

HEALTH OVERVIEW AND SCRUTINY COMMITTEE 2 NOVEMBER 2022

INTEGRATED CARE SYSTEM DEVELOPMENT AND DEVELOPMENT OF THE DRAFT INTEGRATED CARE STRATEGY

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an update on the development of the Integrated Care System (ICS) and the process for developing the Integrated Care Strategy, which is due to be published in December 2022.
2. ICS development is part of the HOSC's Work Programme and the most recent update to the Committee was on 12 January 2022, details of which are available here: [weblink to Agenda and Minutes](#)
3. Representatives from Herefordshire and Worcestershire ICS have been invited to the meeting.

Background

4. The Health and Care Act 2022 was implemented on 1 July 2022, putting Integrated Care Systems on a statutory footing. 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.
5. **Integrated Care Systems (ICS)** are constituted from four key elements:
 - a) **Integrated Care Board (ICB)** – A statutory NHS body that is accountable for the £1.5bn NHS financial allocation for Herefordshire and Worcestershire. The core purpose of the ICB is to oversee the strategic planning, resource allocation, commissioning of services and to oversee delivery of health services in the ICS area to ensure that good outcomes for the population are achieved.
 - 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 ICS area. As well as the statutory members, the ICP brings together a much wider range of local partners from across statutory and Voluntary and Community Social Enterprise (VCSE) sectors. The core purpose of the ICP is 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 services, acute hospital services, VCSE partners and wider local authority services such as housing, community and environment, come together to focus on delivery of locally important priorities.
- d) **NHS provider collaboratives** – Strategic partnerships between NHS Trusts within and beyond the ICS geography to use the opportunity of scale to create more sustainable service models that improve performance and outcomes against core NHS standards.

6. Through these new structures, partners across the ICS will be able to achieve the four headline 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. For example, through the removal of Competition and Market Authority regulation requiring routine use of competition in the procurement of some NHS services and the removal of the NHS internal market.
- c) **Achieving benefits of scale** through system working where there are benefits from working on a larger footprint (such as ambulance services, out of hours primary care, NHS 111 etc), alongside the benefits of localism through Place-based and Primary Care Network (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. For example, this will be enhanced through the deployment of the Shared Care Record, which will contain accessible information that is critical to the provision of front-line care services across NHS and social care organisations.
- e) **Joining up data, intelligence and insight** more effectively to identify and tackle issues and enable a more proactive approach to implementing preventative action. For example, this will be achieved through better use of Population Health Management (PHM) approaches to focus on intelligence-led, data-driven interventions to support prevention and personalised care provision.

7. The core infrastructure for the ICS has now been established. Partners are now working together to produce an overarching strategy (**The Integrated Care Strategy**) and a detailed delivery plan to outline which priorities will be selected for improvement and how these ambitions will be achieved.

Issues for the HOSC to Consider

8. This report focuses on the formation of the **Integrated Care Board**, the creation of the **Integrated Care Partnership** and the development of the **Integrated Care Strategy**. HOSC members may be interested in exploring the issues around Place-based Partnership and Provider Collaborative delivery models in a future session.

The Integrated Care Board

9. 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 and Workforce
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

10. Pen portraits of all the ICB Board Members can be found on this weblink:

[Board Members: Herefordshire and Worcestershire ICB \(icb.nhs.uk\)](https://www.icb.nhs.uk)

The Integrated Care Partnership

11. The ICP has met twice (21 July and 7 October 2022). In the first meeting the core members of the statutory partnership agreed the core operating model, terms of reference and membership model. Details of these can be found at Appendix 1.

12. 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,

PCNs, the Being Well Strategic Group and the Worcestershire Executive Committee (the Place-Based Partnership for Worcestershire).

13. 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.

14. At the second meeting of the ICP, the full membership of more than 50 partners came together to begin the process of developing the Integrated Care Strategy. The meeting focused on being a platform for engagement and information sharing on Integrated Care initiatives.

15. The agenda for the meeting included the following sessions:

Topic Area	Delivered By
Introduction and background on Integrated Care	David Mehaffey Executive Director for Strategy and Integration, Herefordshire and Worcestershire ICB
Partner perspectives on the development of ICSs: <ul style="list-style-type: none"> • The landscape for Health and Social Care Integration • A perspective from a VCSE provider organisation • The role for Community Partnerships in Integrated Care Systems 	<p>Mark Fitton - Strategic Director for People, Worcestershire County Council</p> <p>Julia Neal – CEO of Age UK, Herefordshire and Worcestershire</p> <p>Christine Price, Chief Officer Herefordshire Healthwatch and coordinator of the Herefordshire Community Partnership</p>
A summary of Population Needs, key messages from the Joint Strategic Needs Assessments (JSNAs) in both counties	Public Health Teams and Place CEO Leads. <ul style="list-style-type: none"> • Matt Fung, Worcestershire Public Health • Sarah Dugan, Chief Executive of Herefordshire and Worcestershire Health and Care NHS Trust • Matt Pearce, Director of Public Health, Herefordshire Council • Jane Ives, Managing Director, Wye Valley NHS Trust

16. The next meeting of the ICP is scheduled for 14 December 2022, where the focus of the meeting will be on approving the first draft of the Integrated Care Strategy for publication later in the month.

