

Staffordshire Health and Wellbeing Board – 02 September 2021

Developing the Relationship between the Integrated Care Partnership and Health and Wellbeing Boards for Staffordshire and Stoke-on-Trent

Recommendations

The Board is asked to:

- a. Discuss and agree a process to establish the relationship between the proposed Integrated Care Partnership and the Health and Wellbeing Boards.

Background

1. The Staffordshire and Stoke-on-Trent STP system officially became a designated Integrated Care System on 1 April 2021. This was part of the journey from 2017 and was built on increased collaboration.
2. The 4 main core purposes of an Integrated Care System are nationally determined as:
 - 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 support broader social and economic development
3. The current Government have brought forward primary legislation in order to establish Integrated Care Systems and place them on a statutory footing.
4. It was recognised that to create the statutory basis for system partners to work together then there was a need to set out some of the underpinning structures.
5. The Health and Care Bill has now passed its second reading and will then progress through the Committee stage. The expectation is that it will receive Royal Assent before April 2022. However, until it is placed on the statute then this work can only be developmental.
6. The Integrated Care System should be seen as the 'wrapper' that encompasses the entirety of our health and care system. There is recognition that some elements of the legislation remain NHS focussed and an NHS construct. However, there is a clear government expectation that the drive to improve and integrate services in order to improve outcomes for local people is owned and driven by all local partners.
7. Inside the 'wrapper' of the ICS then the legislation sets out the requirement for the formation of both an Integrated Care Partnership (ICP) and an NHS Integrated Care Board (ICB). These constructs will form the new statutory model of the Integrated Care System as described in the Health and Care Legislation.

8. The prime focus of this paper is on the ICP component and its relationship with the Health and Wellbeing Boards. It does not look to cover or define the formation of the NHS Integrated Care Board.
9. Formal guidance on how ICPs develop as a Joint Partnership Committee is to be jointly produced by the Department of Health and Social Care (DHSC), NHS England (NHSE) and the Local Government Association (LGA). It is clear that this element of the new Bill is not a matter for the NHS alone. The statutory Joint Committee has to be a partnership of equals.
10. The key points relating to the ICP that can be drawn from the proposed Health and Care Bill are as follows:
 - a. The ICP will be a Statutory Joint Committee to bring together health, social care, public health, and all those with an interest in the wider determinants of health and economic and social development (e.g. universities, Fire, Police, housing).
 - b. The ICP will need to interact closely with the Health and Wellbeing Boards (HWBBs) and have regard to Joint Strategic Needs Analysis (JSNA) and the Health and Wellbeing Strategies. The NHS Integrated Care Board (ICB) must consult HWBBs on changes to their plans, and vice versa. The HWBB can take action if the ICB does not act in line with the Joint Health and Wellbeing Strategy but equally the HWBB needs to align the Joint Health and Wellbeing Strategy with the Integrated Care Strategy.
 - c. The ICP as a minimum is to consist of:
 - i. One member appointed by the ICB.
 - ii. One member appointed by each of the local authorities.
 - iii. Any members appointed by the ICP. Local authority Directors of Public Health should play a significant role in ICPs. Public engagement must be built in. Other ICP members may be from Health and Wellbeing Boards, other statutory organisations, voluntary sector partners, social care providers, or organisations with a relevant wider interest, e.g. employers, housing or education providers and the criminal justice system.
 - iv. Formal guidance on membership will be developed jointly by Department of Health and Social Care, NHS England and Local Government Association.
 - d. The ICB and local authorities will need to jointly select a Partnership Chair. Role and accountabilities of the Chair of the ICP will be a matter for local determination.
 - e. The key role of an ICP is to prepare an “Integrated Care Strategy” to address the broader health and care needs of the population, including the wider determinants of health and broader social and economic development. The Strategy must detail how it will be delivered by the ICB, NHS England or local authorities. Local authorities and the NHS Integrated Care Board must have regard to the Strategy.
 - f. Each ICP will be required to champion inclusion, transparency and to challenge all partners to demonstrate progress in reducing inequalities and improving outcomes.

