APPENDIX 1

NHS Calderdale Clinical Commissioning Group

Name of Meeting	Governing Body	**Meeting Date**	29/04/2021
Title of Report	**Update on Calderdale Cares**	**Agenda Item No.**	5
Report Author	Debbie Graham Head of Integration and Partnerships	**Public / Private Item**	Public
Clinical Lead	Dr Steven Cleasby, Clinical Chair	**Responsible Officer**	Robin Tuddenham, Accountable Officer

Executive Summary

Calderdale Cares is the key element of our place-based plans for Calderdale. It describes the way in which we are building our health and care offers around communities, integrating and collaborating with the broadest set of partners. Publication of the White Paper on Integrated Care Systems in 2021, amplifies this journey, and sets a clear timeline for change, both locally and regionally.

This paper confirms our current position, and a set of recommendations for moving forward, particularly related to organisational development, and revised governance as we work towards an Integrated Care Partnership (ICP) model in place.

It confirms that our direction of travel is in line with that in the new 2021 Planning Guidance, and also the West Yorkshire Integrated Care System's Five-Year Plan and top ten priorities.

Previous Considerations

Name of meeting	Integrated Commissioning Executive	**Meeting Date**	January, February, March 2021
Name of meeting	Senior Management Team	**Meeting Date**	January, March 2021

Recommendations

It is recommended that the Governing Body:

1. Approves the direction of travel and governance structure in Appendix B in support of our ICP model for Calderdale
2. Agrees the proposal in section 4.4, ensuring each organisation has a clear mandate to proactively support the development of our locality working.
3. Agrees the next steps set out in section 8, particularly;
   (a) An organisational development workshop

(b) Approach to communications and engagement

(c) The continued strengthening of our voice into the work of the West Yorkshire ICS

Decision ☒	Assurance ☐	Discussion ☐	Other:

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	The strategic direction described in the document is underpinned by a range of transformational system programmes. For each programme a Quality Impact Assessment will be completed, in line with internal CCG due diligence processes. The use of a common improvement methodology in Calderdale will ensure transformation is undertaken in a visible and effective way. Quality will be improved/maintained by involving clinicians, front line workers, patients and the public in the integration and transformation of services to achieve the agreed outcomes
Engagement and Equality Implications (including whether an equality impact assessment has been completed)	A key element of the strategic intent is to reduce health inequalities through the creation of integrated services and programmes that are personalised and bespoke to localities and communities, and that utilise those who work in, and support, our communities. Calderdale Cares is intended to contribute to outcomes in the Wellbeing and Inclusive Economy Strategies, and our Recovery Plan, to tackle the root causes of health inequalities. The Calderdale Cares narrative, describing the difference it will make to our population, has been developed from the wealth of engagement and consultation undertaken within Calderdale over the last 3 years. The strategic direction described in the document is underpinned by a range of transformational system programmes. For each programme an Equality Impact Assessment will

	be completed, in line with internal CCG due diligence processes.
Resources / Financial Implications (including Staffing/Workforce considerations)	A benefit of Calderdale Cares will be to understand the totality of the health, care, and wellbeing investment in Calderdale, and ensure there is value for money and the best use of the Calderdale pound, in line with the agreed strategic direction. Development of the Calderdale People Plan will be a core strand of implementation, as will a focus on organisational development.
Sustainability Implications	Calderdale Cares is underpinned by; the outcomes in the Calderdale Inclusive Economy Strategy, ambitions for Calderdale to tackle the climate emergency, and also Calderdale's aims related to increasing social value.

Has a Data Protection Impact Assessment (DPIA) been completed?	**Yes ☐**	**No ☐**	**N/A ☒**

Strategic Objectives (which of the CCG objectives does this relate to?)	Calderdale Cares seeks to address all of the CCG strategic objectives	**Risk (include risk number and a brief description of the risk)**	There are currently no risks on the risk register associated with delivery of Calderdale Cares
Legal / CCG Constitutional Implications	Implementation of Calderdale Cares will follow the direction set out in the new White Paper on Integrated Care Systems, and as such, legal and constitutional issues will be addressed in line with the West Yorkshire and Harrogate Integrated Care System	**Conflicts of Interest (include detail of any identified / potential conflicts)**	There are no identified conflicts of interest associated with this item

	(ICS) implementation programme.		

