

**REPORT OF THE SUNDERLAND PLACE COMMITTEE**

**Report of the Chief Executive, Sunderland City Council**

**1.0 Purpose of the Report**

- 1.1 To provide the Sunderland Health and Wellbeing Board (HWB) with an updated position on the Better Care Fund (BCF) 2023/25, including:
- Proposed investment of additional Disabled Facilities Grant (DFG) funding allocation.
  - Proposed approach to agreeing a Section 75 partnership agreement in-line with national timescales and requirements.
- 1.2 To provide an overview of Sunderland's place-based assurance framework for overseeing the implementation and delivery of the BCF in line with national planning and policy framework and local ambitions for health and care integration.
- 1.3 To provide an update on the progress of the Sunderland Place Committee and Partnership Board (in common) (SPCPB) following its inauguration in May 2023.

**2.0 Background**

- 2.1 The BCF is a national transformation programme that aims to support improved health and care outcomes through better integration of NHS and Local Authority-funded health and care services.
- 2.2 The BCF is supported by a [policy](#) and [planning](#) framework, which sets out national expectations for Integrated Care Boards (previously Clinical Commissioning Groups) and Local Authorities, to guide the annual BCF planning process and to ensure minimum levels of investment are protected within local planning arrangements.
- 2.3 In June 2023, the HWB received a BCF report outlining prioritised investment, performance targets and the associated narrative to support the national BCF planning and approval process. The Board agreed the recommendations to:
- Note the process followed to develop the 2023/25 BCF Plan and key points from the plan.
  - Note the content of the accompanying BCF presentation, including the proposed funding profile, target trajectories and high-level narrative plan.
  - Review and sign off the 2023/25 Sunderland BCF plan
  - Agree to submit the plan as per the national deadline of 28 June 2023.

- 2.4 As part of the HWB discussion, it was recommended that future governance and assurance of the BCF be clearly set out, in order to support the HWB in undertaking their statutory duties in approving the BCF and overseeing the associated pooled fund arrangements. This arrangement was recommended to run through the established place-based governance arrangements that were formally introduced in May 2023.
- 2.5 An update on the progress of the place-based governance arrangements, and more specifically the role and impact of the SPCPB has been included in the report to provide assurance of BCF oversight arrangements, and to provide a general update on the progress of place committee arrangement in supporting improved integration of health and care.

### **3.0 Updated Position in Relation to the Better Care Fund**

- 3.1 The Sunderland BCF was formally approved on 11 September 2023. This approval came with the expectation that local areas would now start progressing their Section 75 agreements in-line with the 31 October 2023 deadline. The Section 75 is the legislative mechanism for enabling a pooled fund arrangement, which forms a national condition of the BCF and associated funding conditions, and must be signed-off by the HWB.
- 3.2 The formal approval confirmation also noted the requirement to pool additional Disabled Facilities Grant (DFG) funding into the BCF in-line with statutory requirements. A grant determination letter from the Department of Levelling Up, Housing and Communities (DLUHC) dated 07 September 2023, confirmed that Sunderland's share of the additional DFG-funding equated to £353,874 for the 2023/24 period.
- 3.3 Expenditure plans to be added to the current BCF to reflect this additional funding, include preventative use of DFG through the development of Home Safety Grants of up to £2k to support a reduction in preventable admission and promote greater independence, this includes:
- Partnership working with Cumbria, Northumberland and Tyne and Wear (CNTW) to strengthen access to grant-funded adaptations for people living with Dementia.
  - Developing a package of smart solutions under the Smart Homes Grant scheme to support innovative use of technology to promote independence and reduce preventable admissions.
  - Improved management of hoarded environments, which alongside wider wellbeing benefits will support a reduction in preventable falls and avoidable injury.
- 3.4 in addition, the discretionary grant element of the scheme has been extended as a means of topping-up the maximum grant award threshold of £30k with the ability to award a further discretionary grant of £8k, rising up to £15k with the appropriate approvals in place. This funding will offset inflationary pressures and ensure affordability of comprehensive schemes of home adaptation of up to £45k for those people with the most complex needs. Other discretionary grants of up to £10k include grants to support the

management of palliative care and long-term, deteriorating conditions including Motor Neurone Disease.

