, as well as any individuals responsible for delegated functions - representation on, and reporting relationships with, the ICP and ICB.

LINKS TO GUIDANCE: Thriving Places: guidance on the development of place-based partnerships as part of statutory integrated care systems

Building strong integrated care systems everywhere: ICS implementation guidance on effective clinical and care professional leadership (Published: 2 September 2021)

This guidance supports the development of distributed clinical and care professional leadership across ICSs, and describes what "good" looks like. It is based on extensive engagement involving more than 2,000 clinical and care professional leaders from across the country, led by a multi-professional steering group. This guidance is aimed at all ICS leaders and ICS clinical and care professional leaders.

Present - April 2022	Key 'deliverables' for 1 April 2022 / Minimum requirement (Now delayed until 1st July 2022)

Action required

ICSs, and designate integrated care board (ICB) leaders as they are appointed, should:

- agree an initial local framework and associated development plan for clinical and care professional leadership with partners across the ICS, as part of establishing their arrangements from April 2022
- ensure leaders from all clinical and care professions are involved and invested in the vision, purpose and work of their ICS as it matures. .

Key points

- The document identifies five core design principles for effective clinical and care professional leadership across ICSs.
- It asks system leaders to develop a local framework for embedding these principles in their ICS arrangements and to ensure that the full range of clinical and care professionals are involved in decision-making at every level of their system.
- To support implementation of this guidance, targeted improvement funding will be allocated to systems in the second half of 2021/2022.

LINKS TO GUIDANCE: Building strong integrated care systems everywhere: ICS implementation guidance on effective clinical and care professional leadership

April 2022 onwards	Longer term ‘deliverables’ (Now delayed until 1st July 2022)
Guidance outlines five principles for ICSs to consider when developing arrangements for clinical and care professional leadership and ‘what good looks like’ in each case, to help systems evaluate current arrangements and identify where more development might be needed.	1. Integrating clinical and care professionals in decision-making at every level of the ICS 2. Creating a culture of shared learning, collaboration and innovation, working alongside patients and local communities 3. Ensuring clinical and care professional leaders have appropriate resources to carry out their system role(s) 4. Providing dedicated leadership development for all clinical and care professional leaders 5. Identifying, recruiting and creating a pipeline of clinical and care professional leaders Additional funding available to support implementation of this guidance.

LINKS TO GUIDANCE: Building strong integrated care systems everywhere: ICS implementation guidance on effective clinical and care professional leadership

Building strong integrated care systems everywhere: ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector (Published: 2 September 2021)

This guidance suggests how voluntary, community and social enterprise (VCSE) sector partnerships might be embedded in ICSs, recognising expectations set out in the ICS Design Framework that support close working with the VCSE sector as a strategic partner. This publication is for health and care leaders from all organisations in ICSs who are developing partnerships across local government, health, housing, social care and the VCSE sector.

Present - April 2022	Key 'deliverables' for 1 April 2022 / Minimum requirement (Now delayed until 1st July 2022)

Action required

- By April 2022, ICBs are expected to have developed a formal agreement for engaging and embedding the VCSE sector in system-level governance and decision-making arrangements, ideally by working through a VCSE alliance to reflect the diversity of the sector.
- These arrangements should build on the involvement of VCSE partners in relevant forums at place and neighbourhood level.

Core Requirements

- By April 2022 integrated care partnerships (ICPs) and the ICB are expected to have developed a formal agreement for engaging and embedding the VCSE sector in system-level governance and decision-making arrangements, ideally by working through a VCSE alliance to reflect the diversity of the sector.
- The detail of partnership arrangements will depend on existing local infrastructure and approaches.
- Partnership arrangements should include agreed ways of working such as a memorandum of understanding and sets of principles.

LINKS TO GUIDANCE: www.england.nhs.uk/publication/integrated-care-systems-guidance

April 2022 onwards	Longer term ‘deliverables’ (Now delayed until 1st July 2022)

Key Point

- The VCSE sector is a key strategic partner with an important contribution to make in shaping, improving and delivering services, and developing and implementing plans to tackle the wider determinants of health
- VCSE partnership should be embedded in how the ICS operates, including through involvement in governance structures in population health management and service redesign work, and in system workforce, leadership and organisational development plans.
- There is a national ICS and VCSE sector partnership programme to support this work.