1.0 Introduction

1.1 Calderdale Cares is our integrated model of health, care and wellbeing in Calderdale, a network of organisations and people coming together to improve the health and wellbeing of the Calderdale population, focusing on enabling people to stay well, and live independent and fulfilled lives. We are doing this is by putting people and patients at the centre of their care, building on their strengths and resilience, and enabling people to take control of their own health, care and wellbeing wherever possible. This approach fully recognises the inter-relatedness of physical and mental health and wellbeing, and the need for parity between them. Prevention and early intervention is at the heart of all we do.

1.2 Our approach is founded on principles of voice, influence, and equity. By working together, we can ensure that people who need care and support remain living independently at home wherever possible and receive care and support as close to home as possible. We recognise this is not just about services, but about a movement to empower individuals through their connection to their communities. We will approach this by; learning from the impact of the Covid-19 pandemic, our shift into disaster recovery, aligning our work in place through our developing Integrated Care Partnership (ICP) with our colleagues in the West Yorkshire (WY) Integrated Care System (ICS), collaborating as a system in Calderdale, and collaborating and working within each of our five localities and Primary Care Networks.

1.3 Residents of Calderdale and employees of organisations that make-up the Calderdale Cares network have told us what differences they want to see, and we have used this to construct the following narrative about the outcomes that we will achieve together.

a) Better wellbeing for all

- Healthier people – Increase the length of time people live in good health (both physical and mental wellbeing)
- Narrowing the gap in health – narrow the gap in the length of time people live in good health between the most deprived and least deprived areas and between groups of people in the borough
- Improved physical and mental wellbeing in children and young people

b) Harness the strengths of Calderdale's people and communities

- A thriving voluntary and community sector

- People are connected to support in their local community to help them stay independent and well
- People in Calderdale are empowered to care for their own health and wellbeing

c) *Seamless services for those that need help*
- Health, wellbeing, care, cultural and art services can be easily accessed as close to home as possible
- People with long-term care needs receive continuity of care and only tell their story once
- People with complex health and care needs receive co-ordinated care from across the Calderdale Cares network, with a named care co-ordinator

d) *Partners working together to make this change happen through the Calderdale Cares Network*
- Staff work across organisational boundaries, in teams without walls, with the person or patient at the centre
- Information is be shared across the network and more people get support with their health, wellbeing and care digitally
- Buildings will be shared across the Calderdale Cares network of organisations and will create space for people and communities to look after their own health and wellbeing
- Recognising the importance of the new Calderdale Community Collaboration as a vehicle for change

1.4 This narrative is being used to:
- Generate ownership and commitment for the journey with our population and partners
- Involve front-line heath, care and wellbeing clinicians and staff, and patients in re-designing and integrating services and programmes to achieve the outcomes
- Create an underpinning organisational development agenda , with and for, our staff
- Identify where we have already taken actions that move us forward, and the quick wins that we could take to speed up the journey.
- Design a set of outcome metrics that will enable us to map our success. This work has been started by collaborative work between Business Intelligence Units in both Calderdale Clinical Commissioning Group (CCG) and Calderdale Metropolitan Borough Council (CMBC).

1.5 New planning guidance for 2021/22 was issued to health and care systems nationally in March 2021. The guidance restates the priorities from the 5 Year Forward View, and also puts a clear emphasis on tackling health inequalities, supporting recovery, and promoting collaboration, which are very much in line with our plans for delivery of Calderdale Cares. The guidance is also explicit about the importance of the wellbeing of our staff, and the impact of the pandemic our workforce. We will co-design and co-produce Calderdale Cares recognising Myron's maxim that people own what they help to create.

2.0 Context

2.1 Calderdale is a special place, with talented, kind and resilient colleagues and communities, who have continued to face unprecedented challenges. Calderdale is well recognised for its focus on; culture, economic growth, arts, and care, and we continue to proactively take Calderdale to the next level, and with our partners, working together to create a sustainable and compassionate health and care system. Our scale is an advantage, combining; the co-terminosity which exists between key parts of the system, the strong relationships with providers who work beyond it, and our embedded relational practice born from long-term working relationships. Calderdale Cares seeks to ensure our governance, partnership, decision-making, and delivery arrangements, solidify and ground this practice and enable assurance, accountability and focus on outcomes.