#### **4.0 Section 75 Development and Approval**

- 4.1 As noted elsewhere, an approved Section 75 agreement is a key requirement of the BCF funding conditions. Sunderland is committed to ensure that the local Section 75 agreement creates the appropriate mechanisms to support robust financial management and integrated commissioning arrangements, whilst also enabling local innovation through joint planning, implementation and risk sharing across the system.
- 4.2 To support the development of a fit-for-purpose Section 75 agreement Sunderland City Council (SCC) and NENC ICB are undertaking a contract and finance stocktake against all BCF investment. The stocktake exercise will support the reconciliation of BCF investment with appropriate contractual, grant and/or partnership arrangements, ensuring there is a clear understanding of how BCF funding is both monitored and managed, and that appropriate delegations are in place to support effective integrated commissioning. This will include an assessment of contractual and/or financial risk, in order to support the determination of any risk or gain share agreement within the Section 75.
- 4.3 The stocktake process will be rolled-out over September 2023, and will be twin-tracked with the development and negotiation of wider Section 75 terms, supported by Hill Dickinson LLP.
- 4.4 In-light of the requirement to approve the Section 75 by 31 October 2023, and in the absence of a HWB in October, it is recommended that HWB approval is delegated to the HWB Chair in consultation with the Executive Director of Health, Housing and Communities, Director of Adult Services, and Place Director for Sunderland.

#### **5.0 Better Care Fund Place-Based Assurance**

- 5.1 In order to support the HWB in fulfilling their statutory duties regarding the BCF, Sunderland partners have adapted their place-based governance arrangements to encompass greater oversight of BCF planning, monitoring and implementation. This includes:
  - Development of a single ICB Place Committee that meets in-common with an ICB and SCC Partnership Board. This arrangement ensures both ICB and LA responsibilities regarding the BCF, can be jointly managed as part of a single strategic oversight arrangement.
  - Embedding the BCF within the Sunderland Place Plan, ensuring the BCF continues to be prioritised locally and that the wider contribution of the BCF in supporting shared system outcomes is understood in the context of Sunderland's overall strategic approach, with specific reference to the prioritisation of prevention and tackling inequalities.

- Development of a monthly BCF Monitoring and Implementation Group within Sunderland's Adult Collaborative arrangement. Draft Terms of Reference for this group have been included within Appendix 1.
- Development of a BCF dashboard that aligns relevant BCF expenditure to the BCF metrics, enabling a greater understanding of how BCF investment is impacting on the BCF policy objectives, and supporting early and objective agreement on future investment and disinvestment decisions.
- Aligning all BCF investment within the dashboard to a corresponding programme area within the Adult Collaborative. This will ensure that all areas of BCF investment are operationalised within a collaborative delivery forum, supporting a whole-system approach to future BCF implementation.

5.2 The above arrangement will feed-into the HWB via the SPCPB ensuring the HWB have increased visibility of BCF performance and outcomes, and enabling the HWB to play a greater role in providing place-level stewardship of the BCF through real-time monitoring of impact.

5.3 Further work to develop the HWB and related sub-groups is planned with the Local Government Association (LGA), and there is the opportunity within this to consider how the HWB sub-groups could be strengthened to support the HWB in fulfilling its BCF role.

## **6.0 Progress of the Sunderland Place Committee and Partnership Board (in-common) in Supporting Improved Integration of Health and Care**

6.1 The Sunderland ICB Place Committee formally came into being on 19 May 2023, having transitioned from a Joint Consultative Forum. The purpose of the Place Committee is to discharge on behalf of the ICB Executive Committee, the statutory commissioning responsibilities of the ICB that have been delegated to place, and to carry out responsibilities for executive actions and decisions as appropriate, on behalf of the ICB Executive.

6.2 The ICB Place Committee is responsible for exercising the following duties:

- Approving the arrangement of the provision of delegated health services in Sunderland.
- Operating within its financial limits.
- Agreeing and implementing a place plan on behalf of place partners
- Working with partners to develop 'Place' capabilities and capacity.

6.3 Sunderland's Place Committee is chaired by the Chief Executive of Sunderland City Council, reflecting its commitment to enforce strong partnership working across the city and to support improved integration of health and care for residents. This includes wider representation from statutory and non-statutory organisations who contribute to improved integration of care, including Sunderland City Council, NENC ICB, South Tyneside and Sunderland NHS Foundation Trust; Cumbria, Northumbria and Tyne and Wear Mental Health Trust; Sunderland Care and Support; Together for Children, Sunderland Health Watch.