LINKS TO GUIDANCE: www.england.nhs.uk/publication/integrated-care-systems-guidance

Building strong integrated care systems everywhere: ICS implementation guidance on working with people and communities (Published: 2 September 2021)

This guidance sets out expectations and principles for how ICBs can develop approaches to working with people and communities, recognising that the ICS Design Framework sets the expectation that partners in an ICS should agree how to listen consistently to, and collectively act on, the experience and aspirations of local people and communities. The guidance is designed for all ICS partners and ICS leads.

Present - April 2022 | **Key 'deliverables' for 1 April 2022 / Minimum requirement (Now delayed until July 2022)**

Action required

- ICBs are expected to develop a system-wide strategy for engaging with people and communities by April 2022 (Now delayed until July 2022), using the 10 principles in this document as a starting point.
- ICB constitutions are expected to include principles and arrangements for how the ICB will work with people and communities.
- ICBs should work with partners across the ICS to develop arrangements for ensuring that integrated care partnerships (ICPs) and place-based partnerships have representation from local people and communities in priority-setting and decision-making forums.
- ICBs are expected to gather intelligence about the experience and aspirations of people who use care and support and have clear approaches to using these insights to inform decision-making and quality governance.

Key points

- A strong and effective ICS will have a deep understanding of all the people and communities it serves.
- The insights and diverse thinking of people and communities are essential to enabling ICSs to tackle health inequalities and the other challenges faced by health and care systems.
- The creation of statutory ICS arrangements brings fresh opportunities to strengthen work with people and communities, building on existing relationships, networks and activities

LINKS TO GUIDANCE: Building strong integrated care systems everywhere: ICS implementation guidance on working with people and communities

April 2022 onwards	Longer term 'deliverables' (Now delayed until July 2022)

Ten principles for how ICSs work with people and communities

1. Put voices of people and communities at the centre of decision-making and governance, at every level of the ICS.
2. Start engagement early when developing plans and feedback to people and communities how their engagement has influenced activities and decisions.
3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.
4. Build relationships with excluded groups, especially those affected by inequalities.
5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.
6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
7. Use community development approaches that empower people and communities, making connections to social action.
8. Use co-production, insight and engagement to achieve accountable health and care services.
9. Co-produce and redesign and tackle system priorities in partnership with people and communities.
10. Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places.

LINKS TO GUIDANCE: Building strong integrated care systems everywhere: ICS implementation guidance on working with people and communities

Working together at scale: Guidance on Provider Collaboratives (Published: August 2021)

This guidance outlines expectations for how providers should work together in provider collaboratives, offering principles to support local decision-making and suggesting the function and form that systems and providers may wish to consider.

Present - April 2022	Key 'deliverables' for 1 April 2022 / Minimum requirement (Now delayed until July 2022)

Key points

- Provider collaboratives will be a key component of system working, being one way in which providers work together to plan, deliver and transform services.
- By working effectively at scale, provider collaboratives provide opportunities to tackle unwarranted variation, making improvements and delivering the best care for patients and communities.
- Significant scope to deliver these benefits already exists within current legislation and, subject to its passage through Parliament, we expect the Health and Care Bill will provide new options for trust to make joint decisions.

Action required

- All trusts providing acute and mental health services are expected to be part of one or more provider collaboratives by April 2022.
- Community trusts, ambulance trusts and non-NHS providers should be part of provider collaboratives where this would benefit patients and makes sense for the providers and systems involved.
- ICS leaders, trusts and system partners, with support from NHS England and NHS Improvement regions, are expected to work to identify shared goals, appropriate membership and governance, and ensure activities are well aligned with ICS priorities.