2.2 Through the locality-based Calderdale Cares programme, launched in 2018, health and care services have been brought closer to home, so people can access the services they need in the place they live. The programme recognises the importance of place in the lives of local people, and this has remained integral in the work we have done and the relationships we have built.

2.3 The programme is important in delivering our ambition to the to be the best borough in the North; working with our distinctive communities, designing for kindness and parity of esteem for emotional health, valuing our enterprising and talented staff, and creating a resilient health, care and wellbeing system (our Vision 2024).

2.4 Our system is one that connects not only health services, care providers, and third sector partners, but more importantly, our population, and our colleagues in; housing, police, education, and those who contribute to tackling the wider determinants of health. We view

the roles of our clinical, professional and political leaders as critical to our success (see Appendix A for a list of network partners). We recognise the importance of clinical and professional leadership in all senses with a need for clear structure to support the influence of clinicians in transforming services, whether they are GPs, nurses, therapists, social workers or social prescribers.

2.5 Calderdale, its partners across West Yorkshire, and those beyond our footprints, exist within an ever changing context. We view recent proposals for change at both place and West Yorkshire as being entirely consistent with the journey we have been on for a number of years, in that they:

- Enable a permissive approach to how partnerships will operate, with local government as a core part.
- Enable delegation to place in systems, and retain primacy at place, and strengthening working at scale across the region.
- Build on provider and commissioner collaborations we have built over several years, particularly those collaborations which are transforming our community services to improve health, care and wellbeing outcomes
- Provide an opportunity for us to build on the integrated governance we have created, enabling more effective and responsive decision making, which takes account of community voices.

2.6 We believe that everything we have done in Calderdale is consistent with central expectations in the West Yorkshire ICS five Year Plan/Ten Top priorities, and the ambitions set out in our Wellbeing and Inclusive Economy Strategies.

2.7 Closer partnerships between the Calderdale Metropolitan Borough Council (CMBC), NHS Calderdale CCG, Calderdale and Huddersfield NHS Foundation Trust (CHFT), South West Yorkshire Partnership NHS Foundation Trust (SWYPFT), and our community and voluntary sector, developed over the past three years, have already had a significant impact on people's lives in the borough. Our architecture is built on the architecture of; localities, place and West Yorkshire and the principle of subsidiarity.

2.8 Calderdale's Wellbeing Strategy: Living a Larger Life was published in autumn 2019. It sets out an ambitious programme to ensure that people of Calderdale enjoy more years of healthy life; that the gaps in healthy life expectancy between different communities are

reduced, so that everyone, whatever their health or disability, is supported and enabled to lead the fullest life possible.

2.9 Through the programme, we have made better use of scarce resources, and built resilience across Calderdale's communities, recognising the strengths that individuals have. Our five localities, and Primary Care Networks have been a vital part of our new architecture, enabling us to work with our communities, and build new offers with our partners. These include; improvements in mental health support, discharge, cancer care, care home provision, end of life care, Covid-related care and support services, vaccine delivery, and many others. The use of our thriving third sector, community champions and volunteers to support key areas, such as tackling homelessness, climate change, and our work on creativity, arts and health, has been a fundamental part of improving population health and reducing inequalities.

2.10 The work so far has built on a wealth of engagement, dialogue and consultation with our communities, and this continued dialogue is central to further implementation of Calderdale Cares. We aim to move beyond the kinds of engagement we have done before, to give our population a real voice and influence, and empower people and communities to be actively involved in improving health and wellbeing. We will take the learning from the pandemic of the ways in which we have connected to our communities to ensure that health inequalities are addressed. Our Involving People Strategy, signed off by the Health & Wellbeing Board in 2020, gives us a strong platform on which to do this.