- 6.4 To further its ambitions of integration the Place Committee meets in-common with a Section 75 Partnership Board, enabling the joint business of the Local Authority and ICB to be managed as part of a seamless partnership arrangement.
- 6.5 Sunderland's progress in establishing an effective partnership arrangement at place-level, has enabled it to support the development of the ICB place-based oversight and assurance arrangement, with Sunderland being the first 'place' in the region to be reviewed under the ICB place-based assurance process. This will take place on 10 October 2023 and will include an assessment of the effectiveness of the ICB Place Committee contribution to the Healthy City Plan. Interim Terms of Reference for ICB Place Assurance have been included in Appendix 3.
- 6.6 A summary of SPCPB business since its inception in May 2023, has been summarised in table 1.1. below for reference.

Item	Place Plan Priority	Item for decision	Item for discussion	Impact/Output
ICB Terms of Reference approved and Chair and Vice Chair appointed (May 2023)	<b>Priority 5</b> (System Enablers)	Yes		Terms of Reference and Chair/Vice-Chair in place
Place Plan development and approval (May 2023)	N/A	Yes		Agreed Sunderland Place Plan now in place, providing strategic direction for the Place Committee and wider partnership arrangements
Mental Health Hub business case approval	<b>Priority 4</b> (Mental Health, Learning Disability and Autism)	Yes		Sub-committee level approval for the development of a Mental Health Hub pilot obtained, with a view to improve the integration of primary and mental health care across Sunderland.
Better Care Fund 2023/24-2024/25 planning documents approved (June 2023)	<b>Priority 1</b> (Strengthening Primary and Community Care)	Yes		Better Care Fund two-year narrative and expenditure plan approved and in place.
Decision to commission a System Diagnostic with South Tyneside approved (July)	<b>Priority 5</b> (System Enablers)	Yes		System Diagnostic work due to commence in October, with the work supporting the development of a transformation programme to improve patient discharge flows, reduce avoidable admissions, and support the delivery of system-level efficiencies
NIHR Health Determinants Research Collaboration (July)	<b>Priority 5</b> (System Enablers)		Yes	Overview of NIHR HDRC bid, ensuring key partners are bought into the programme (if successful), recognising the potential of the programme to strengthen priority 5 actions to increase research intensity across the place system,
Health Innovation District (July)	<b>Priority 5</b> (System Enablers)		Yes	Sunderland University provided an overview of the opportunity to support a Health Innovation District. Further discussions to take place as part of priority 5 actions to support place-shaping approaches to digital and tech innovation in the city

Mental Health Partnership (July)	<b>Priority 4</b> (Mental Health, Learning Disability and Autism)		Yes	Kate O'Brien provided an overview of the ICS Mental Health Partnership arrangements, ensuring there is clear alignment between place and system-level delivery of mental health, learning disability and autism objective. Regular updates to be built-into place committee forward plan arrangements.
Migrant/International student health (July)	<b>Priority 2</b> (Live and Age Well)		Yes	A Health sub-Group of the Vulnerable Person's partnership is now in place to proactively manage the health impacts of high intakes of international students
Transition from Hospital: Enhancing Service Provision (August)	<b>Priority 1</b> (Strengthening Primary and Community Care)	Yes		Sub-committee level approval for proposed provision of an integrated discharge hub, subject to further consideration of wider opportunities for tackling inequalities and secondary and primary prevention approaches.
Recovering access to Primary Care (August)	<b>Priority 1</b> (Strengthening Primary and Community Care)		Yes	Review of the proposed 'Recovering Access to Primary Care Plan', its associated governance and local GP patient feedback findings.
Joint Forward Plan (August)	N/A		Yes	Review of Health and Wellbeing Board feedback on the draft Joint Forward Plan
Health Watch Hospital Discharge Report (August)	<b>Priority 1</b> (Strengthening Primary and Community Care)		Yes	Review and response to the Health Watch Hospital Discharge report. South Tyneside and Sunderland NHS Foundation Trust and Sunderland Adult Collaborative have agreed to devise a formal response, and embed key recommendations into existing improvement plans
Review of progress against Priority 3 of the Place Plan (September)	<b>Priority 3</b> (Best Start in Life)		Yes	Bi-quarterly review of Priority 3 Place Plan objectives, including updates on: action to improve children's mental health waiting times; school-based mental health support teams; eating disorder pathways; s117 inpatient provision; ICB input into Family Hubs; therapies provision for children and young people with SEND; neurodevelopmental diagnostic pathway developments; provision for children with a learning disability and/or autism who are at-risk of