LINKS TO GUIDANCE: www.england.nhs.uk/publication/integrated-care-systems-guidance

April 2022 onwards	Longer term 'deliverables' (Now delayed until July 2022)

Provider collaborative models

- Provider leadership board model
- Lead provider model
- Shared leadership model

Capabilities of Provider Collaboratives

The capabilities identified below are essential for provider collaboratives in delivering benefits of scale:

- Partnership building
- Programme delivery
- Shared governance
- Peer support and mutual accountability
- Joined up working
- Quality improvement

Enablers of effective provider collaboratives

These key enablers of collaboration need to be nurtured from within organisations to facilitate effective provider collaboratives:

- Relationships
- Clinical Leadership
- People and communities
- Data sharing
- Digital

LINKS TO GUIDANCE: www.england.nhs.uk/publication/integrated-care-systems-guidance

Digital ‘What Good Looks Like’ Framework (WGLL) Guidance (Published: 31 August 2021)

The ‘WGLL’ Framework Guidance - 7 success measures in the framework; Well Led, Smart Foundations, Safe Practice, Support people, Empower Citizens, Improve Care, Healthy populations

Present - April 2022	Key ‘deliverables’ for 1 April 2022 / Minimum requirement (Now delayed until July 2022)

By April 2022, systems must have updated the 3 following documents

- Digital Strategy for the ICS
- ICS Digital Portfolio covering Capital/Revenue and Resource breakdowns
- ICS Digital Checklist

WGLL Success Measures for ICSs

- Well Led
- Ensure smart foundations
- Safe practice
- Support people
- Empower citizens
- Improve care
- Healthy populations

LINKS TO GUIDANCE: Digital ‘What Good Looks Like’ Framework – What Good Looks Like - NHSX

April 2022 onwards	Longer term ‘deliverables’ (Now delayed until July 2022)

WGLL Framework Principles

1. Boards are equipped to lead digital transformation and collaboration
2. Organisations have well-resourced teams who are competent to deliver modern digital and data services.
3. Organisations routinely review digital and data systems to ensure they are safe, robust, secure, sustainable and resilient.
4. The workforce are digitally literate and work optimally with data and technology. Digital and data tools are fit for purpose
5. Citizens are at the centre of service design and can access and contribute to their healthcare information, taking an active role in their health and wellbeing.
6. Health and care practitioners embed digital and data within their improvement capability to transform care pathways, reduce unwarranted variation and improve health and wellbeing.
7. Organisations use data to inform their own care planning

LINKS TO GUIDANCE: Digital ‘What Good Looks Like’ Framework – What Good Looks Like - NHSX

ICS People Function Guidance
(Published: Thursday 19th August 2021)

ICS People Function Guidance: builds on the priorities set out in the People Plan, it helps NHS system leaders and their partners support their 'one workforce' - to have more staff, working together in a compassionate and inclusive culture, to help make their local area a better place to live and work.

Present - April 2022	Key 'deliverables' for 1 April 2022 / Minimum requirement (Now delayed until July 2022)

By the end of 2021/22 system leaders are asked to:

1. agree the governance and accountability arrangements for people and workforce functions in the ICS, including identified SROs
2. agree how and where specific people functions are delivered within the ICS
3. review and, where necessary, refresh the ICS People Board
4. assess the ICS's readiness, capacity and capability to deliver the people function (using the System Development Progression Tool)

Note - Alongside the people functions and responsibilities within an ICS, individual employing organisations will retain responsibility for staff, and there will continue to be responsibilities for activity held at regional and national levels. The regional and national roles are outlined in annexes A and B of the guidance

LINKS TO GUIDANCE: ICS People Function Guidance

April 2022 onwards

Longer term ‘deliverables’ (Now delayed until July 2022)

From April 2022 (Now delayed until July 2022), ICBs will have responsibility for delivering the 10 people functions. These build on ambitions from the People Plan 2020/21 and the People Promise and pandemic learning.

1. Supporting the health and wellbeing of all staff
2. Growing the workforce for the future and enabling adequate workforce supply
3. Supporting inclusion and belonging for all, and creating a great experience for staff
4. Valuing and supporting leadership at all levels, and lifelong learning
5. Leading workforce transformation and new ways of working
6. Educating, training and developing people, and managing talent
7. Driving and supporting broader social and economic development
8. Transforming people services and supporting the people profession
9. Leading coordinated workforce planning using analysis and intelligence
10. Supporting system design and development:

Each ICB will need to agree with partners what people activities can best be delivered at what scale, and how to use resources in the system most effectively.

LINKS TO GUIDANCE: ICS People Function Guidance

HR Framework for ICBs Technical Guidance (Published: 19 August 2021)

The HR Framework- Supports the success transition of people into integrated care boards by providing national policy ambition and practical support to complement regional and ICB approaches and local employer policies for dealing with the change processes required to affect the transfer and the transition.