2.11 We will do all this in the context of our reputation for our focus on; culture, arts and health, economic regeneration, digital maturity and the value we place on the wellbeing of our staff and volunteers

3.0 Integrated Working and the White Paper

3.1 National Context

The Care Act 2014 placed a clear emphasis on the importance of a health and care and support system that works actively to promote wellbeing, independence and prevent people unnecessarily reaching crisis. This principle has been reinforced within the recently published Health and Social Care White Paper, which stipulates a continued focus on locally determined place-based partnerships, built on collaboration and integration.

3.1.1 New proposals on integration of health and care services have emerged nationally in the new White Paper. We believe these are entirely consistent with our journey so far, and our plans for the future. They build on the proactive relationship between Calderdale and the West Yorkshire ICS, and on the programmes of work, to improve mental health, physical activity, diabetes, healthy aging, and cancer outcomes, which are some of the strongest examples of collaboration nationally.

3.1.2 The ICS in the future will be made up of; (a) a statutory ICS NHS body, and (b) a separate statutory ICS Health and Care Partnership, bringing together the NHS, Local Government and broader partners.

3.1.3 The ICS NHS body will take on the commissioning functions of CCGs, and some of those of NHS England. Each ICS NHS body will have a board, which will be responsible for:

- developing a plan to meet the healthcare needs of the population, and contribute to addressing the social, economic and environmental determinants of health and wellbeing
- developing a capital plan for the NHS providers
- to meet the healthcare needs of the system population

3.1.4 The West Yorkshire ICS will be able to delegate significantly to place level and to provider collaboratives. The ICS Board will, as a minimum, include a chair, the Chief Executive Officer, and representatives from NHS trusts, general practice and local authorities, and others determined locally including non-executives. The Board will be directly accountable for NHS spend and performance, with its Chief Executive Officer becoming the Accounting Officer for the NHS money allocated to the NHS ICS Body.

3.1.5 Guidance will be published on how ICS Health and Care Partnerships can be used to align operating practices and culture, with the legislative framework to ensure ICSs deliver for the Adult Social Care (ASC) sector. There will be a more clearly defined role for Social Care within the structure of an ICS Board, which will give Adult Social Care a greater voice in NHS planning and allocation.

3.1.6 To support the ambition for ICSs to also address broader health outcomes (including improving population health and tackling inequalities) a forum will be developed, made-up of a wider group of organisations than the ICS NHS Body. This Partnership will develop a plan to improve health, social care and public health outcomes for their population. Members can be drawn from a number of sources including Health and Wellbeing Boards, partner organisations with influence over health, care and wellbeing (e.g. Healthwatch, voluntary and independent sector partners and social care providers), and organisations with a wider interest in local priorities. We already have much of this architecture in our West Yorkshire ICS.

3.1.7 A new duty will be introduced to promote collaboration across the healthcare, public health and social care system. This proposal will place a reciprocal duty to collaborate on NHS organisations and local authorities. A shared duty will require ICSs, NHS England and NHS providers of care to have regard to the 'Triple Aim' of better health and wellbeing for everyone, better care for all people, and sustainable use of NHS resources

3.1.8 Measures will make it easier for the Secretary of State to direct NHS England to take on specific public health functions (complementing the enhanced general power to direct NHS England on its functions); help tackle obesity by introducing further restrictions on the advertising of high fat, salt and sugar foods; as well as a new power for Ministers to alter certain food labelling requirements.

3.2 **West Yorkshire Context**

In describing the work of the West Yorkshire ICS, we recognise Calderdale as a strong and proactive partner, working with our colleagues across the footprint. The West Yorkshire ICS is recognised nationally for its work, and the strength of its ways of working, particularly in supporting the proactive role of our six places in shaping the overall system.

3.2.1 As a West Yorkshire ICS we have committed ourselves to underpin development of new arrangements with our five current principles: ambition, true partnership, a single version of the truth, simple governance, and subsidiarity. We are developing principles for future governance arrangements which are currently in draft:

- We will develop arrangements that enable further progression of our partnership, and delivery of our shared objectives

- We will ensure that these changes provide opportunities for staff, and provide certainty a soon as possible
- We will make the legislation work for us and develop arrangements that reflect our values and ways of working
- We will develop arrangements that are streamlined, avoiding bureaucracy and uncertainty
- We will continue to develop effective networked teams to share learning and improve alignment
- We will apply subsidiarity principles, exploiting economies of scale while recognising that the majority of capacity and focus is at place level
- We will ensure that our arrangements continue to align with the principles of good public sector governance
- We will take an inclusive approach to developing our arrangements, involving partners from across the system (people own what they create).