				inpatient admission; and early work to reduce avoidable, unplanned hospital admission and A&E attendances, with a specific focus on Core20Plus5 cohorts.
Progress review of Adult Collaborative Development (September)	<b>Priority 5</b> (System Enablers)		Yes	Review of progress in transitioning 'All Together Better' into the Adult Collaborative model, to include improved engagement of public health, leisure and housing within the refreshed arrangements.
ICB oversight arrangements and implementation of ICB 2.0 (September)	<b>Priority 5</b> (System Enablers)		Yes	Overview of biannual assurance arrangements and plans/timeline for ICB restructure.
Development of place-level MoU (September)	<b>Priority 5</b> (System Enablers)		Yes	Feedback from MoU workshop and outline plans for a follow-up session in November. Revised MoU to be in place by January 2023.
BCF Update (September)	<b>Priority 1</b> (Strengthening Primary and Community Care)	Yes		Informal confirmation of BCF approval. Update to Disabled Facilities Grant (DFG) funding and intention to utilise funding to support more preventative use of the DFG in-line with narrative plan. Agreed approach to place-based oversight arrangements and s75 development.

*Table 1.1: Sunderland Place Committee and Partnership Board in common (May-September 2023)*

6.7 In addition to the items above, the SPCPB have provided oversight of place-level risk and financial position. The SPCPB have agreed to ensure there is openness and transparency in relation to the respective efficiency programmes of both the ICB and LA, enabling the SPCPB to form a critical role in ensuring that a system-view of efficiency is undertaken over short and medium-term financial planning arrangements.

## **7.0 Recommendations**

7.1 The Board is recommended to:

- a) Note and approve the proposed use of the additional Disabled Facilities Grant Funding (DFG) outlined in section 3.2 and 3.3
- b) Note the proposed approach to the Section 75 development and delegate approval for the sign-off to the Chair in consultation with the Executive Director of Health, Housing and Communities, Director of Adult Services, and Place Director for Sunderland.



- c) Note the proposed assurance arrangements outlined in section 5 and make further recommendations on how the Board can be empowered through such arrangements to fulfil its statutory duties in relation to the Better Care Fund.
- d) Note the progress to date in relation to place-based governance arrangements, with specific reference to the role of the Sunderland Place Committee and Partnership Board (in common) and make any further recommendations on how these arrangements can strengthen the contribution of the ICB and Local Authority to the Healthy City Plan.



## **Appendix 1: DRAFT SUNDERLAND BETTER CARE FUND MONITORING AND IMPLEMENTATION GROUP DRAFT TERMS OF REFERENCE**

### **1. Background**

- 1.1 The Better Care Fund (BCF) is a national integration transformation programme that aims to support improved integration of local health and care provisions through better integration of NHS and Local Authority-funded health and care services.
- 1.2 The BCF is supported by a [policy](#) and [planning](#) framework, which sets out national expectations for Integrated Care Boards and Local Authorities, to guide the annual BCF planning process and to ensure minimum levels of investment are protected within local planning arrangements. National reporting and monitoring arrangements support ongoing assurance that these conditions continue to be met and that investment is securing outcomes in alignment with defined BCF metric.
- 1.3 In addition to national reporting arrangements, local reporting of BCF impact, outcomes and financial management, forms part of the ICB and LA oversight arrangement. This includes providing continued assurance to the Health and Wellbeing Board that the BCF is actively supporting improved integration of care inline with national conditions and local need.
- 1.4 As part of Sunderland's place-based assurance and oversight arrangements, the introduction of a BCF monitoring and implementation group was considered a key addition to wider place-based governance arrangements. As such, a monitoring and implementation group was established to fulfil this role from September 2023.

