Gloucestershire Health and Wellbeing Board
20 July 2021

A. Questioner's Name: Dawn Crawford, Inclusion Gloucestershire	Respondent's Name: Professor Sarah Scott, Executive Director Adult Social Care and Public Health
1. How will the move to an Integrated Care system from April 2022 impact on the structure, membership and organisation of the Gloucestershire Health and Well Being Board?	We are undertaking a review of the governance systems and processes for the ICS as part of the transition work. This has included initial discussions about the role and structure of the emerging ICS Health and Care Partnership and how this relates to the Health and Wellbeing Board. The HWB will discuss today how it wishes to engage with the ICS Board in this debate.
2. More specifically, if there are to be changes to the membership, will consideration be given to the inclusion of the voluntary and community sector (VCS) on the Board or its replacement?	This is an issue that will be considered. One of the challenges in the past is who can represent such a diverse sector.
3. Finally, how will the Board (or its replacement) ensure that the voices of people with a variety lived experiences are gathered to inform the Boards work and the achievement of the joint strategy	The Health and Wellbeing Strategy was the culmination of an intensive engagement project with our local communities. Our priorities have been shaped by the feedback we received. The papers presented to the Health and Wellbeing Board outline some of the work to meet the objectives in the Health and Wellbeing Strategy and include examples of how those with lived experience have shaped and driven our work. For example the Mental Health and Wellbeing Partnership Board has representation from people with lived experience and have played a key role in shaping the work of this group and the Child Friendly Gloucestershire group have also engaged extensively with young people to help shape their programme of work. However, we recognise that we can always do more and so will consider the role of people with lived experience when debating how the Health and Wellbeing Board and the ICS Health and Care Partnership will work together.

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One Gloucestershire
Transforming Care, Transforming Communities

ICS Development update

July 2021

Timeline so far

- November 2020 – NHS England and NHS Improvement (NHSEI) launch engagement exercise
- February 2021 – Government publishes Whitepaper setting out proposals for a Health and Care Bill
- June 2021 - The ICS Design Framework sets out the next stage of ICS Development
- July 2021 – First reading of the Health and Care Bill in Parliament.

One Gloucestershire Context

ICSs becoming statutory organisations is a natural development for Gloucestershire:

- Been a voluntary ICS partnership since 2018
- Fully aligned with national direction
- Partnership working has been integral to our success
- Will help us to build on the real strides made in recent years, using our collective effort, expertise and resources.

One Gloucestershire Context

For Gloucestershire, working as an ICS has meant:

- greater focus on supporting people to keep healthy, independent and developing active communities
- more joined up care and support in people's own homes, GP surgery, community or in hospital
- Easier for staff to work across organisations to support shared health and care priorities
- greater freedom and control to make local decisions about services and use of the Gloucestershire pound
- greater opportunities to attract additional money to develop services and support.

One Gloucestershire context

What the Design Framework means for our ICS:

- Place based working a key feature of our ICS
- We anticipate the formal definition of ‘place’ will reflect the overall ICS footprint in Gloucestershire
- Integrated Locality Partnerships and Primary Care Network infrastructure will continue to be instrumental in meeting local priorities
- Local flexibility and determination
- Strong employment commitment.

ICS Design Framework

The proposed ICS structures include two core elements:

- The **ICS Partnership** – collective of all local partners including NHS organisations, local authorities and other partners
- The **ICS NHS body** (Integrated Care Board) - the statutory organisation that will take on the responsibilities of Clinical Commissioning Groups and any further responsibilities delegated by NHS England and NHS Improvement.

ICS Design Framework

The document also begins to describe future ambitions for:

- governance and management arrangements for ICS NHS body
- opportunity for partner organisations to work together
- key elements of good practice - strong clinical and professional leadership, deep and embedded engagement with people and communities, and streamlined arrangements for maintaining accountability and oversight
- key features of the financial framework
- employment commitment – to give staff (below board level) stability through the transition
- roadmap to implement new arrangements for ICS bodies by April 2022.

ICS NHS Body (Integrated Care Board)

- The Integrated Care Board will be the senior decision-making structure for the ICS NHS body
- Will be made up of: Chair, minimum 2 other NEDs, Chief Exec, Director of Finance, Nursing and Medical Director, minimum 3 partner members incl. rep from NHS Trust, primary care and local authority
- Responsible for day to day running of NHS
- Develop plan to meet needs of local population
- Allocate resources to deliver plan
- Arrange for provision of health services.

ICS Partnership

- The ICS partnership will be established jointly by the ICS NHS body (Integrated Care Board) and local authority, and will also include health and wellbeing boards, other statutory organisations, VCSE partners, social care providers
- The partnership will be responsible for agreeing an integrated care strategy for improving health care, social care and public health
- The Chair will be jointly selected by the NHS and local authority; it can be the same chair as the NHS board, but this is for local determination.

People and culture

ICSs will be expected to:

- shape the approach to growing, developing, retaining and supporting the people employed by the ICS and its constituent organisations in their areas, ensuring the delivery of high-quality services and care for the population.
- adopt a ‘one workforce’ approach
- develop shared principles and ambitions for people and culture with local authorities, the VCSE sector and other partners.

Primary care

- role for primary care in decision-making at all levels of the ICS, including strategic decision-making forums
- primary care professionals to be involved in the development of shared plans at place and system level, including with regards to health inequalities and inequality in access to services
- need to consider the support that PCNs may need to develop primary care and play their role in transforming community-based services.

Voluntary, community and social enterprise partners (VCSE)

- VCSE involved in governance structures and system workforce, population health management and service redesign work, leadership and organisational development plans
- By April 2022, ICSs will develop a formal agreement for engaging and embedding the VCSE sector in system level governance and decision-making arrangements.

Clinical and professional leadership

- All ICSs should develop a model of distributed clinical and care professional leadership
- Should be fully involved as key decision-makers, with a central role in setting and implementing ICS strategy
- Specific models will be for ICSs to determine locally
- The ICS NHS body (Integrated Care Board) will be expected to sign off a model and improvement plan for clinical and care professional leadership that demonstrates how clinical and care professions are invested in the purpose and work of the ICS.

Delegated commissioning from NHSE

- Direct commissioning functions of NHSEI to be jointly commissioned, delegated or transferred at an appropriate time to ICS NHS bodies
- Commissioning of primary medical services is currently delegated to CGGs and will transition immediately into ICS NHS bodies
- ICS NHS bodies might also take on primary dental services, general ophthalmic and pharmaceutical services commissioning
- Further engagement on whether ICS NHS bodies take on other direct commissioning functions including health and justice, armed forces and aspects of public health at some point in future.

Further considerations

In coming months we will need to understand more about:

- The implications of provider collaboratives
- The structure of the partnership board. As part of developing the options we will consider how we best work with the Health and Wellbeing Board
- Options around specialist and direct commissioning which may be delegated to ICSs.

Further information

The Design Framework can be read in full here: https://www.england.nhs.uk/publication/integrated-care-systems-design-framework/

NHS Confederation briefing gives a useful overview of the framework https://www.nhsconfed.org/publications/ics-design-framework

One Gloucestershire briefing following the Health and Care Bill being introduced to Parliament: https://www.onegloucestershire.net/health-and-care-bill-and-development-of-the-one-gloucestershire-integrated-care-system-ics/