

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

10 MAY 2023

INTEGRATED CARE STRATEGY

Summary

1. The Health Overview and Scrutiny Committee has requested an update on the development of the Integrated Care Strategy, which was approved for publication by the Integrated Care Partnership on 26 April 2023. The Update will include the approach to developing the Strategy and identifying priorities, and the process for engagement and implementation of the Strategy.
2. The Executive Director for Strategy and Integration, NHS Herefordshire and Worcestershire Integrated Care Board and the Director of Public Health, Worcestershire County Council will be in attendance at the meeting. Further representatives from NHS Herefordshire and Worcestershire Integrated Care Board have also been invited.

Background to Integrated Care Systems

5. As reported previously, In July 2022, the Health and Care Act 2022 was implemented, which legally established Integrated Care Systems, including the formation of **Integrated Care Boards**. Herefordshire and Worcestershire Integrated Care Board (ICB) subsumed the responsibilities previously held by the Herefordshire and Worcestershire Clinical Commissioning Group (CCG) on 1 July 2022 and, from 1 April 2023, the ICB inherited new duties delegated from NHS England for commissioning additional services such as Pharmacy, Optometry, Dentistry and complex treatments (known as specialised services) across physical and mental health services.
6. The Act also created **Integrated Care Partnerships** (ICPs). An ICP is a statutory joint committee between the ICB and the Local Authorities responsible for the provision of Public Health and Social Care Functions in the ICS area. Locally this has resulted in a three-way committee between:
 - NHS Herefordshire and Worcestershire Integrated Care Board
 - Worcestershire County Council
 - Herefordshire Council
7. In forming the ICP, the three partners agreed to establish a wider Assembly of members to provide a platform for engagement and collaboration on the development of integrated care. Thus, a **Partnership Assembly** was established to support the ICP by providing input and advice to ICP decisions.
8. The specific responsibility of the ICP is to oversee the creation and delivery of an **Integrated Care Strategy** for the Integrated Care System area. The purpose of the Strategy is to identify how partners across Health, Local Government, voluntary, community and social enterprise organisations (VCSE) and wider partners (such as care providers, housing providers, police, fire etc) can work

together to:

- Improve population health outcomes.
- Reduce inequalities in outcomes, access and experience.
- Improve value for money.
- Contribute to wider social and economic wellbeing for the population.

The Integrated Care Partnership

9. The ICP and the Partnership Assembly has met four times:

- **21 July (ICP only):** To agree the terms of reference, membership model for the Partnership Assembly and the timeline for developing the Integrated Care Strategy.
- **7 October (ICP and Partnership Assembly):** To initiate the process for developing the Strategy, including describing the engagement approach.
- **14 December (ICP and Partnership Assembly):** To receive a copy of the engagement report from phases 1 and 2 and agree the “Strategy on a Page” as the basis for the engagement work in phase 3.
- **25 April (ICP and Partnership Assembly):** To receive a copy of the engagement report, the subsequent changes to the draft Strategy in response to the engagement report, and to approve the final Strategy for publication.

10. It was agreed that the ICP will work on a Place-Based principle, where key projects to improve health outcomes will be driven by the two Health and Wellbeing Boards through existing structures such as sub-committees, District Collaboratives, Primary Care Networks (PCNs), the Being Well Strategic Group and the Worcestershire Executive Committee (The Place-Based Partnership for Worcestershire).

11. To ensure the strong focus is maintained on Place-based working, it was agreed that the ICP will be co-chaired by the two Health and Wellbeing chairs, with the ICB Chair in a vice-chair role. The ICB will own system wide projects that are focused on core delivery of health services which are commissioned with NHS funding. Detail of how these system wide NHS services are organised, prioritised and delivered will be outlined in a document called the **Joint Forward Plan (JFP)**. The JFP represents the NHS contribution and response to the priorities set out in the Integrated Care Strategy; it is currently in development and will be published in June 2023.

The Integrated Care Strategy

12. A copy of the Strategy will be provided to Committee Members once published.

13. The Integrated Care Strategy has been developed jointly by partners across the public sector, VCSE and health/care providers. As required by the legislation, it specifically addresses issues highlighted in the two **Joint Strategy Needs Assessments (JSNAs)**. In addition to the JSNA response, it also addresses other priorities that local partners have agreed as important elements of providing integrated care.

14. The Strategy sets out a vision for **Good health and wellbeing for everyone**, to

be achieved by partners:

Working together with people and communities to enable everybody to enjoy good physical and mental health and live independently for longer.

