

Options Appraisal

1. Description of Options

The five options set out in the Integrated Care Systems: Design Framework are described in more detail below:

Option 1 Consultative Forum	Option 2 Committee of NHS Integrated Care Board	Option 3 Joint committee	Option 4 Delegated authority to individual director	Option 5 Lead provider contract
<p>We envisage this working as a place- based partnership board where every partner has delegated decision making from their organisation through the individuals who are members of the board.</p> <p><i>Option closest to current ways of working.</i></p>	<p>A committee of the NHS Integrated Care Board with delegated authority to take decisions about the use of NHS Integrated Care Board resources</p>	<p>A joint committee of the NHS Integrated Care Board with one or more statutory bodies would delegate decision making on specific functions/services/ populations to the specified joint committee in accordance with their schemes of delegation.</p> <p><i>Likely to be a complex/time-consuming model to agree across multiple statutory partners.</i></p>	<p>An individual director would have delegated authority from the NHS Integrated Care Board around the L&SC NHS budget that is allocated to place. Delegations would be set out in the organisation's scheme of delegation.</p> <p><i>Most likely to operate in combination with another option</i></p>	<p>Lead provider holds the contract with the NHS Integrated Care Board and has lead responsibility for delivering the agreed outcomes for the place</p>
<p>Could operate in conjunction with: Option 4</p>	<p>Could operate in conjunction with: Option 3 and/or 4</p>	<p>Could operate in conjunction with: Option 2 and/or 4</p>	<p>Could operate in conjunction with: Option 1, 2, or 3</p>	<p>Could operate in conjunction with: N/A</p>

Table 1 – Description of Options 1-5 and variants

It must be noted that the description of an “Option 1 consultative forum” as set out in the national publication is somewhat unambitious. In discussion with NHS England colleagues and across the place-based partnerships within Lancashire and South Cumbria, a more ambitious approach has been adopted as to what this could offer. It is envisaged that this would work as a place-based partnership board where every partner has delegated decision making from their organisation through the individuals who are members of the board. It is therefore intended to be more than purely “consultative” and has been considered as such in this options appraisal.

Some of these options may not operate in isolation and may function more effectively if delivered together with another option. Feasible collaboration of options is also set out in the previous table.

1.1. Consideration of options 1-5 for use in Lancashire place-based partnership

In order to assess these options for use in the Lancashire place-based partnership, the key features, benefits and risks identified have been considered in detail (available upon request) and summarised in the table.

Across Lancashire and South Cumbria, a small number of key principles have been developed with partners whilst establishing place-based partnerships to describe the intended ways of working at Place. These are:

There should be collective ownership and accountability at place for:

- Improving the health and wellbeing of residents
- Planning and delivering safe and effective services that meet the needs of residents.
- Managing resources effectively
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There should be collective decision-making at place when:

- Agreeing priorities
- Allocating and managing resources

Places should feel empowered to act in the best interests of their residents, whilst recognising their role as part of a wider system.

This will require clear assurance processes:

- Between the partners within the place
- Between the place and the community which it serves
- Between each place and the system

Options 1-5 and combinations thereof, have been considered against the three key principles outlined above, with a summary rating used to indicate the suggested overall ability of the option to meet the three key principles:

HIGH	Strong ability to meet the principle
MEDIUM	Some ability to meet the principle
LOW	Weak ability to meet the principle

The detailed consideration of how these options meet these criteria are summarised in the table below (detail available upon request). It should be noted that these findings are mainly extracted from work undertaken outside of the Lancashire and South Cumbria system, where integration is further advanced.

These ratings are summarised below:

	Option 1	Option 2	Option 3	Option 4	Option 5
	Place-based partnership board (Consultative forum)	Committee of NHS Integrated Care Board	Joint committee	Delegated authority to individual director	Lead provider contract
Summary Benefits	<p>Already in place</p> <p>Inclusive and collaborative</p> <p>Deliverable in the short timescale</p>	<p>Allows some partner engagement on NHS spend</p> <p>Can deliver in the short timescale.</p>	<p>Supports pooling, joint integrated decision-making.</p> <p>Can take delegation of responsibility and budgetary management.</p> <p>Can delegate to others</p>	<p>Clarity of responsibility and decision making</p> <p>Deliverable in short timescale</p>	<p>Clarity on accountability for delivery.</p> <p>Gives providers greater ownership and direction for the delivery of services.</p>
Summary risks	<p>Individual not corporate decision making.</p> <p>Will not support delegation of budgets.</p>	<p>Would not support other partner budget delegation but could manage pooled funds</p>	<p>Partnership needs to be mature.</p> <p>Takes significant work to establish – equity of voice and clarity on decision making</p>	<p>Will require significant partnership working across the place to ensure decision making is collaborative</p>	<p>Need a mechanism to ensure wider partner influence.</p> <p>No such lead provider mechanism in existence</p> <p>May not be deliverable quickly</p>
Collective ownership and accountability	LOW/MEDIUM	MEDIUM/HIGH	MEDIUM/HIGH	LOW	LOW/MEDIUM
	With option 4 MEDIUM	With option 4 MEDIUM/HIGH	With option 4 MEDIUM/HIGH	With option 1 LOW/MEDIUM With options 2 or 3 MEDIUM/HIGH	
Collective decision-making	LOW/MEDIUM	MEDIUM/HIGH	MEDIUM/HIGH	LOW	LOW/MEDIUM
	With option 4 MEDIUM	With option 4 MEDIUM/HIGH	With option 4 MEDIUM/HIGH	With option 1 LOW/MEDIUM With options 2 or 3 MEDIUM/HIGH	
Empowered to act / clear assurance processes	LOW/MEDIUM	MEDIUM/HIGH	MEDIUM/HIGH	LOW	LOW/MEDIUM
	With option 4 MEDIUM			With option 1 LOW/MEDIUM With options 2 or 3 MEDIUM/HIGH	

