

## HEALTH AND WELL-BEING BOARD

### 27 SEPTEMBER 2022

### ICS Development Update

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#### Board Sponsor

David Mehaffey, Executive Director for Strategy and Integration, NHS Herefordshire and Worcestershire Integrated Care Board

#### Author

As above

#### Priorities

Mental health & well-being

Being Active

Reducing harm from Alcohol

Other (specify below)

(Please click below  
then on down arrow)

No

No

No

#### Safeguarding

Impact on Safeguarding Children

If yes please give details

No

Impact on Safeguarding Adults

If yes please give details

No

#### Item for Decision, Consideration or Information

Information and assurance

#### Recommendation

- 1. The Health and Well-being Board is asked to progress on the establishment of the Integrated Care System for Herefordshire and Worcestershire.**

#### Background

- The Health and Care Act 2022 was implemented on 1 July 2022, putting Integrated Care Systems on a statutory footing. Integrated Care Systems are constituted from four key elements:

- a) Integrated Care Board (ICB)** – the statutory NHS body that is accountable for the £1.5bn NHS financial allocation for Herefordshire and Worcestershire.
- b) Integrated Care Partnership (ICP)** – A new statutory joint committee between the ICB and the local authorities responsible for providing social care and public health services in the ICB area. As well as the statutory members, the ICP will bring together a much wider range of local partners from across

statutory and VCSE sectors to oversee production of the system's Integrated Care Strategy.

- c) **Place-based partnerships** – Local partnerships based on upper tier local authority areas where general practice, community health services, social care, mental health service, acute services, VCSE partners and local authority services such as housing, community and environment can come together to focus on delivery of locally important priorities.
- d) **NHS provider collaboratives** – strategic partnerships between NHS Trusts within and beyond the ICB geography to use the opportunity of scale to create more sustainable service models that improve performance and outcomes against core NHS standards.

3. Integrated Care Systems have been created with four key strategic aims in mind:

- a) Improve outcomes in population health and healthcare
- b) Tackle inequalities in outcomes, experience and access
- c) Enhance productivity and value for money
- d) Help the NHS to support broader social and economic development

4. By working as a partnership in a coherent system, we will be able to achieve these ambitions by:

- a) **Working together** to focus on improving whole population health, not just on the treatment of specific illness or conditions and working to invest more in prevention and collectively addressing the wider determinants of health.
- b) **Allocating resources to support collaboration** between partners, rather than competition between providers.
- c) **Achieving benefits of scale** through system working, alongside the benefits of localism through Place-based and PCN working with district councils and VCSE partners.
- d) **Collecting and sharing clinical and care information** more effectively so people only need to provide their information once in a way that can be shared appropriately, improving efficiency of care and reducing risk.
- e) **Joining up data, intelligence and insight** more effectively to identify and tackle issues and enable a more proactive approach to implementing preventative action.

5. Now that the core infrastructure for the Integrated Care System has been established, in the coming months partners will be producing an overarching strategy and a detailed delivery plan (called a 5 year Joint Forward Plan) to outline which priorities will be selected for improvement and how these ambitions will be achieved.

## The Integrated Care Board

6. All members of the ICB have been appointed and are now in post:

Non Executive Members	
Crishni Waring	Chair
Dr Sarah Raistrick	Engagement and Health Inequalities
David Wightman	People
Graham Hotchen	Audit
Vicky Morris	Quality
Executive Members	
Simon Trickett	Chief Executive
Dr Will Taylor	Chief Medical Officer
Dr Kath Cobain	Chief Nursing Officer
Mark Dutton	Chief Finance Officer
Partner Members	
Jane Ives	Managing Director – Wye Valley NHS Trust
Sarah Dugan	CEO - Herefordshire and Worcestershire Health and Care NHS Trust
Matthew Hopkins	CEO - Worcestershire Acute Hospitals NHS Trust
Paul Walker	CEO - Herefordshire Council
Paul Robinson	CEO - Worcestershire County Council
Dr Nigel Fraser	Chair - Taurus (Herefordshire's General Practice Federation)
Dr Nikki Burger	Clinical Director - Worcester City Primary Care Network

## The Integrated Care Partnership

7. The core members of the statutory joint committee that will become the ICP met for the first time on 21st July and agreed the core operating model, terms of reference and membership model. It was agreed that the ICP will work on a Place-Based principle, where local ownership of key projects to improve health outcomes will be owned by the two Health and Wellbeing Boards. The ICB will own system wide projects that are focused on core delivery of health services which are commissioned with NHS funding.

8. The first meeting of the ICP with its full membership is scheduled to take place on 7th October 2022, from 12:00 to 14:00 via Microsoft Teams. To ensure the strong focus is maintained on Place-based working, it has been agreed that the ICP will be co-chaired by the two Health and Wellbeing chairs on a rotating basis, with Cllr Karen May chairing the meeting on 7th October. The focus of this meeting will be on reviewing progress and setting direction for the creation of the Integrated Care Strategy.