15. The Strategy sets out three priority themes, each of which are underpinned by specific areas or focus:

Providing the best start in life	Living, ageing and dying well	Reducing ill health and premature death from avoidable causes
<ul style="list-style-type: none"> • Eliminate smoking in pregnancy. • Reduce infant mortality. • More children who are a healthy weight. • Improving oral health and reducing tooth decay. • Increasing number of children who are school ready. • Improve social, emotional and mental health & wellbeing. 	<ul style="list-style-type: none"> • Support people to enjoy good mental health and wellbeing. • Increasing physical activity and reducing unhealthy behaviours. • Increasing timely diagnosis of dementia. • Reducing inequality of health outcomes for people with learning disabilities & autism. • Improving access to urgent care services. • Improving access to primary and community-based services (inc pharmacy, optometry and dentistry). • Providing end of life care to enable patients to die with dignity. • Delivery of the ICS commitment to carers. 	<ul style="list-style-type: none"> • Improving targeted provision and uptake of primary, secondary and tertiary prevention services. • Proactively reducing inequalities in access, experience and outcomes. • Providing timely cancer diagnosis and treatment. • Reducing the risk of cardiovascular disease and improving stroke care. • Reducing deaths by suicide

16. The Strategy is then grouped into three areas:

- Improving health and care outcomes in Herefordshire
- Improving health and care outcomes in Worcestershire
- System wide enablers such as workforce, digital and clinical/care leadership

17. The Strategy sets out a series of measures that will be monitored over time to assess whether the collective ambition outlined above is being achieved or not.

Engagement Approach

18. A robust and comprehensive programme of engagement has been undertaken during the development of the Strategy. The ICP and Partnership Assembly agreed the engagement approach at the October meeting. This involved three phases:

- **Phase 1 – October 2022:** Gathering together and distilling existing patient and community feedback relevant to developing integrated care and delivering the four strategic pillars of integrated care systems.

- **Phase 2 – November and December 2022:** Through ICPA representatives, discussing the approach to the Strategy and a conducting a listening exercise on proposals. Sharing the emerging draft with partners and stakeholders to help develop the content.
- **Phase 3 – January to April 2023:** Formal engagement on the proposed draft, including a wide range of face-to-face meetings with partners, groups and stakeholders.

19. **Phase 1** involved working with the Engagement Networks in both counties to identify and stocktake all relevant existing feedback. This identified the following themes:

- Putting patients and service users first when designing services.
- Providing compassionate care which ensures services are person centred around individual needs and circumstances (personalisation).
- Ensuring services are easily accessible and timely.
- Making communication clear and understandable to all.
- Integration of services and better working together.
- Self-care
- Digital
- Health inequalities

20. **Phase 2** involved discussions with Partnership Assembly members and sector representatives, based on the following questions:

- What strategies and plans do we need to map into the Integrated Care Strategy?
- What do you want to see included in the Integrated Care Strategy?
- How do we need to work differently to deliver the strategic aims for the integrated Care Strategy?

21. This approach drew out a number of key themes that needed to be addressed and these were used to form a series of commitment statements that would be included in the draft Strategy:

- Maximising the opportunity to work together as partners to build connections, share learning and address common challenges in the short and long term
- Focusing on prevention and taking action to address health inequalities.
- Joining up our work to tackle issues that affect peoples' health, such as housing, jobs, leisure and environment.
- Supporting people to take responsibility for their own health and wellbeing and working to enable their independence.
- Co-producing solutions with our communities and VCSE partners and engaging them as equal partners in delivery.
- Making the right service the easiest service to access and providing it as close to home as possible.
- Delivering better value for money, stopping duplication and using population health management to be smarter in how we target interventions.
- Using digital to make services more accessible and effective, but never forgetting the risks of digital exclusion.

22. Broader feedback from phase 2 included:

- The need to balance ambition with realism, recognising the context and challenges faced.
- To use the Strategy as an opportunity to build a better future for the people who use health and care services, and the people who work within them.
- To include the mechanisms for delivering and evaluating the Strategy.
- To only identify system priorities where they will benefit from the breadth and scale of this approach.

23. The Partnership Assembly reviewed the engagement report from phase 1 and 2 at the December meeting. Taking account of the feedback, a draft Integrated Care Strategy was developed and used as the basis for engagement in phase 3.

24. **Phase 3** was built around a range of engagement methods, such as creating a website and narrated video), sharing the draft Strategy with partners and stakeholders, meetings with representative groups and forums and providing links to JSNAs and Health and Wellbeing papers. There was also an online survey.

25. Through these various methods, input was provided by, and feedback was received from, the following groups and sector representatives:

<ul style="list-style-type: none"> • Acorns Children's Hospice • Audiology Service Provider • Bromsgrove District Council • Bromsgrove District Collaborative • Community First • Care homes and care home national rep • Education – SEND School • Healthwatch Herefordshire • Healthwatch Worcestershire • Herefordshire Care Home sector • Herefordshire and Worcestershire Kemp Hospice • Herefordshire VCSE sector representative • Housing partnership Worcestershire • Local Dental Network • Herefordshire and Worcestershire Local Pharmacy Committee • Hereford & Worcester Fire and Rescue Service • Herefordshire Council • Herefordshire Local Optometry Committee • Herefordshire VCSE Alliance • Heritage Manor Limited • Home-Start North-East Worcestershire • Hospice Provider • Malvern Hills District Council 	<ul style="list-style-type: none"> • Malvern Hills District Collaborative • One Herefordshire Partnership • Onside • Palliative and End of Life Care Provider • Primrose Hospice and Family Support Centre • Redditch District Council • Speak Easy N.O.W. • St Michael's Hospice, Hereford • Taurus Healthcare • Turning Point – Substance Misuse • The Cart Shed Charity • West Mercia Office of the Police and Crime Commissioner • West Mercia Police • Where Next Association • Worcester University • Worcestershire Executive Committee • Worcestershire Association of Carers • Worcestershire VCSE Alliance • Worcestershire's Learning Disability Partnership Board • Worcestershire Council Leaders and Chief Executives • Wychavon District Council • Wychavon District Collaborative
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26. The ICB Engagement Team, conducted a review of the engagement approach and produced an engagement report (Appendix 1). This highlighted the following key themes:

- 110 people, organisations or forums responded to the invitation to provide.