Present - April 2022	Key 'deliverables' for 1 April 2022 / Minimum requirement (Now delayed until July 2022)
1. Ensure the safe transfer of people and to the new integrated care board on 1 April 2022 (Now delayed until July 2022). 2. Take steps to plan and implement the transition in line with this guidance and the Employment Commitment, encouraging best people practices throughout the transitional arrangements and enabling the right conditions for these new significant organisations to start to deliver their ambitions. 3. Ensure that where possible our NHS talent is retained and deployed to support systems in an agile way driving forward the 'one NHS workforce' ambition.	**Guidance anticipates colleagues most likely affected would be:** • ICS leads or CCG AOs • director or executive level roles that report to the ICS lead, or to CCG AO • CCG governing body roles, as defined by the Health and Social Care Act 2012 • Senior posts within NHSEI that will be the responsibility/function of an ICS in the future • other senior posts within the system that may be expected to take on the responsibility/function of an ICS in the future (e.g. senior provider collaborative posts).

LINKS TO GUIDANCE: HR Framework for Developing Integrated Care Boards

April 2022 onwards	Longer term ‘deliverables’ (Now delayed until July 2022)

The HR Framework Technical Guidance concerns the setting up of ICBs and safe transfer of people.

The HR Framework has chapters on:

- Roles and responsibilities
- Framework scope and objectives
- Staff Engagement and partnership working
- Looking after our people
- Belonging in the NHS
- Managing the change for board-level colleagues
- Safe transfer of all people
- Technical guidance on TUPE
- FAQs
- NHSEI operating models
- 6 High impact actions for inclusive recruitment and promotion

LINKS TO GUIDANCE: HR Framework for Developing Integrated Care Boards

Interim Guidance of the functions and governance of the ICB (Published: 19 August 2021)

This interim guidance sets out the proposed core components of integrated care board (ICB) governance arrangements as outlined in the Health and Care Bill and the ICS Design Framework. It confirms the expected mandatory requirements (subject to legislation), as well as key considerations for system leaders as they design arrangements for April 2022.

Present - April 2022	Key 'deliverables' for 1 April 2022 / Minimum requirement (Now delayed until July 2022)

ICS leaders, and designate ICB leaders as they are appointed, should proceed with preparations to design and implement ICB governance and leadership arrangements before April 2022 that fulfil the requirements set out in this interim guidance, including:

1. Recruiting required members of the ICB board, as well as any other locally agreed executive and non-executive roles.
2. Developing and submitting an ICB constitution for approval by NHS England and NHS Improvement, following engagement with relevant partners.
3. Develop a 'functions and decision map' showing the arrangements that will be put in place within the ICB and with ICS partners to support good governance and effective decision-making

- Each ICB must be set out its governance and leadership arrangements in a constitution formally approved by NHS England and NHS Improvement.
- While preparations for these new arrangements are being made, all NHS organisations must continue to operate within the current legislative framework retaining any governance mechanisms necessary to maintain operational delivery (including patient safety, quality and financial performance).

LINKS TO GUIDANCE: Interim guidance on the functions and governance of ICBs

Timescales (Formation of Statutory ICSs now delayed until July 2022)	
Constitution	• Development to take place through 21/22. • Final version approved before the end of Q4 by NHSEI.
Board Recruitment	• Designate chief executive identified by the end of November • Designate finance director, medical director, director of nursing and other executive roles in the ICB, before the end of Q4. • Designate partner members and any other designate ICB senior roles before the end of Q4.
Commissioning Functions	• Discussions with partners and decisions on commissioning arrangements at system and place to be finalised by the end of Q3.
Functions and decision map	• A final 'functions and decision map' due before the end of Q4 to be completed alongside the model constitution.