3.2.2 The proposed timeline for the change process are set out below:

- ***By end of April 21:*** Clarity of the high-level structure of the ICS body including directorate structure and functions; agreed development plan [an NHS England requirement]
- ***By end of September 21:*** Confirmation of detailed structure of the place and ICS arrangements
- ***By end of November 21:*** Formal notification to all staff on the hosting arrangements and job role.
- ***By end of March 22:*** New arrangements fully in place

3.3 **Calderdale Context**

Place-based arrangements between local authorities, the NHS, the voluntary sector, related partners, and providers of health and care will be defined through ICP arrangements developed in place, and with reference to the ICP Development Workstream. This will build on our work to date, particularly through the Health and Wellbeing Board, Health and Care Leaders and the Integrated Commissioning Executive.

3.3.1 The White Paper has clear implications for our staff given they currently work for the CCG, which will no longer exist from 31 March 2022. We have been able to confirm

to staff that contracts will move to the ICS NHS body at some point before March 2022, and a formal consultation process is currently underway. A national Human Resources (HR) framework is being developed and will be used by the West Yorkshire ICS as the basis for the work of the HR Workstream. Nationally, staff below Board level affected by the change, have been given job security through a job guarantee. The CCG's Senior Management Team have a range of processes in place to support staff through this uncertain time, including; weekly team briefs, open door access to our Chief Operating Office, staff workshops, and the development of a staff resilience and coaching programme. We recognise that this will create uncertainty at a time when we are seeking to recover the health and care system, and work through the impact of the pandemic.

3.3.2 Across Calderdale, people with multiple long-term conditions, complex needs and disabilities continue to live longer, with a significant proportion dependent on health and social care services.

3.3.3 The development of an Early Intervention and Prevention approach is key to ensuring Calderdale residents receive the right help in the right place at the right time, enabling them to be more connected to their communities, and live a larger life, promoting improved health and wellbeing.

3.3.4 In Calderdale, Social Care is continuing to place significant importance in promoting, maintaining, and enhancing people's independence, enabling them to be healthier, stronger more resilient, and less reliant on formal social care services.

3.3.5 Adult and Children's Social Care are adopting strengths-based (sometimes called asset-based thinking and practice. This approach focuses on identifying the strengths, or assets, as well as the needs and difficulties of; adults, children, young people and families. More conversations, at first contact, are taking place to assist people to recognise their own strengths and capabilities.

3.3.6 Working collaboratively with adults, children, young people and their families to focus first on what they can do with their own skills and resources, and what personal, community and social networks can do, helps to promote a person-centered and outcomes-focused approach to promoting individual wellbeing. It also helps to develop the quality of the relationship between the individual and those providing

support. Strengths based approaches are now seen as key to successful health and social care interventions.

3.3.7 Community groups and settings are an important strand of the development of the strengths/asset-based approach in improving the accessibility of support and helping people to be more connected to their communities.

3.3.8 Overall, we believe these proposals provide us with the opportunity to build on the work we have already done, learn from the pandemic, and enable us to provide clear direction and leadership for the next part of our journey in Calderdale. This will provide our population, partners and staff with a clear direction of travel to support them to move forward.

4.0 Our Localities

4.1 Our localities provide us with a unique opportunity to continue to work more closely with our communities and partners, recognising the differing; populations, circumstances and community champions and supporters, that influence health and wellbeing in different parts of our borough.

4.2 As partners we need to consider how we encourage innovation and creativity in our localities. We need to maximise the opportunities from Population Health Management to share data, plan the future, and ensure an intelligence and insight led approach to the provision of health, care and wellbeing services to achieve the Calderdale Cares outcomes. The pandemic has hugely strengthened our working relationship with our Public Health colleagues in the local authority and our leadership of the vaccine programme has widened our knowledge and connection into our neighbourhoods. We see the consolidation of this learning as pivotal to maximising the potential for our residents to live well, to feel connected, and for us to base our health and care system on lived experience.