- 88% of respondents felt the Strategy fully or partially provides a clear direction for health, care and wellbeing partners to work together more effectively to deliver the vision ‘Good health and wellbeing for everyone’ living in Herefordshire and Worcestershire.
- It should be noted that **ALL** nominated Partnership Assembly members that responded to the survey felt that the Strategy fully or partially provides a clear direction.

27. As a result of the engagement work, the following changes were made to the draft Strategy, before it was presented to the ICP and Partnership Assembly at the April meeting:

Section / focus	Amendments made based on engagement feedback
Strategy on a page	<p>As a key mechanism for communicating the strategy, there have been a number of amendments to this section including:</p> <ul style="list-style-type: none"> • Reference to people, individuals and personalised care in addition to the phrase ‘communities’. • Including a stronger focus on co-production. • Specific cohorts of people have been included explicitly: Carers, including the ICS commitment to carers and people with a learning disability or autism. • Within the shared priorities end of life and dying well have been included, with associated outcomes. • Removing Health Inequalities from the strategic enablers, as this is a core priority running through all that we do, rather than a separate enabler. • Refining the presentation of the strategy on a page to aid readability.
Introduction and context	<ul style="list-style-type: none"> • Strengthening the wording regarding the role of the Integrated care board in considering all aspects of the Integrated Care Strategy when discharging duties and developing delivery plans. • Including the Hospice sector in the ICS overview, recognising the role of the sector, and the stronger inclusion of a focus on dying well, within the strategy.
Key challenges	<ul style="list-style-type: none"> • Additional content within the health and healthcare inequalities section regarding people with a learning disability and / or autism.
Working together	<ul style="list-style-type: none"> • Updates to the approach to measuring impact and the breadth of core priorities in line with the updated strategy on a page.
Improving outcomes	<ul style="list-style-type: none"> • Addition of a case study describing partnership working, improving outcomes for people with a learning disability.
Herefordshire	<ul style="list-style-type: none"> • The whole slide has been updated to reflect the Herefordshire joint local health and wellbeing strategy, which has been developed during the same time frame as the Integrated Care Strategy.
Worcestershire	<ul style="list-style-type: none"> • Inclusion of ‘Carer friendly Worcestershire’. • Inclusion of VCSE services and support in Integrated Family hubs and Health & Wellbeing hubs.
System enablers	<ul style="list-style-type: none"> • Including volunteers in the people and workforce section. • Addition of communities of interest as well as communities of place and experts by experience within the strategic approach to working with communities.
Delivering the strategy	<ul style="list-style-type: none"> • Updated content reflecting the role of the Integrated Care Partnership, Partnership assembly and two Health and Wellbeing Boards.

	<ul style="list-style-type: none"> • The approach to developing outcomes measures for the Integrated Care strategy, whilst retaining the focus on delivery. These will evolve overtime, building out from the Joint Local Health and wellbeing strategy outcomes measures, whilst avoiding duplication.
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Equality & Health Inequality Impact and Risk Assessment

28. An Equality & Health Inequality Impact and Risk Assessment (EHIIRA) was undertaken as part of the process of developing the Strategy. This identified:
- A potential positive impact on all equality groups, therefore no targeted engagement with a particular group was required to take place for this engagement exercise.
 - The risk that some needs may not have been identified and properly assessed during the production of the Strategy and may change over time. To address this risk:
 - An additional question was added to ask respondents to identify if there were any things missing. The fact that some respondents identified missing areas showed the value of amending the approach in response to the EHIIRA.
 - The EHIIRA will be updated alongside future updates of the Strategy to ensure it remains relevant.
 - Positive feedback was received from the Equality and Diversity Team on the accessibility of the strategy document and information.

29. With this in mind, the Strategy was recommended for approval to the ICP and the Partnership.

Purpose of the Meeting

30. The HOSC is asked to:

- Consider the approach to developing the Integrated Care Strategy and to review whether a robust approach to engagement was followed.
- Agree any comments for consideration by the ICP, Partnership Assembly and constituent partners during the implementation of the Strategy.

Supporting Information

Appendix 1 – Engagement Report: [weblink to engagement report on HWICS website](#)

Appendix 2: Integrated Care Strategy – to follow

Contact Points for the Report

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Background Papers

In the opinion of the proper officer (in this case, the Assistant Director for Legal and Governance) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 2 November and 12 January 2022 and 10 March 2021
- Agenda and Minutes of the Health and Wellbeing Board on 15 February and 24 May 2022

[All agendas and minutes are available on the Council's website here.](#)