9. A further meeting of the ICP is scheduled for 14<sup>th</sup> December 2022. The focus of this meeting will be to approve for publication the first draft of the Integrated Care Strategy. During September to December a strategy working group will coordinate the work to produce the strategy for partners to review at the two meetings.

10. The Health and Wellbeing Strategies in each county will be used as the foundation for the Integrated Care Strategy with additional content being added to

address system-wide opportunities and any gaps required by national guidance that are not already covered in the HWBB strategies.

11. Furthermore, any existing partnership work that has a role or contribution to improving health outcomes and reducing health inequalities by addressing the wider determinants of health (such as work to combat drugs or improve housing), will be signposted within the Integrated Care Strategy. This approach will help to reduce duplication and overlap between related local initiatives.

## The Integrated Care Strategy

12. National guidance has been produced jointly by the NHS and Local Government Association, and this has been published by the Department for Health and Social Care. The key requirements to include in the integrated care strategy are:

<b>Shared outcomes</b>	Those areas that are agreed following review of JSNAs and wider intelligence gathered during the preparation phase. It is anticipated that the outcomes will also address areas under consideration in the Integration White Paper.
<b>Quality improvement</b>	Requirements of the National Quality Board as set out in the national guidance produced for Integrated Care Systems.
<b>Section 75 and joint working</b>	Opportunities to pool health and social care funding (new guidance is expected in Spring '23), as well as other broader opportunities for joint working such as joined up data, co-located services, integrated teams, joined up strategies and plans.
<b>Personalised care</b>	A broad approach to looking at how people who rely on health and social care services have their needs met in a way that is specific to them, as well as specific initiatives such as personalised advice, self-directed support and new technology.
<b>Disparities</b>	Inequalities in health outcomes, access and experience; and should consider specific groups such as those outlined in the definition inclusion health.
<b>Population health and prevention</b>	How the system will industrialise proactive, evidence-based and data-driven interventions that focus on predictive prevention. This should cover primary, secondary and tertiary activities aimed at current and future needs, with focus on reducing loss of independence and reducing premature mortality.
<b>Wider determinants of health</b>	How services (such as housing, employment, economy, benefits, leisure, community and environment etc) that have a substantive role in influencing health outcomes of the population are integrated and involved at the heart of the integrated care system.
<b>Health protection</b>	How health protection issues such as infection prevention and control, antimicrobial resistance, vaccinations and immunisations, health protection hazards, EPRR and other health threats are identified, mitigated or managed across the ICS.
<b>Role of anchor institutions</b>	The role that all large organisations (not just those in the public sector) that are anchored in a community can play in supporting better health outcomes in the communities that they operate in.
<b>Workforce</b>	How the system will build the right-sized workforce with future-proofed roles and create a One Workforce culture covering recruitment, retention

	and staff development activities that enable more effective integration of services on the ground.
<b>Data and information sharing</b>	How the right digital infrastructure and platforms, with better analytics capability and joined up data will be used to identify opportunities for joining up of service delivery, improved productivity and efficiency. This should also include how the system will build public trust to enable better data sharing.
<b>Research and innovation</b>	How the system will identify, evaluate, implement and adopt at scale proven innovations to improve population health and reduce disparities.
<b>All age focus</b>	How the system will address around the needs of children, young people, their families and support healthy ageing – recognising that services provided to adults can affect their children and vice versa. This should include child safeguarding, including addressing cultural and technological barriers that prevent effective sharing of information.

## Place-based Partnerships

13. At the HWB in February 2022, board members received and approved a set of principles for the HWB and Worcestershire Executive Committee (WEC), that would govern integrated place-based working across the council, NHS and wider local partners as part of the move to create the ICS. The principles incorporated a description of the HWB setting strategic direction for health and wellbeing across Worcestershire, and WEC overseeing the integrated delivery of place-based health and care, and primarily NHS priorities. Both are working to ensure that the principle of subsidiarity is followed, meaning that decisions are taken as closely to the individual as possible. Close co-operation between chairs and officers of the HWB and WEC is proving effective in ensuring streamlined governance and reduced duplication, ensuring their contributions result in a positive impact on the health and wellbeing of the population of Worcestershire.

14. A cornerstone of the new integrated way of working is the development of District Collaboratives. District Collaboratives are formed of Clinical Directors, who are leaders of their Primary Care Networks, working with District Councils across the county to agree how collaboration between the NHS and District Councils can deliver benefits for neighbourhoods and local communities. Districts and PCNs are working with a range of other partners, including representatives from the voluntary and community sector, Police, Children's services, NHS Trusts and building on existing infrastructure such as asset-based community development workers, to deliver tangible improvements for their population. As the new governance infrastructure is embedded, District Collaborative developments will feed into the Health and Wellbeing board via the Being Well Strategic sub-group.

## Legal, Financial and HR Implications

15. Not applicable

### **Privacy Impact Assessment**

16. Not applicable

### **Equality and Diversity Implications**

17. Not relevant to this report.

### **Contact Points**

#### County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

#### Specific Contact Points for this report

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### **Supporting Information**

None

### **Background Papers**

None