worcestershire countycouncil

HEALTH OVERVIEW AND SCRUTINY COMMITTEE 12 JANUARY 2022

DEVELOPMENT OF THE INTEGRATED CARE SYSTEM

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to receive an update on the development of the Integrated Care System (ICS) for Herefordshire and Worcestershire.

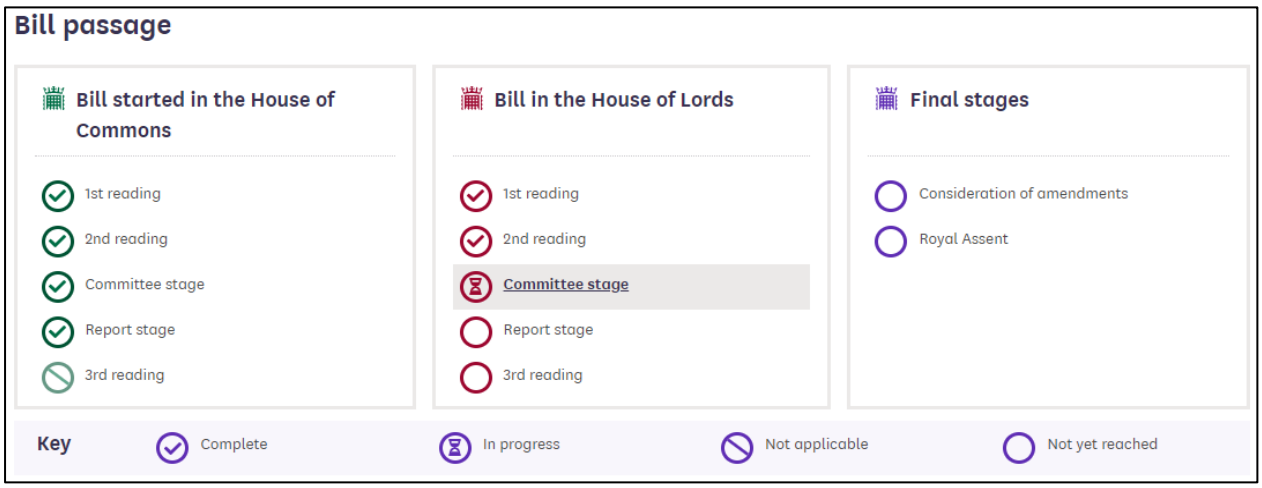
2. The Director for Integrated Care System Development has been invited to the meeting, to give an update on progress.

Background

3. 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.

4. The NHS defines integrated care as being 'about giving people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care'.

5. The Health and Care Bill 2021 is currently at the committee stage in the House of Lords. If it passes as intended, then it will be enacted as law for July 2022, putting integrated care systems on a statutory footing.



6. The purpose of the legislation 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, rather than the situation we have now, where organisational boundaries and contracting regimes can result in competition rather than collaboration.

7. There is significant evidence underpinning the case for delivering improved patient care. Not only are outcomes improved, but it has also been shown to be a more cost-effective delivery model. Care will be improved because partners in the ICS will be focused on improving the health of the whole population, not just those in need of bespoke health or social care. By focusing on the wider determinants of health such as good housing, employment, education, healthy lifestyles and good community facilities, local health and care partners will be far better equipped to help the population achieve better health outcomes.

8. The new approach will enable us to deliver integration ***"because the system enables it"***, not ***"despite the system"***, which has often been quoted as a barrier to improvement in the past.

