

## **HEALTH AND WELL-BEING BOARD**

### **15 FEBRUARY 2022**

## **INTEGRATED CARE SYSTEM DEVELOPMENT UPDATE**

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### **Board Sponsor**

Simon Trickett, Chief Executive Designate, Herefordshire and Worcestershire Integrated Care System

### **Author**

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### **Priorities**

Mental health & well-being	No
Being Active	No
Reducing harm from Alcohol	No
Other (specify below)	

*"No" answered as the report is not specifically addressing these areas*

### **Safeguarding**

Impact on Safeguarding Children	No
Impact on Safeguarding Adults	No

### **Item for Decision, Consideration or Information**

Information and assurance  
Decision

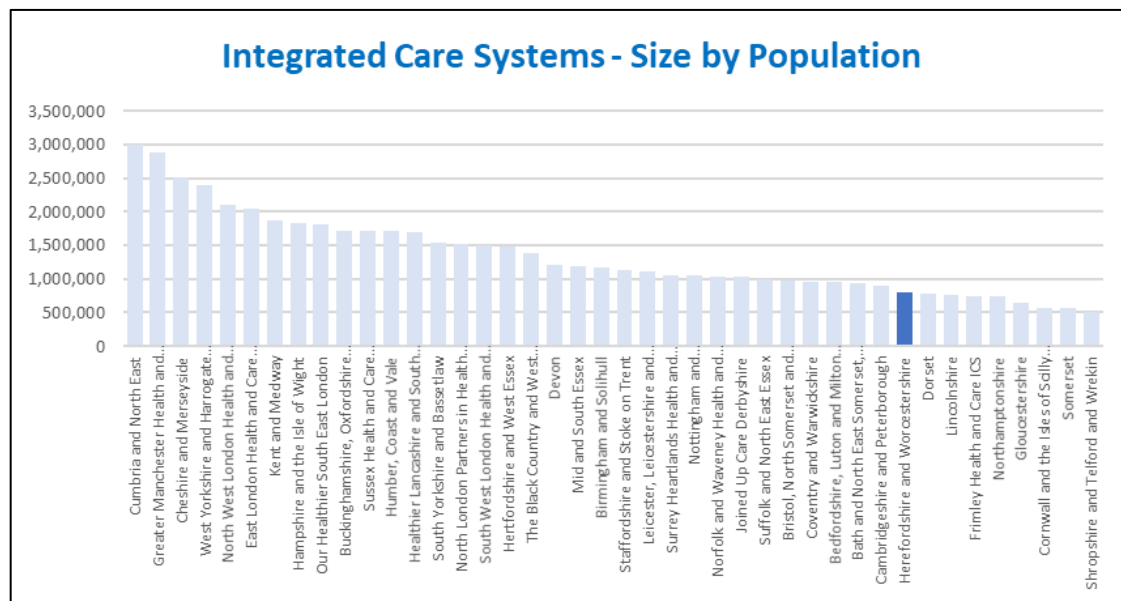
### **Recommendations**

1. The Health and Well-being Board is asked to:
  - a) Note the changes to the legislative timetable;
  - b) Note the progress made on recruitment to the ICB Unitary Board;
  - c) Agree to the Transition Plan for the Integrated Care Partnership outlined in this report; and
  - d) Agree to including appropriate content in future Health and Wellbeing Board development sessions to enable it to take on the responsibilities on behalf of the Integrated Care Partnership.

### **Background**

2. 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.



3. 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.



4. 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.

## Update on Key Changes

5. 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. Two of the key areas that have most relevance to the Health and Well Being Board are:

- Creation of the new Integrated Care Board
- Creation of the new Integrated Care Partnership

## The Integrated Care Board

6. If the legislation passes as expected, on 1 July 2022 the Integrated Care Board will replace the Clinical Commissioning Group. The CCG's statutory duties and functions, and its staff will transfer to the ICB. A new Unitary Board will be created to replace the CCG Governing Body. The ICB will have a wider range of responsibilities than the CCG, including:

- a) Developing a plan and allocating resources to provider, collaboratives and places to deliver that plan using outcomes-based contracts *(rather than specifying activity levels in contracts)*.
- b) Establishing the joint working arrangements and governance structures required to support the delivery of the strategic plan *(such as establishing and supporting place-based partnerships and provider collaboratives, which is not a duty of the CCG)*.
- c) Arranging for the provision of services and let contracts to entities to deliver those services, including providing oversight and assurance on delivery by those providers *(currently undertaken regionally by NHS England)*.
- d) Commissioning of services such as Pharmacy, Dentistry, Optometry, Specialised Acute and Specialised Mental Health and Prison Health *(currently undertaken regionally by NHS England)*.
- e) Leading new strategic planning responsibilities in areas such as Capital & Estates, Digital, Workforce, Green Agenda, Social Responsibility *(currently undertaken individually by separate organisations with no specific local coordination responsibilities)*.
- f) Delivering new duties regarding the management of emergencies and resilience of services, learning lessons from the pandemic. *(The CCG is a category 2 responder, the ICB will be a category 1 responder)*.

7. Good progress is being made on recruitment and appointment of key posts to the Unitary Board:

Group	Role (All designate)	Name
Non-executive Directors	Chair of the ICB	Crishni Waring
	Chair of Audit Committee	No appointment in first round, recruitment to recommence
	Non-Executive for People and Chair of Remuneration Committee	Both roles offered, currently conducting background checks before naming successful candidates
	Non-Executive for Health Inequalities and Engagement	
Executive Directors	Chief Executive	Simon Trickett
	Chief Finance Officer	Mark Dutton
	Chief Nursing Officer	Recruitment process currently live appointment expected in February
	Chief Medical Officer	Recruitment to begin in February, appointment expected in March
Partner Members	NHS Trust Partner Members (3)	Awaiting secondary legislation to be passed before members can be nominated and appointed. Legislation expected in April or May
	Local Authority Partner Members (2)	
	Primary Care Partner Members (2)	

## The Integrated Care Partnership

8. NHSE/I has 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.

9. 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 all 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.

10. Within the H&W system, we have previously agreed the concept at ICSE and both HWBB's 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.

11. 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 (ICPA)**. The responsibility of the ICPA will be to set, agree and oversee the delivery of an Integrated Care Strategy for the ICS area.

12. Outside of these ICPA 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.

13. Our proposal is 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 are 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 ICB.

14. The first meeting of the ICP each year will be to set and revise the strategy, with the second meeting of the ICP being focused on receiving a report on progress and achievement – with a view to revision in the following year. The ICP will therefore have a role in holding “chapter owners” to account for the delivery of their aspects of the strategy.

15. 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	To 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.*

16. 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. The development of the joint agreement between the Worcestershire Executive Committee and the Health and Well Being Board is also relevant to this approach.

17. The proposed transition plan is:

Month	Purpose
February 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>

## Legal, Financial and HR Implications

18. There will be numerous legal, financial and HR implications associated with the creation of the ICB and ICP, but these will be dependent on the passage of the legislation and can be outlined in a future update. There are no implications specific to this report that the HWBB needs to take account of when making any decisions.

## Privacy Impact Assessment

19. There are no implications specific to this report.

## **Contact Points**

### County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

### Specific Contact Points for this report

Simon Trickett, Chief Executive Designate, H&W ICB

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## **Supporting Information**

- No appendices

## **Background Papers**

- No background papers