- g. The ICP will be able to determine its own procedures locally so there is a certain amount of local discretion in how the above points are implemented.
11. A significant amount of development work has already taken place in regard to the ICP and system partners (including both LAs) ratified that at the public Board meeting on the 19th August 2021. The main headlines of that ratification are-
- a. The ICP should be a partnership of equals between all partners: nobody dominates meetings or controls the agenda.
 - b. The ICP should represent all organisations, sectors and professional groupings to ensure all viewpoints are heard and the Strategy is as strong and as inclusive as possible. A broad membership was agreed.
 - c. The ICP must balance inclusiveness with focus and the need to sign off a Strategy, ensuring there are processes in place to undertake business and to make progress.
 - d. The ICP will have effective and efficient decision-making: through collaborative consensus rather than voting.
 - e. The ICP will support all partners to achieve the ICSs statutory duties alongside the need to recognise the independent nature of organisations.
 - f. The ICP will balance both national priorities and local priorities: the ICP will address national priorities set centrally and local priorities driven by population needs or the local democratic / political process.
 - g. ICP members will abide by the seven principles of public life (“The Nolan Principles”).
12. System partners at the Public Board meeting also agreed the following parameters which define how the ICP should operate:
- a. The ICP must embody the partnership ethos of the system, bringing all partners together to look at, tackle and understand the system’s challenges.
 - b. The ICP will set a tone of inclusivity and collaboration for all of the work that happens across the ICS.
 - c. The ICP will work closely with the HWBBs, both providing and receiving information.
 - d. The ICP should have a broader role and membership than the current HWBBs.
 - e. The ICP will develop and agree the Integrated Care Strategy for the Staffordshire and Stoke-on-Trent system on a partnership basis, working collaboratively. The Strategy will be meaningful, clear, simple, supportive and creative.
 - f. It must be an enabling Strategy, encouraging innovation and creativity at place level. It will build upon other strategies and avoid duplication. It will bring together a wide range of strategies in one place.
 - g. The ICP must have some responsibility for ensuring the strategy is delivered, and the system must explore who is accountable for delivery and how this will be monitored.
 - h. The ICP will have strong engagement with the community and the public, and it will be clearly accountable to local communities.
 - i. The ICP can act as a bridge, or a forum, for exploring areas of challenge and difficulty among partners when they arise.

13. Whilst good progress has been made in this work as detailed above, there remains a significant amount still to do. This will be progressed with partners as agreed on the 19th August 2021 in order to ensure that the ICP is ready to operate from the 1st April 2022 subject to the Health and Care Bill being approved.
14. The issue for this Board to consider is the balancing of the role of the ICP with those of the Health and Wellbeing Boards. The ICB and NHS Partner providers will be required to consult with, and provide copies of, its annual Forward Plan, Capital Resources Use Plan and annual report, with the Health and Wellbeing Board and NHS England must also consult with each Health and Wellbeing Board about the annual performance assessment of an ICB.
15. The detail provided above is provided for factual context and background. This should then facilitate an informed discussion on how the next design work is progressed in regard to the relationship between the two Health and Wellbeing Boards and the Integrated Care Partnership.
16. A joint workshop between the two Health and Wellbeing Boards and representatives from the design group supporting the development of the Integrated Care Partnership is proposed. Board members are asked to consider if this is the correct approach in terms of progressing this nationally determined agenda.

List of Background Documents/Appendices:

Appendix 1: NHS England ICS Design Framework

Contact Details

Board Sponsor: Dr Alison Bradley, Co-Chair of the HWBB,
Simon Whitehouse, ICS Director
Marcus Warnes, Accountable Officer CCGs

Report Author: Tracey Shewan, Director of Communications and Corporate
Services

Telephone No: 07548212307

Email Address: tracey.shewan@staffsstokeyccgs.nhs.uk