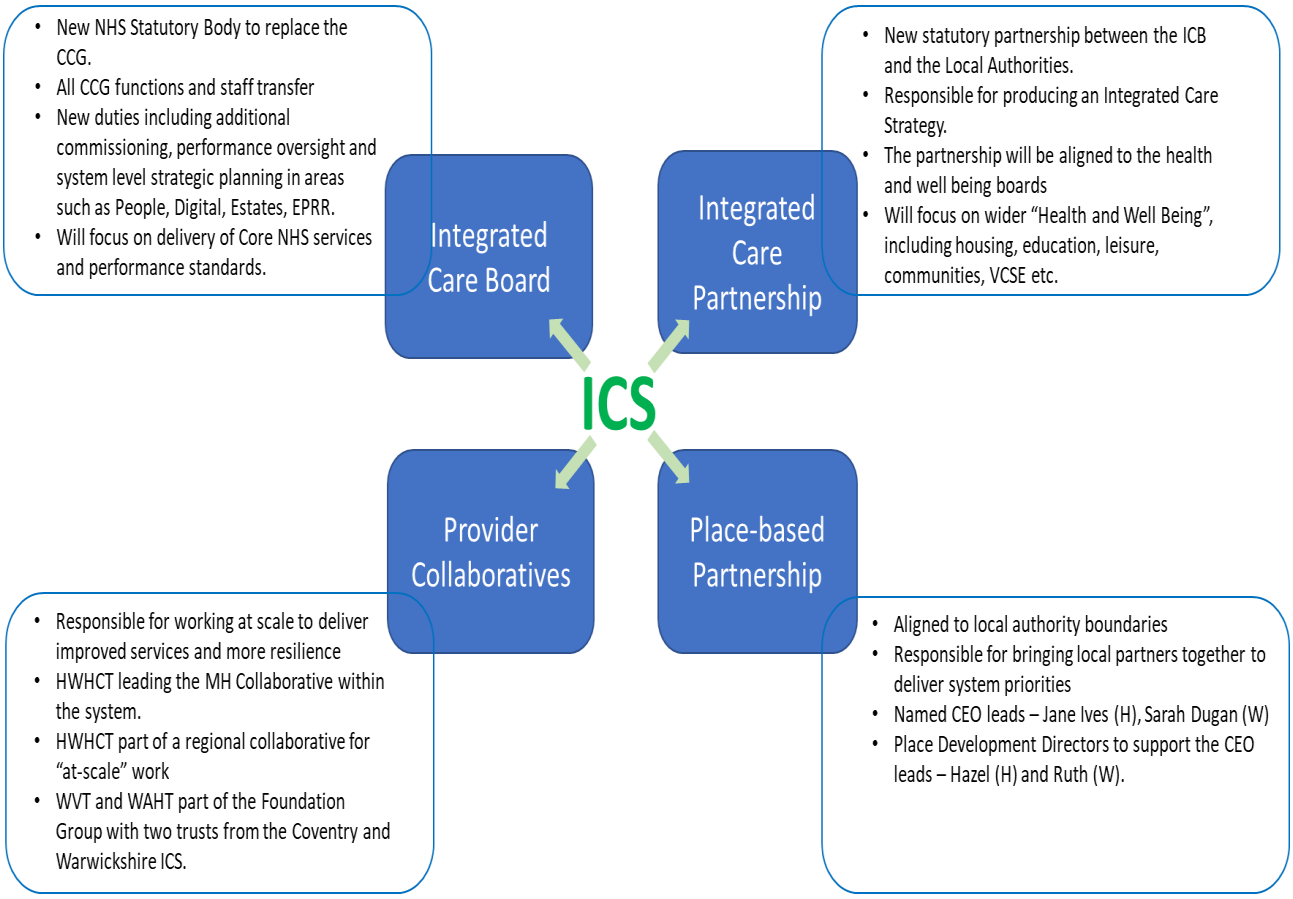
What will be different?

9. A significant change in the way in which services are organised will be seen through the change in the way in which NHS contracts are organised. In recent years, Clinical Commissioning Groups (CCGs) have conducted needs assessments, established strategic plans, defined pathways, established service specifications (often defined with activity levels) and operated with annual contracts which are let competitively to providers with financial penalties associated with non-delivery of those activity levels. The new world in which the Integrated Care Board (ICB) will operate will be very different.

10. The ICB will still be responsible for conducting needs assessments and setting strategic plans. However, it will no longer define pathways or write volume-based service specifications. Instead, it will establish a framework that defines what outcomes it seeks to achieve for the population and will then let much larger contracts over a longer-time period where the contract holder is given the freedom and flexibility to design their services in a way that most effectively delivers the outcomes. As such, there will be fewer individual contracts and finances will be allocated on a capitated basis (based on population need) rather than on an activity basis.

Structural changes

11. To support the cultural change required to achieve the ambition, deliver the objectives and achieve the change that is sought, there are a number of structural changes that are being made. In the main these can be summarised in four key areas:



Integrated Care Board

12. If the legislation passes as intended, then on 1 July 2022, NHS Herefordshire and Worcestershire Clinical Commissioning Group will be dissolved and it will be replaced by NHS Herefordshire and Worcestershire Integrated Care Board. All the CCG's legal duties and staff will pass to the ICB, along with a number of new duties, including:

a) Developing a plan and allocating resources to provider, collaboratives and places to deliver that plan

b) Establish the joint working arrangements and governance structures required to support the delivery of the strategic plan

c) Arrange for the provision of services and let contracts to entities to deliver those services, including providing oversight and assurance on delivery by those providers

d) Commissioning of services such as Pharmacy, Dentistry, Optometry, Specialised Acute and Specialised Mental Health and Prison Health

e) Lead new strategic planning responsibilities in areas such as Capital & Estates, Digital, Workforce, Green Agenda, Social Responsibility

f) New duties regarding the management of emergencies and resilience of services, learning lessons from the pandemic.

