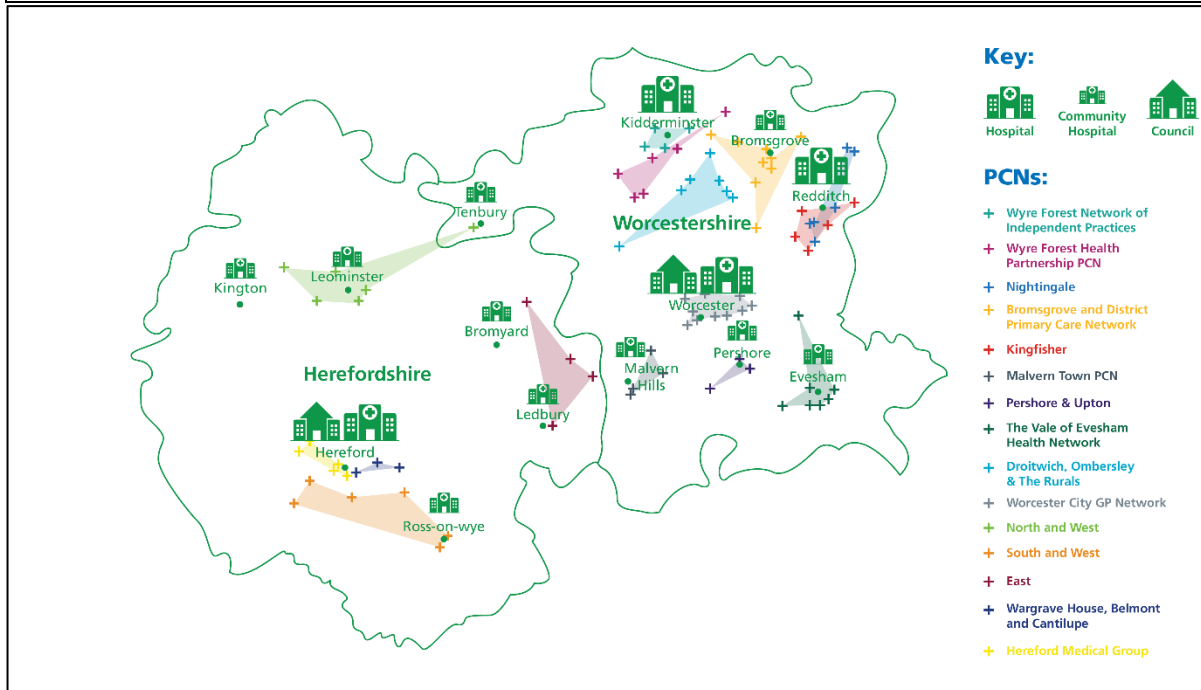


## Introduction

The Herefordshire and Worcestershire Integrated Care System is made up of a range of NHS and Local Authority services organised into 15 Primary Care Networks (PCNs) spread over two Places (Herefordshire Council area and Worcestershire County Council area). Within the ICS area there are:

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>• Eight local authorities (one unitary, one county and six districts)</li> </ul> | <ul style="list-style-type: none"> <li>• Three NHS Trusts</li> </ul> | <ul style="list-style-type: none"> <li>• 79 GP practices</li> <li>• 123 Community Pharmacies</li> <li>• 96 Dentists</li> <li>• 68 Optometrists</li> </ul> |
|---|--|---|



## What the ICS is seeking to achieve

Collectively, partners in the ICS will work together to deliver in four areas of ambition:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help to support broader social and economic development

By operating as an integrated system, the following benefits will be experienced by residents and patients:

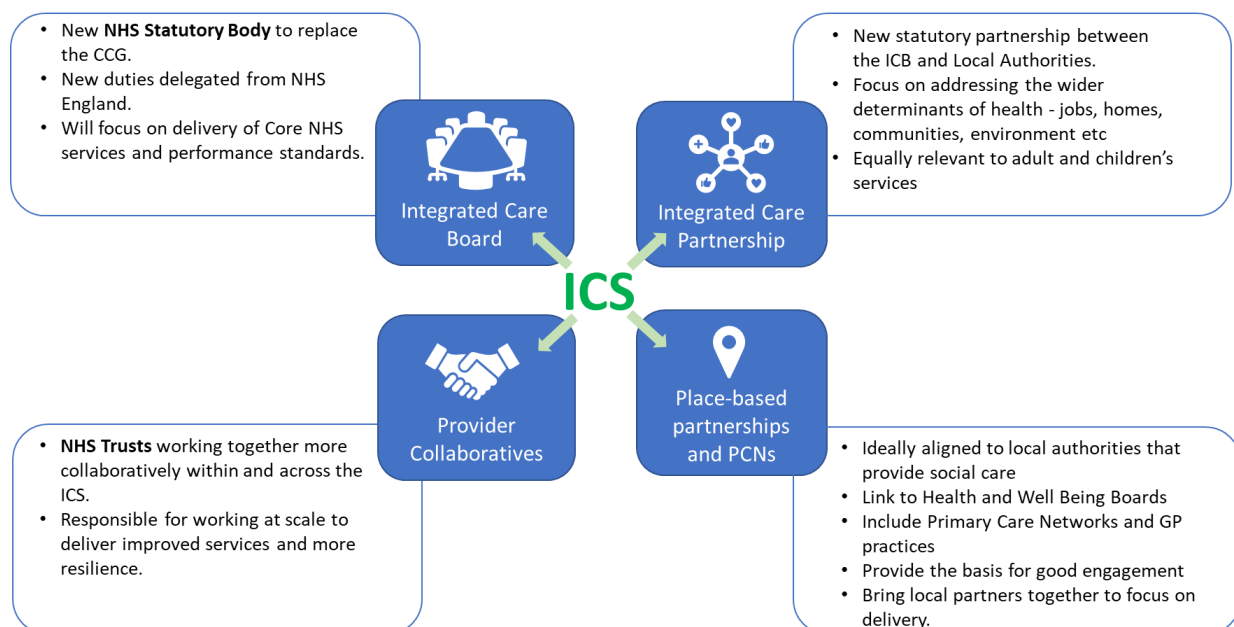
- More joined up health and social care, particularly for people with long-term conditions, physical disabilities and learning disabilities.
- More joined up physical and mental health care, helping to reduce the negative impact that mental health can have on a person's physical health (and vice versa).
- More joined up GP, hospital and specialist care more effectively, to ensure that people experience smoother handovers as they move along a care pathway.
- Improved population health by partners working more effectively to address the wider determinants of health and not just address the consequences of illness
- Improved access to care by supporting more sustainable care models through at scale working alongside local provision.

Partners are aiming to deliver these benefits by:

- Working together across NHS, Local Authority and Primary Care services to focus on improving whole population health, not just on the treatment of specific conditions
- Allocating resources to support collaboration between partners, rather than competition between providers; and working to invest more in prevention.
- Achieving benefits of scale through system working, alongside the benefits of localism through Place-based and PCN working.
- Collecting and sharing clinical information more effectively so people only have to provide their information once in a way that can be shared appropriately, improving efficiency of care and reducing risk.
- Joining up data, intelligence and insight more effectively to identify and tackle health inequalities and enable a more proactive approach to implementing preventative action.

## How the ICS is organised

The ICS is made up predominantly of four component parts:



- **The Integrated Care Board** - Following adoption of the Health and Social Care Act 2022, on 1 July 2022 NHS Herefordshire and Worcestershire Integrated Care Board (ICB) was established as a new NHS statutory body. The ICB inherited the statutory duties, responsibilities and staff of NHS Herefordshire and Worcestershire Clinical Commissioning Group (CCG), along with a range of new duties as part of the new Integrated Care System (ICS) arrangements. The ICB is responsible for allocating the £1.5bn worth of NHS resources that are allocated to the ICS area.
- **The Integrated Care Partnership** - The new legislation requires the ICB and the Local Authorities responsible for social care and public health functions in the ICB area to form a new joint committee called an Integrated Care Partnership (ICP). The requirement of the ICP is to oversee the production and delivery of an Integrated Care Strategy, that local partners should have regard to when making decisions about and allocating resources to the services

they are responsible for. We have previously discussed with Health and Well Being Board (HWBB) members the importance of aligning the work of the ICP and HWBB and are developing the working arrangements of the ICP with this agreement in mind. The first full meeting of the ICP is scheduled to take place on 7 October 2022. Attached as Appendix 1 to this report are the draft terms of reference for the ICP.

- **Local Collaboratives and Partnerships – the One Herefordshire Partnership (OHP)** - System leaders from across local government, healthcare and wider partners have agreed a principle called “subsidiarity” for the ICS. This means that wherever possible responsibility for making decisions and organising service delivery should be made as close as possible to the population. To enable this, the ICP will work very closely with the Herefordshire Health and Wellbeing Board and a group called the One Herefordshire Partnership will support the local delivery of priorities agreed with the ICB.

Wherever possible common membership between the ICB, the ICP, OHP and the HWBB will be used to ensure that all individual statutory duties are delivered in the most joined up way possible.