

# Title of report: Establishing the Integrated Care Partnership

**Meeting:** Health and Well Being Board

**Meeting date:** 28<sup>th</sup> March 2022

**Report by:** Simon Trickett, ICS Chief Executive Designate

## **Classification**

Open

## **Decision type**

This is not an executive decision

## **Wards affected**

All Wards

## **Purpose**

The purpose of this report is:

- (1) To update members on development of the Integrated Care System, with a particular emphasis on the development of the Integrated Care Partnership.

## **Recommendation(s)**

### **That:**

- a) **Members endorse approach to the establishment of the new Integrated Care Partnership for Herefordshire and Worcestershire;**
- b) **Members agree the process and timeline for establishing the new Integrated Care Strategy for Herefordshire and Worcestershire;**
- c) **Members agree to include appropriate content in future Health and Well Being Board development sessions to enable it to take on responsibilities on behalf of the Integrated Care Partnership.**

## **Alternative options**

1. Alternative options were previously discussed and excluded at earlier HWBB development sessions in July and November.

## **Key considerations**

2. The Health and Care Bill 2021 is currently at the report stage in the House of Lords. This legislation, if passed, will put Integrated Care Systems (ICS) on a statutory footing from July 2022.
3. As part of the development ICS, an Integrated Care Partnership (ICP) needs to be established after 01 July 2022. Subsequently, the ICP needs to approve an Integrated Care Strategy by 31<sup>st</sup> December 2022, for implementation from 1<sup>st</sup> April 2023.
4. Members of the Health and Well Being Board were first updated on the proposed development of the Integrated Care Partnership (ICP) at a development discussion on 26<sup>th</sup> July 2021. At that session, members supported an approach that would see the ICP developed alongside the two Health and Well Being Boards in Herefordshire and Worcestershire, rather than being established as a third and separate partnership board. For information, members in Worcestershire also supported this approach.
5. At the development meeting on 4<sup>th</sup> November 2021, a further update was provided on the development of the Integrated Care System and the proposals for establishing the ICP.
6. The NHS in England is now organised around 42 Integrated Care Systems. They range in size from the smallest population of 500,000 (Shropshire, Telford and Wrekin) to the largest of 3,000,000 (Cumbria and the North East). At around 800,000, Herefordshire and Worcestershire is one of the smallest in the country. Some of the larger systems have more than 10 Health and Well Being Boards in their systems, making multi-area partnership arrangements complicated to manage.
7. The purpose of the legislation and the development of ICSs is to remove the barriers that prevent local NHS, Public Health and Social Care services from being truly integrated. It will create the opportunity to plan and deliver services that are wrapped around the needs of individuals.

## **Community impact**

8. The Integrated Care Strategy will need to be aligned with, and supported by, Herefordshire's Health and Well Being Strategy and all NHS and Council Corporate Plans.
9. The Integrated Care Strategy will need to be all-age, covering the provision of services from pre-birth, through maternity and neo-natal, children's services, adults, services for older people and end of life care.

## **Environmental Impact**

10. Alongside and in support of the Integrated Care Strategy, the Integrated Care Board will need to produce a Green Strategy for the ICS outlining how the NHS can contribute to improved environmental outcomes for the ICS area. This will how NHS organisations can reduce carbon emissions and how improved environmental outcomes will contributed to improved health outcomes for the population.

## **Equality duty**

11. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to:

- a. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

- b. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

12. There are no specific equality duty issues associated with this report.

### **Resource implications**

13. There are no specific resource implications associated with this report

### **Legal implications**

14. There are no specific legal implications associated with this report.

### **Risk management**

15. There are no specific risks associated with this report.

### **Consultees**

16. There are no specific consultation issues associated with this report.

## Appendix 1: Developing the Integrated Care Partnership

1. NHSE/I have been working with the Local Government Association (LGA) to develop mandatory guidance on the development of Integrated Care Partnerships (ICP). To date we have only seen draft guidance.
2. Integrated Care Partnerships will be statutory committees formed between (as a minimum) the ICB and the Local Authorities that provide social care services. However, it is hoped that the local ICP will contain much broader membership – including organisations such as district councils, both Healthwatch bodies, housing providers, social care providers, the fire and rescue service, the LEP, wider representation from VCSE partners and other stakeholders who have an interest or role in improving the health of the population and reducing health inequalities.
3. Within the H&W system, we have previously agreed the concept at the Integrated Care Executive Forum, the ICS Partnership Board and both Health and Well Being Boards to build the new ICP around the HWBBs. Early view of the mandatory guidance indicates that this will be possible, with some modifications to reflect the fact that Health and Well Being Boards are statutory committees of local authorities in their own right, and have specific duties and responsibilities.
4. By way of a reminder, our proposal is for the two HWBBs to come together in some form at least twice a year, alongside a wider range of partners that are not typically involved in HWBBs, to form an **Integrated Care Partnership Assembly**. The responsibility of the Assembly will be to set, agree and oversee the delivery of an Integrated Care Strategy for the ICS area. Working with the two Health and Well Being Boards, the Assembly will effectively form the ICP for the H&W area and replace the current ICS Partnership Board, which both Health and Well Being Board Chairs attend, and increase its role by recognising its specific legal duties.
5. Outside of the Assembly meetings, we hope to pursue two county-based approaches to transacting the requirements of the ICP through the regular meetings of the Health and Well Being Boards. This will reduce unnecessary duplication and ensure that the focus of developing integrated care considers local priorities for the population alongside the national priorities set by Government and NHS centre.
6. Our proposal is to work with the Assembly to develop an Integrated Care Strategy that is based on three chapters:
  - **Chapter 1:** Integration of services in Herefordshire, that are overseen and implemented by the One Herefordshire Partnership, in conjunction with the Herefordshire Health and Well Being Board strategy and plans.
  - **Chapter 2:** Integration of services in Worcestershire, that overseen by the Worcestershire Health and Well Being Board and implemented through the Worcestershire Executive Committee.
  - **Chapter 3:** Integration of services at system level, where both “Places” do it once and in the same way, where implementation is managed directly by the Integrated Care Board.
7. The first meeting of the Assembly each year will be to set and revise the strategy, with the second meeting of the Assembly being focused on receiving a report on progress and achievement – with a view to revision in the following year. The Assembly will therefore have a role in holding “chapter owners” to account for the delivery of their aspects of the strategy. Between Assembly meetings, each Health and Well Being Board would oversee the delivery of the chapter relevant to their specific geography and the Integrated Care Board would oversee implementation of the aspects relevant to both geographies.

8. Under current proposals, the first Integrated Care Strategy will need to be written during this calendar year, with implementation applying from 01 April 2023. To meet this timetable, we propose the following timeline:

Month	Meeting	Purpose
<b>Establishment cycle</b>		
Jun 2022	Inaugural meeting of ICP (limited membership)	To agree terms of reference, membership and operating arrangements
Sep* 2022	First meeting proper of the ICPA	To set the direction for the strategy
Dec* 2022	Special meeting of the ICPA	To approve the Strategy for implementation from April '23
<b>Regular annual cycle</b>		
May / Jun Each year	Regular meeting 1	The review progress on the Strategy and identify changes required
Dec/Jan Each year	Regular meeting 2	To agree changes and sign off the Strategy for the following year

*\*Further meetings could be called as necessary to oversee development of the Strategy either full meetings or through a task and finish group.*

9. Our ability as a system to transition from the current arrangements to the new arrangements will be linked to the development of the Health and Well Being Boards, and their willingness to take on the additional responsibilities that may be outlined in the mandatory guidance.
10. The proposed transition plan is:

Month	Purpose
February/March 2022	<ul style="list-style-type: none"> <li>Meetings of the existing Partnership Board and each Health and Well Being Board to agree the proposed transition approach.</li> </ul>
February-June 2022	<ul style="list-style-type: none"> <li>Discussions with both Health and Well Being Boards around the mandatory guidance as it emerges.</li> <li>Development of the handover arrangements and plan to enable the HWBBs to pick up work currently done by the Partnership Board.</li> </ul>
June 2022	<ul style="list-style-type: none"> <li>First meeting of the ICP (as per the previous table).</li> </ul>

11. Members are asked to endorse this approach and plan for transition:

**Please include a glossary of terms, abbreviations and acronyms used in this report.**

Name	Acronym	Explanation
Integrated Care System	ICS	The collection of NHS Local Authority, Voluntary Sector and any other stakeholder that has an interest in improving health and well being outcomes across Herefordshire and Worcestershire.
Integrated Care Board	ICB	The new NHS statutory body that replaces Herefordshire and Worcestershire Clinical Commissioning Group from July 2022
Integrated Care Partnership	ICP	A new statutory partnership between the NHS and Local Authorities that provided social care, required by the Health and Care Act 2021
Integrated Care Partnership Assembly	ICPA	The approach proposed in Herefordshire and Worcestershire to for both existing Health and Well Being Boards and the Integrated Care Board to meet the requirements of the ICP under the Health and Social Care Act 2021
Integrated Care Strategy	ICS Strategy	A new strategy that is required by the Health and Social Care Act for the area of Herefordshire and Worcestershire, to take effect from April 2023