4.3 Whilst driving innovation will be a feature across our locality work, we recognise that delivery will differ in each locality based, on community needs and assets, and that their priorities will emerge and outcomes achieved through partnership working. We also need to be assured, as a system, our localities are working collaboratively towards delivery of the ambitions in Calderdale Cares, setting out minimum expectations in terms of delivery and leadership

4.4 We need to work together to agree how we approach devolvement to our localities, empowering people and communities. We are calling on all our partners to reinvigorate their relationships with localities and PCNs to enable us to deliver our Calderdale Cares outcomes.

5.0 Our Providers

5.1 Whilst NHS provider organisations will remain separate statutory bodies and retain their current structures and governance under the new White Paper, they will be expected to work in close partnership with other providers and with commissioners or budget holders to improve outcomes and value.

5.2 This provides a new set of opportunities for strengthening provider collaboratives, building on the work done locally on community services provider collaboration. As a system we have already committed ourselves to collaboration to deliver Right Care Right Time Right Place, with a clear intent to strengthen and enhance community services as part of a programme of hospital reconfiguration. We recognise the opportunity of working beyond Calderdale on this, particularly with Kirklees, ensuring collaboration on the hospital reconfiguration in particular given the investment and opportunity this offers.

5.3 A key strand of this work is ensuring that our voluntary and community sector is enabled to be key players in any collaborative. We are also committed to ensure that we join up physical and mental health in our localities and accelerate our system approach to physical activity and wellbeing

6.0 Our Health and Wellbeing Board

6.1 The White Paper, confirms that Health and Wellbeing Boards will continue to have an important responsibility at place level to bring local partners together, as well as developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

6.2 Our Health & Wellbeing Board has played a significant role in developing and delivering Calderdale Cares and within Calderdale's ICP. Work has taken place on a Calderdale and Kirklees footprint on Right Care, Right Time, Right Place, and on a West Yorkshire footprint; working at scale with our ICS with the intention of improving outcomes in Calderdale.

6.3 The Board has provided a key oversite role for Calderdale Cares and the Wellbeing Strategy and received regular updates on the programme of work and work being undertaken in localities.

6.4 The Board were overwhelmingly supportive of moving Calderdale Cares to the next stage, seizing the opportunity to bring its collective resources and efforts together to make a sustained difference to the health and wellbeing of Calderdale people.

7.0 The Role of West Yorkshire Combined Authority

7.1 The role of the Combined Authority in supporting Calderdale Cares outcomes remains important. Our aspirations and theirs converge, in that we want our place and region to be recognised as a strong, successful economy, where everyone can build great businesses, careers and lives.

7.2 We will continue to take a proactive leadership role into the Combined Authority work, through our Accountable Officer who is also the Local Authority Chief Executive, and the Council Leader, who has a key role for WYCA and the ICS. This collaboration is being enhanced through dedicated resource going into WYCA to support work on key determinants of health, including work on housing, economy and skills and transport. Calderdale is a priority area for the Community Renewal Fund, is a Priority Two area for the Levelling Up Fund and has secured investment for towns. In May 2021, the first West Yorkshire Mayor will be appointed as part of the 30 year devolution deal for West Yorkshire. Whilst the responsibility for the ICS will sit outside this, the Mayor will be responsible for a wide range of services impacting upon the health and wellbeing of our communities, including policing and crime.

8.0 Next Steps

The following sets our proposed next steps:

8.1 Discuss with the system the potential for a System Organisational Development Workshop that:

- Reminds us of our Calderdale Cares Journey to date and what we have achieved and why it's important
- Shares insights, and provides an opportunity to reflect
- Collectively creates a sense of the next sets of opportunities at a West Yorkshire, Calderdale and locality level
- Agrees an plan for action, agreeing leadership and timescales
- Ensures strong alignment with our West Yorkshire partners.
- Identifies quick wins where integration can enable the delivery of Calderale Cares outcomes, to test out new ways of working and make integration visible to communities

8.2 There is an opportunity for this to be led by the by the System Leadership and Development Programme at West Yorkshire, who have experience in undertaking Peer Reviews across other place-based system. The West Yorkshire ICS has recently published a draft ICP Development Framework, and it provides a starting point for us to undertake a self-assessment at place to support the proposed workshop as part of our work on ICP Development.