The Integrated Care Strategy

17. 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.

18. The Integrated Care Strategy will also build upon existing partnership work that is already focused on achieving improvements in population health outcomes and reducing health inequalities. For example, this will include work that partners already doing in areas such as work to combat drugs or improve housing. The Integrated Care Strategy will not repeat or replicate this work, instead it will signpost to it and join it up to ensure that all partners and stakeholders can be part of the coordinated and coherent approach to achieving the desired outcomes.

19. 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:

Shared outcomes	Those areas that are agreed following review of Joint Strategic Needs Assessments (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.
Quality improvement	Requirements of the National Quality Board as set out in the national guidance produced for Integrated Care Systems.
Section 75 and joint working	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.
Personalised care	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.
Disparities	Inequalities in health outcomes, access and experience; and should consider specific groups such as those outlined in the definition inclusion health.
Population health and prevention	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.
Wider determinants of health	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.
Health protection	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.

Role of anchor institutions	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.
Workforce	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.
Data and information sharing	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.
Research and innovation	How the system will identify, evaluate, implement and adopt at scale proven innovations to improve population health and reduce disparities.
All age focus	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.

20. A working group has been convened to oversee the joint work to produce the strategy. This group consists of representatives of the three statutory partners:

Person	Role
Liz Altay	Interim Director of Public Health Worcestershire County Council
Sam Collison	Public Health Service Manager Worcestershire County Council
Faye Pemberton	Assistant Director for Integration and Service Development, People Directorate, Worcestershire County Council
Matthew Pearce	Director of Public Health Herefordshire Council
Emma Evans	Partnerships and Change Manager, Community Wellbeing Directorate, Herefordshire Council
Alison Roberts	Associate Director, Strategy and System Development NHS Herefordshire and Worcestershire ICB
David Mehaffey	Executive Director, Strategy and Integration, NHS Herefordshire and Worcestershire ICB

21. The timeline for production of the strategy can be summarised as:

Development Task	Date
Engagement: Phase 1 (see details below)	October 2022
Assessment of JSNA key findings	October and November
Development of headline vision, mission and initial list of proposed priorities	November
Engagement: Phase 2 (see details below)	November
Development of initial draft	November / December

Share initial draft with ICP Partners	Early December
ICP meeting to agree initial draft for publication	14 December
Engagement Phase 3 (see details below)	January – March 2023
Amendment, changes and updates	March
Share revised draft with ICP Partners	Early March
ICP meeting to agree changes for publication	End of March (Date TBC)
Publish revised final strategy	April 2023

22. As indicated, engagement during the development of the strategy will take place through 3 main phases:

- **Phase 1 (during October and early November)** will involve aggregating together all the known information and intelligence that exists across partners on population health access, outcomes and experience and health inequalities.
- **Phase 2 (during November and December)** will involve ICP organisational and sector representatives actively engaging their organisations and sectors in discussion around the issues that the strategy is seeking to address.
- **Phase 3 (during early 2023)** will involve wider engagement with people who live and work in the ICS area and rely on services that ICS partners provide. This is a key requirement of the national guidance and this timeline allows for this task to be done properly.

23. It is important to note that the national guidance recognises that the time between ICS's being formally established in July 2022 and publishing the first Integrated Care Strategy in December 2022 does not allow sufficient time to properly develop a strategy that incorporates an appropriate level public engagement.

24. As such the local plan is to publish an **initial strategy** in December 2022 and use the first part of 2023 to refine the document prior to publishing a **revised strategy in April 2023**. It is also anticipated the first year of the strategy will incorporate time for developing clear baselines and measurable ambitions for agreed priorities that the partnership agrees in the coming months.

25. Throughout this process there will be ongoing engagement with the Health and Wellbeing Board through public meetings and development sessions to ensure that strategy.

Purpose of the Meeting

26. The HOSC is asked to:

- Consider the approach to developing the Integrated Care Partnership and the Integrated Care Strategy and make recommendations on areas for improvement
- Review the requirements outlined in the statutory guidance and consider whether the proposed approach to developing the strategy will address these effectively
- Determine whether any further information or scrutiny is required at this time.

Supporting Papers

Appendix 1 – Integrated Care Partnership Terms of Reference (July 2022)

Contact Points

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Background Papers

In the opinion of the proper officer (in this case, the Democratic Governance and Scrutiny Manager) 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 12 January 2022 and 10 March 2021 [weblink to Agenda and Minutes](#)
- Agenda and Minutes of the Health and Wellbeing Board on 15 February and 24 May 2022 [weblink to Agenda and Minutes](#)