### **2.0 Purpose and Role**

- 2.1 The BCF M&IG, will act on behalf of Sunderland Place Committee and Partnership Board (in-common) in order to provide assurance that the national conditions of the BCF are met and that the Sunderland BCF plans continue to deliver value to Sunderland residents:
  - Ensure key milestones and ongoing reporting and assurance requirements of the national BCF planning and policy framework are met in accordance with timescales and quality requirements.
  - Ensure all areas of BCF investment are understood in relation to cost, performance, commissioning arrangements and overall contribution to national BCF metrics.
  - Ensure assumptions on areas of investment are continually informed by capacity and demand planning arrangements and risk is appropriately managed.
  - Ensure that all areas of BCF investment are supported by appropriate Adult Collaborative arrangements, ensuring corrective action is taken as close to the relevant services as possible, and enabling the BCF M&IF to focus on monitoring rather than managing investment.
  - Ensure that the Place Committee and Partnership Board (in common) have clear oversight of the BCF and are able to fulfil their place-level

obligations regarding BCF planning and assurance, including ability to keep the Sunderland Health and Wellbeing Board appropriately informed of BCF progress on targets, funding, and capacity and demand arrangements.

### 3.0 Frequency

3.1 The Group will meet monthly.

### 4.0 Membership

4.1 The core membership of the group is made up of:

<b>Member</b>	<b>Member Organisation</b>
Managing Director of the Adult Collaborative (Chair)	NENC ICB
Director for Adult Services	Sunderland City Council
Deputy Director of Place	NENC ICB
Strategic Finance Lead	Sunderland City Council
Head of Finance	NENC ICB
Business Development Lead	NENC ICB
Head of Commissioning and Market Oversight (Adult Services)	Sunderland City Council
Performance Lead (Adult Services)	Sunderland City Council
Assistant Director of Integrated Commissioning	NENC/ICB Sunderland City Council

### 5. Roles and responsibilities

5.1 The Group will:

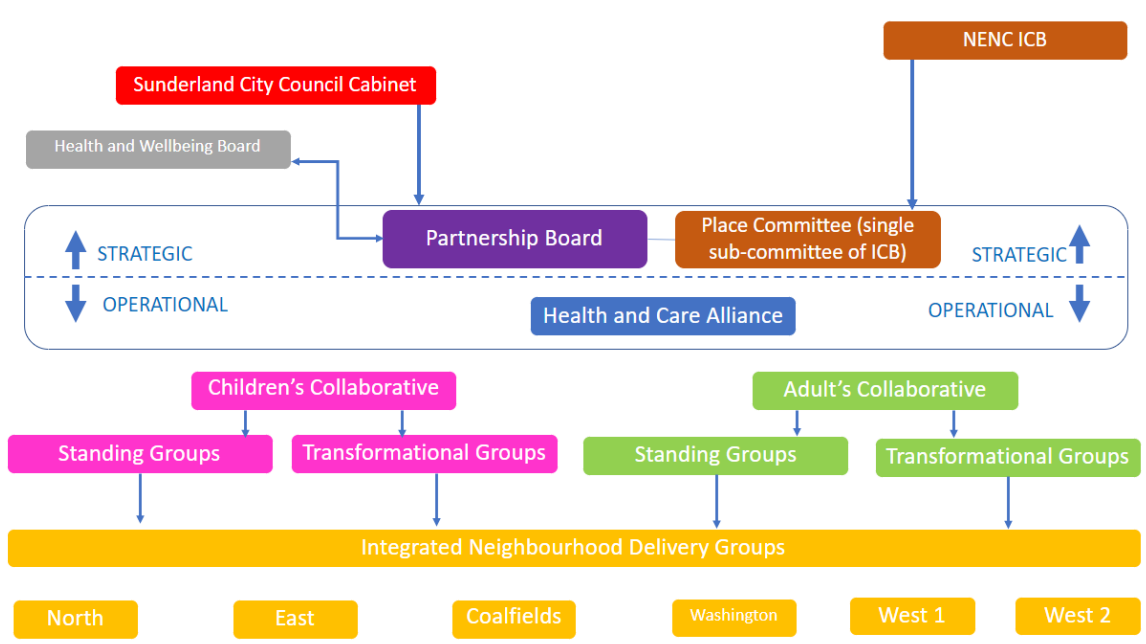
- Review content of BCF national reports, ensuring areas of concern are supported by a clear narrative and actioned through escalation to the Place Committee and Partnership Board (in-common) and/or relevant programme areas within the Adult Collaborative arrangement.
- Develop, implement and monitor localised reporting arrangements, escalating issues/risks, as appropriate, to the Place Committee and Partnership Board (in common). Localised reporting should as a minimum provide:
  - A clear position on financial performance and risk within relevant BCF schemes.
  - A clear position on performance against appropriate KPIs and activity data.
  - A clear position on governance arrangements for BCF schemes, ensuring there are appropriate contracts, grants and/or partnership agreements in place.

