

## 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.



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 19<sup>th</sup> August 2021 in order to ensure that the ICP is ready to operate from the 1<sup>st</sup> 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**

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