Appendix 2:
Leadership Competencies

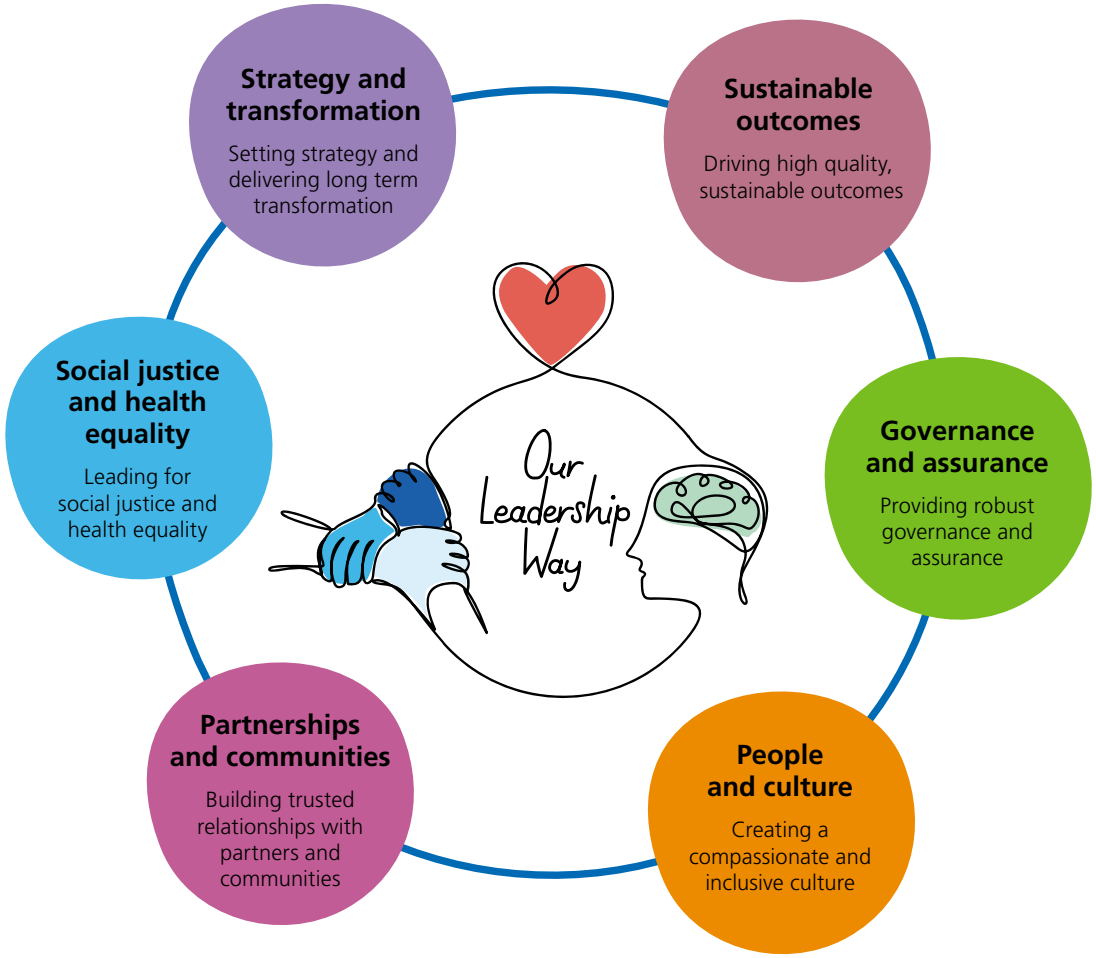
Leadership Competencies

The framework sets out the key competencies associated with the role of an NHS board member in the context of the principles and values detailed in the NHS Constitution.

It has been developed taking into consideration comprehensive feedback received from a wide range of internal and external stakeholders, as well as taking account of the NHS Long Term Plan, People Plan and ICS transformation.

The framework will support the recruitment and appraisal of NHS board members, underpin the Fit and Proper Person Test (FPPT) 'fitness' attestation, and help to identify potential support and development interventions.

The diagram on the right shows the six key competency domains around which the framework has been built. These inform a series of detailed behavioural descriptors which are, in turn, reflected in model job descriptions.



Alignment of Leadership Competencies with Our Leadership Way and Our NHS People Promise

Leaders set the tone for their organisation, team culture and performance.

We have worked with 3,000 NHS leaders to describe what we do when we operate at our best.

Our Leadership Way is a simple way of describing the behaviours we expect every leader to practice every day.

This will anchor the NHS Leadership Competency Framework which is focused on defining the skills, knowledge and behaviours required for our boards and directors to perform effectively.

Our NHS People Promise – the promise we must all make to each other to work together to improve the experience of working in the NHS for everyone – is woven into the NHS Leadership Competency Framework.