8.3 Build on Calderdale's existing communications and engagement strategies, to share the work and thinking with our partners and population and engage them in a movement to strengthen individuals and communities, in order to deliver Calderdale Cares.

8.4 Begin to adjust our current governance arrangements, mirroring the current West Yorkshire ICS governance (as set out in Appendix B), fully utilising current governance structures, and reducing duplication:

- Review the current terms of reference and membership of the Integrated Commissioning Executive (ICE), and create a forum to oversee implementation of the Calderdale Cares programme in the short-term, enabling the work to progress at pace

- Develop the Terms of Reference for a new Calderdale Integrated Partnership Board, where the broad range of partners come together to have oversight of partnership working in Calderdale, linking to the West Yorkshire ICS Board.
- Review the current terms of reference of the Calderdale Health Leaders Group; creating the potential to build a System Leadership Executive Group, mirroring the role of the ICS Senior Executive Group.
- Create a new Calderdale Clinical and Professional Forum to develop and oversee implementation of clinical and professional strategies to underpin delivery of Calderdale Cares.
- Create a single System Oversight and Assurance Group, taking responsibility for oversight of system quality, finance and performance; building on structures which current exist in the CCG, CMBC and others as appropriate.
- Review the Terms of Reference of the Calderdale Wellbeing Board so that it is able to play a full and active part in the new governance arrangements, ensuring a clear focus on delivery of the Wellbeing Strategy.
- Revise the terms of reference and membership of the current Calderdale Community Collaborative Partnership Board (3CPB); creating the potential for the development of a Partnership Transformation Board to hold the range of transformation programmes and support the new Health and Care Partnership to do its work. Building on its current work-streams and undertaking the transformational elements of Calderdale Cares
- With the Kirklees system, review the current terms of reference and membership of the current Calderdale and Greater Huddersfield Partnership Transformation Board (PTB), to have oversight of transformation across the acute trust footprint, including Right Care Right Time Right Place and recovery activities.

8.5 Continue to strengthen alignment, voice and influence within the West Yorkshire ICS through; continuing our proactive involvement in the West Yorkshire ICS architecture, and programmes of work, shaping new approaches to delivering current programmes as needed, ensuring Calderdale is represented in the work-streams leading establishment of the new statutory West Yorkshire ICS, and the ICS supports our aspirations in place;

- Future Design and Transition Group
- Chairs and Leaders Reference Group
- Work-streams;
  - ICS operating model
  - ICP development framework

- Future financial architecture
- System clinical leadership
- Strategic commissioning
- Workforce
- HR transition

9.0 Recommendations

It is recommended that the Governing Body:

1. Approves the direction of travel and governance structure in Appendix B in support of our ICP model for Calderdale
2. Agrees the proposal in section 4.4, ensuring each organisation has a clear mandate to proactively support the development of our locality working.
3. Agrees the next steps set out in section 8, particularly;
   a) An organisational development workshop
   b) Approach to communications and engagement
   c) Supports our Calderdale health and care leader's role in influencing the shape and development of the West Yorkshire ICS

10. Appendices

1. Appendix A – Network of organisations who are part of Calderdale Cares
2. Appendix B – Proposed governance structure

Appendix A

Network of organisations who are part of Calderdale Cares

Calderdale MBC
Calderdale CCG
Calderdale and Huddersfield Foundation Trust
Calderdale Leaders (includes the business sector)
Healthwatch
Locala
Local Care Direct
Pennine GP Alliance
Primary care Networks (5)
South West Yorkshire Partnership Foundation Trust
Third Sector
Voluntary Sector Infrastructure Alliance
Together Housing
Yorkshire Ambulance Service
West Yorkshire Community Pharmacy
West Yorkshire Fire & Rescue
West Yorkshire Police

Appendix B

Calderdale Cares Proposed Governance Structure

Formal reporting lines - Calderdale to West Yorkshire