Table 2 - Summary of benefits, risks and partnership principle alignment of options 1-5

2. Evaluation

Since the Integration Deal was approved at the NHS Lancashire and South Cumbria Integrated Care Board meeting on 5 July 2023, each Place is now working to develop what this will look like in practice. Effectively managing the responsibility and budgetary allocations associated with this deal will require robust governance to be established. The target date for phase one of the NHS delegations into Place is 1 April 2024, as such the governance option for management of those responsibilities and budgets need to be pragmatic and deliverable within this timescale. The chosen option to implement in the immediate and short-term, may not therefore be the long-term preferred option but should be able to demonstrate robust governance from this date and be able to flex to support the ongoing development and maturity of the partnership. In considering the 5 options set out in this context the following conclusions can be drawn.

As has been alluded to throughout this paper, Option 1, a consultative forum, reflects the current state of the Lancashire Place. This governance option could be retained but in order to achieve the best possible outcomes for the residents of Lancashire, the Lancashire Place will need to mature to enable truly integrated ways of working amongst its partners. In the long-term this governance option is likely to limit the development of the Lancashire Place and would rely upon good will and multiple arrangements between individual partners to affect change, which would inevitably become a complex and bureaucratic environment, stifling the possibilities of Place. Furthermore, this option taken in isolation would do nothing to support the delivery of the Integration Deal from the NHS Lancashire and South Cumbria Integrated Care Board by 01 April 2024.

Under Option 2, the Lancashire Place Partnership would become a committee of the NHS Lancashire and South Cumbria Integrated Care Board; maybe one of the more straightforward options for partners to deliver in the expected delegation timescales. It would allow for the Partnership to be provided with delegated authority to make decisions about the use of the NHS delegated resources. The scope of the committee is set by the statutory body and is agreed to by the committee members. There is an expectation that there are joint working arrangements with partners to embed collaboration. A mechanism for other partner engagement within this sub-committee would be needed to ensure partner voices are heard to influence decision making. This may not be the long-term preferred option for the partnership given it does not allow true partnership engagement by all partners in the decision making but it does support a staged approach to the Integration Deal.

Option 3, the Lancashire Place Partnership would become a joint committee of both the NHS Lancashire and South Cumbria Integrated Care Board and Lancashire County Council, providing a formal entity into which responsibility and finance allocations initially could be delegated from the two statutory partners and other associates to those pooled funds. Decision making for those statutory partners would be clear in the joint committee terms of reference including where appropriate the delegation of statutory functions into Place. Consideration would need to be given in this option to the voice of partners from the non-statutory sectors and considering their involvement and influence in the decision making. This option would need some detailed discussion and negotiation in order to establish clear lines of accountability

and demonstrate clarity in decision making. This option is unlikely to be deliverable in full by 1 April 2024 to facilitate the Integration Deal into Place. It could continue to mature to reflect additional delegations from wider partners into Place in due course.

Option 4 in isolation would not give a level of engagement and integration that is the vision for the Lancashire Place, it would, however, support delegation to place through the individual director, in this instance the Director of Health and Care Integration. Nonetheless, combining option 1 with option 4, would progress partnership working to a point allowing delegation of responsibility for delivery, performance and financial spend to the Lancashire Place through the individual director, who would work with partners in the Consultative Forum before making decisions regarding any delegated authority. This combined option reflects the current developments across the Lancashire Place and is therefore deliverable in the short-term. Given, however, the ambition for other statutory partners to delegate into Place, the level of responsibility and risk sitting with that individual director would eventually become untenable and would require a substantial supporting infrastructure to facilitate significant amounts of engagement, trust and partnership working, that would be reflective of a mature system, in order for this option to be effective. This may not therefore be the best longer-term option for the Lancashire Place Partnership.

Similarly, Option 5, in which Place adopts the Lead Provider Contract model as their governance, may not provide the framework for the greatest levels of collective ownership and accountability and collective decision making across a number of partners. It may also not allow for all partners to be involved in shaping collaborative solutions to delivery at Place. In addition, given the nature of this model it would not be a pragmatic short or medium-term solution.