- Coordinate and finalise the annual BCF review, ensuring key lessons are embedded into subsequent BCF planning rounds and shape wider action to support improved integration of care.
- 5.2 Whilst the Group will have oversight of the above, the meetings are intending to provide a **high-level** monitoring and implementation role only. The group will utilise existing place-based mechanisms (i.e. Place Committee and Partnership Board (in-common) and Adult Collaborative) to take action against high level risks and issues, and/or make decisions regarding BCF planning or investment. In this respect, the group will function in a challenge and assurance role to the system, facilitating improved grip on BCF investment, and enabling place arrangements to focus on BCF leadership, planning and delivery.
- 6. Absence**
- 6.1 Where members are unable to attend a meeting, they are responsible for informing the Group and, as far as possible, nominate deputies to attend meetings in their absence.
- 7. Reporting**
- 7.1 The Chair will report to the Place Committee and Partnership Board (in-common).
- 8. Administrative Support**
- 8.1 \*\*\*\*\* will be responsible for ensuring appropriate administrative support to the Group and appropriate actions are recorded.
- 8.2 The agenda for meetings will be set by the Chair.
- 8.3 The agenda and papers for meetings will be distributed no less than 3 working days in advance of the meeting.

**Version 1 September 2023**



## Appendix 2: Sunderland's Place Based Governance Model for Health and Care Integration







## **Appendix 3: Draft ICB Place Assurance Terms of Reference**

### **NENC Place Oversight Process**

#### **1. Purpose and Principles**

- 1.1. Place-based partnerships are collaborative arrangements between the ICB and other organisations responsible for arranging and delivering health and care services at a localised level across NENC. They exist to make more effective use of the combined health and care resources available within a local area for the benefit of their resident population.
- 1.2. The ICB is a member of 13 Place-based partnerships which are all coterminous with the boundaries of the local authority members of the NENC Health & Care Partnership.
- 1.3. ICB Place teams are accountable for the delivery of a Place-Based Plan which sets out how the ICB will support the implementation of the joint local health and wellbeing strategy (JLHW), the ICB Joint Forward Plan and the annual operating plan.
- 1.4. The Place Oversight Framework describes how the ICB will oversee work carried out at Place and assure itself that:
  - Place-based teams are being supported to deliver local and system priorities.
  - The priorities of different partner organisations working at Place are aligned with one another and that individual Places are aligned with wider plans to transform the delivery of the NENC health and care system at scale.
  - Learning is being shared between Place-based teams.
  - There is an objective basis for making decisions about the delegation of ICB functions to Place and the further development of Place-based partnerships within the ICS.
- 1.5. Place oversight arrangements will be carried out in accordance with the principles set out in the ICB Oversight Framework:

<b>Transparency</b>	Clarity of expectations and basis of any decision-making or action
<b>Respect</b>	<p>Early and regularly shared intelligence (soft and hard)</p> <p>Recognition of achievement, reduction of oversight linked to improved performance</p> <p>Reasonable timeframes for actions and impact, an expectation of delivery and exception reporting on all parties</p>
<b>Coordination</b>	<p>One linked set of conversations, between the providers (or places etc), the ICB and Region</p> <p>Clear governance (flow of assurance, and links between quality, finance, and SOF meetings)</p> <p>Curation of support offers and inputs</p>
<b>Parity of priorities</b>	Agreement via the Integrated Care Strategy and Place Plans of local priorities
<b>Focus</b>	<p>Direction of ICB attention and support to where it is needed most</p> <p>Balance between upstream/prevention and current provision focus (80:20)</p>
<b>Learning</b>	Supporting the build of a learning system and improvement culture: identifying and sharing good practice, and using improvement methods in support offers
<b>Partnership</b>	Prioritisation of action by partners to support partners to tackle wicked or systemic issues

## 2. Approach to oversight at Place

2.1. Place oversight will focus on delivery of the priorities set out in the Place-Based Plan, the ICB Joint Forward Plan and annual operating plan.

2.2. The oversight process follows a continuous cycle of:

- Regular reporting (frequency to be agreed, likely to be bimonthly or quarterly) by the Place-based team on delivery of their plan and progress in addressing issues in the Place oversight action log.
- Biannual oversight meetings

### 2.3. Place oversight meetings

2.3.1. The Executive Area Director will convene a biannual oversight meeting with each Place-based team to review progress in the following areas:

- Local strategic priorities
  - Progress delivering the Place-Based Plan
  - Risks and issues
  - Progress in supporting delivery of service transformation at scale.