13. The leadership structure of the ICB will be different to the CCG.

	CCG	ICB
Executive Board Members	1 - Accountable officer 1 - Managing Director 1 - Chief Finance Officer 1 - Director of Quality 2 - Medical Directors	1 - Chief Executive 1 - Chief Finance Officer 1 - Chief Nursing Officer 1 - Chief Medical Officer
Non-Executive Board Members	3 - Lay members for: • Patient and Public Involvement and Quality • Audit and Governance • Finance	3 - Non-Executives for: • Audit • Appointments and Remuneration • Engagement, Participation and Health Inequalities
Others	1 - Secondary Care Doctor 4 - GP Members for: • Herefordshire • Redditch and Bromsgrove • Wyre Forrest • South Worcestershire	2 - Primary Care Partners 2 - Local Authority Partners 3 - NHS Trust Partners

14. The first meeting of the new ICB will take place as a meeting in public in April 2022.

Integrated Care Partnership

15. The Integrated Care Partnership (ICP) is a new statutory partnership between the ICB and the Local Authorities in the ICB area that provide social care (Worcestershire County Council and Herefordshire Council). The purpose of the ICP is to bring partners together to agree and publish and Integrated Care Strategy. The ICB must have regard to this strategy when developing its delivery plan.

16. As a small ICS with just two upper tier local authorities, it makes sense to build our ICP around the existing Health and Well Being Boards (HWBBs). This is not possible in larger ICS's where there are 10-15 upper tier local authorities.

17. As such, local partners are all supportive of a plan to undertake the majority of the work expected of an ICP at the two HWBBs. To meet the statutory requirement to have an ICP, the plan is for some members of the two HWBBs to come together with a wider range of partners, who are not normally involved in HWBBs, twice a year to agree the strategy (October each year) and review progress against it (May each year).

Provider collaboratives

18. All NHS Trusts in an ICS area must be part of a wider provider collaborative, that enables them to operate at greater scale, support more resilience of services and learn from best practice elsewhere.

19. All the NHS Trusts now participate in such collaboratives:

Trust	Collaborative
Herefordshire and Worcestershire Health and Care NHS Trust	Part of the West Midlands regional Mental Health collaborative
Worcestershire Acute Hospitals NHS Trust	Associate Member of The Foundation Group
Wye Valley NHS Trust	Full member of The Foundation Group

The foundation group consists of four NHS Trusts that operate across Herefordshire, Worcestershire, Coventry and Warwickshire.

Place Based Partnerships

20. To keep things as structurally simple as possible, we have sub-divided our ICS into two "Places" – Herefordshire and Worcestershire. Whenever Members hear people talk about "Place" (in ICS terms), they are referring to one of the two Counties. In some other areas (for example Warwickshire and Nottinghamshire) County level services have been sub-divided – sometimes to align to district boundaries, sometimes to more natural healthcare boundaries. From the outset, local partners agreed that there was merit in keeping things simple at county level.

21. Place Based Partnership are where services across an area come together to provide local integration. Those services include social care, housing, acute health care, voluntary sector, mental health care, primary care etc. In time, these partnerships will receive capitated financial allocations from the ICS to distribute amongst themselves to deliver joined up care in the best possible way.

22. In Worcestershire there is an inherent relationship between the HWBB and Place. A group called the Worcestershire Executive Committee (WEC) has been formed to provide the executive and operational leadership of Place-based working in Worcestershire. The WEC is constituted from a wide range of local partners, including NHS bodies, local authorities, primary care networks and voluntary community and social enterprise (VCSE) partners. It has a reporting line in to the HWBB on Health and Wellbeing issues and the ICB on core achievement of NHS constitutional standards.

23. This will be a significant change from how the CCG operate, where financial allocations were made to individual organisations in relation to the specific services of that organisation. Initially however, in the early years, the Partnerships will focus on joint working and joint decision making within the existing financial framework. We will move towards Place-based financial allocations, but not before 2023/24 or more likely 2024/25.

Legal, Financial, and HR Implications

24. There will be numerous implications associated with ICS development, resulting from the cessation of old, and establishment of new, NHS bodies and the new ways of contracting for services.

Equality and Diversity Implications

25. A key strategic aim of the ICS will be to take stronger action to address unequal access to health services and unequal health outcomes – regardless of the cause of those inequalities.

26. The Covid-19 pandemic has magnified the issue of health inequalities, both in terms of mortality rates associated with the illness and in take-up of vaccine amongst different communities. Learning from this situation will form the backbone of the ongoing work in the ICS to reduce those inequalities.

27. This is a core reason why the ICB will have a Non-Executive Director who focuses specifically on tackling health inequalities as part of their portfolio.

28. The development of the ICS should have a positive impact on Equality and Diversity in the provision of services.

Purpose of the Meeting

29. Members are invited to consider and comment on the information discussed and agree:

- Whether any further information or scrutiny work is required at this time
- The frequency of further updates required as the ICS develops.

Contact Points

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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 10 March 2021: web-link to agenda and minutes