- Feedback from the Health and Wellbeing Board on the ICBs contribution to the delivery of the JLHW strategy.
- Quality of care, access and outcomes
- Preventing ill-health and reducing health inequalities
- Finance and use of resources
- People
- Leadership and capability
- Plans for the further development of the Place-based partnership, including changes to its membership and the delegation of ICB functions.
- Learning that can be shared with other Places.

2.3.2. The ICB Performance & Improvement Team will:

- Organise oversight meetings on behalf of the Executive Area Director.
- Produce a pack containing the following data:
  - Better Health, Fair Health metrics
  - NHS Outcomes Framework measures
  - Community services data from the relevant provider trust(s) assurance pack
  - Better Care Fund metrics
- Share the data pack with the relevant Director of Place at least 4 weeks prior to the meeting, providing them with an opportunity to comment on the data, suggest areas for further discussion at the oversight meeting and provide any additional local data that may be required.
- Ask NHSE to share feedback provided by the relevant Health & Wellbeing Board during the ICB oversight process.
- Convene a pre-meeting with the Executive Area Director to set the agenda.

2.3.3. ICB Directors of Place will:

- Organise representation from the Place Board at the oversight meeting (see 2.3.4. and 2.3.5.)
- Ensure that any comments and / or additional local data is returned to the Performance & Improvement Team at least 2 weeks prior to the meeting.
- Be responsible for implementing the actions agreed during the oversight meeting.

2.3.4. Meetings will be chaired by the Executive Area Director and membership will include:

- At least 1 other ICB Executive Director
- Place Director
- Place-aligned Finance, Medical and Nursing Directors
- ICB Director of Performance and Improvement
- ICB Director of Strategy & Planning

2.3.5. It is for Executive Area Directors and Directors of Place to agree which local authority and / or other members of the Place Board will be invited to attend Place oversight meetings. This may depend on the specific areas on the agenda for discussion.

### **3. Outcomes and support**

- 3.1. A key outcome of the Place oversight process will be the early identification of emerging issues and concerns, so that they can be addressed before they have a material impact or performance deteriorates further.
- 3.2. Oversight will be support-focused and provide opportunities for teams working at Place to seek information and help from their ICB colleagues.
- 3.3. Place oversight meetings may be used to initiate discussions about governance and decision-making arrangements at Place and the delegation of ICB statutory functions to Place-based partnerships. For a change of delegation to be actioned, a request would need to be submitted by the relevant Executive Area Director to the ICB Board. Further information on the different approaches that can be taken to governance and shared decision-making at Place can be found in the [Thriving Places](#) guidance published by NHSE and the Local Government Association.
- 3.4. Where Place-based teams have significant support needs that may impact on the ICB's overall rating against the NHS Oversight Framework, some or all of the following actions may be taken:
  - Additional monitoring / Place oversight meetings
  - Support for the Place-based team from within the ICB / NECS.
  - Request to NHS England NEY Regional Team to access resource from relevant system support teams.
  - Changes to the ICB scheme of delegation.
- 3.5. The Place oversight process will support the Executive Directors of Place to provide assurance to the ICB Executive Subcommittee on a regular basis.

### **4. Links to the ICB oversight process**

- 4.1. NHS England has a legal duty to annually assess the performance of each ICB against the NHS Oversight Framework.
- 4.2. Delivery at Place is integral to the performance of the ICB and therefore it is necessary to ensure that there is clear alignment between the oversight arrangements that exist for ICB teams working at Place and those which are applied to the system as a whole.
- 4.3. This alignment will be achieved by assessing the performance of Places against the six domains of the NHS Oversight Framework and by using the feedback that NHS England receives from Health and Wellbeing Boards in the NENC ICS to inform the oversight process.

## **5. Building a learning and improving system**

- 5.1. NENC aspires to be a health and care system that fosters innovation and proactively applies learning and a continuous improvement approach to everything it does.
- 5.2. The Place oversight process supports the achievement of this ambition by providing an opportunity for Place-based teams to highlight examples of best practice and to access learning from other parts of the ICB.
- 5.3. Place oversight meetings may result in Place-based teams being asked to produce a short case study, highlighting examples of successful innovation and best practice which can be shared with other Places, systems and / or NHS England.

