

Gloucestershire Health and Wellbeing Board

Report Title	Health and Wellbeing Board and Integrated Care Partnership: Next steps
Item for decision or information?	Information and decision
Sponsor	Sarah Scott, Executive Director of Public Health and Adult Social Care
Author	Zoe Clifford, Consultant in Public Health
Organisation	Gloucestershire County Council
Key Issues:	
<p>The Health and Care Bill was introduced on Tuesday 6 July 2021 and promotes integration between health and care. It is the first major piece of primary legislation on health and care in England since the Health and Social Care Act 2012. This sets out the formation of a statutory Integrated Care System (ICS) and introduction of Integrated Care Partnerships (ICPs).</p> <p>ICPs will be jointly convened by Local Authorities and the NHS as equal partners and will comprise a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population they serve. ICPs will be built on existing partnerships and collaboration and will be focused on addressing the wider determinants of health.</p> <p>A joint Workshop between the Health and Wellbeing Board and the Integrated Care System (ICS) Board was held on 21st September 2021. The purpose of this paper is to provide an update from the workshop, outline the preferred model for how the Health and Wellbeing Board and ICP will operate in Gloucestershire and identify next steps.</p>	
Recommendations to Board:	
<p>The Board is invited to:</p> <ol style="list-style-type: none"> 1. Acknowledge the timeline for decision making. 2. Confirm that option 3 (aligning both boards) is the preferred option. 3. Agree that a joint secretariat should be formed to serve both boards and suggest potential membership for this. 4. Agree that the secretariat will initially consider and make recommendations on the details of the functions and form of both boards. 5. Acknowledge that there should be further clarification about how the voice of patients/carers/citizens will be represented at the ICP. 	
Financial/Resource Implications:	
None identified	

Health and Wellbeing Board and Integrated Care Partnership: Next steps

1. Purpose

A joint Workshop between the Health and Wellbeing Board and the Integrated Care System (ICS) Board was held on 21st September 2021. The purpose of this paper is to provide an update from the workshop, outline the preferred model for how the Health and Wellbeing Board and Integrated Care Partnership (ICP) will operate in Gloucestershire and identify next steps.

2. Background

2.1 *Integrated Care Board and Integrated Care Partnership*

The Health and Care Bill was introduced on 6th July 2021 and promotes integration between health and care. It is the first major piece of primary legislation on health and care in England since the Health and Social Care Act 2012. This sets out the formation of a statutory Integrated Care System (ICS) which will include two equally important and complementary components:

- **A statutory ICS NHS Body Integrated Care Board (ICB)** which will lead and oversee the planning and delivery of NHS services across the whole system, develop a capital plan for NHS providers, hold the budget for the system, and meet the system control target, maintaining appropriate governance and accountability
- **A statutory Health and Care Partnership or Integrated Care Partnership (ICP)**, bringing partners together to address the wider health, social care and public health needs of the population and the wider determinants of population health and wellbeing.

As a statutory body, the ICB will have a constitution which will be subject to engagement with partner members. The proposed membership of the ICB includes the Chair of the ICP. The rationale underpinning this proposal is that it will help embed an aligned approach whereby the ICB and the ICP collaborate to deliver the overarching vision and ambition for health and care in Gloucestershire and together fulfil the four core purposes of the Integrated Care System.

2.2 *Status of the Integrated Care Partnership*

Integrated Care Partnerships will be a critical component of an Integrated Care System. They will be jointly convened by Local Authorities and the NHS as equal partners and will comprise a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population they serve. ICPs will be built on existing partnerships and collaboration and will be focused on addressing the wider determinants of health. They will be fundamental to the way in which an Integrated Care System pursues integration through partnership working, in a way that enables people to live healthier and more independent lives for longer. The ICP will have the status of a statutory committee and will have a central role in the planning and improvement of health and care, with a strong emphasis on taking a holistic and place-based view.

There is a suite of national guidance that will inform the way in which we design and develop the Integrated Care Partnership in Gloucestershire. The three key pieces of national guidance are:

- [Integrated Care Systems: Design Framework](#). NHS England and NHS Improvement (16 June 2021)
- [Building strong integrated care systems everywhere. ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector](#). NHS England and NHS Improvement (2 September 2021),
- [Integrated Care Partnership \(ICP\) engagement document: Integrated Care System \(ICS\) implementation](#). Department for Health and Social Care, NHS England and NHS Improvement and the Local Government Association (15 September 2021)

2.3 Obligations of the Integrated Care Board to consult with the Health and Wellbeing Board

Included within the draft Health and Care Bill is a requirement that before the start of each financial year, the Integrated Care Board must prepare a plan setting out how it will exercise its functions over the next 5 years. The plan must include detail on how the ICB proposes to discharge its duties, including its duty with respect to reducing inequalities and regarding public involvement and consultation. It will also need to articulate how the ICS will support the implementation of the joint Health and Wellbeing strategy. The ICB will be required to secure the support of the Health and Wellbeing Board for both its long-term and annual plans. The Health and Wellbeing Board will be formally consulted while the plans are in draft, to test that they take sufficient account of the local Health and Wellbeing strategy for the periods that each plan relates to. Published plans will then include a statement of final opinion of the Health and Wellbeing Board.

This requirement to formally consult with the Health and Wellbeing Board, negates an option under which the Integrated Care Partnership and Health and Wellbeing Board can be entirely merged. However, an aligned option is possible under the legislation.

2.4 Responsibilities of the Integrated Care Partnership

Under the new legislation, the relevant Local Authority will share the Joint Strategic Needs Assessment (JSNA) with the Integrated Care Partnership. The Integrated Care Partnership will specifically be responsible for developing an integrated care strategy or long-term plan for improving health care, social care and public health based on the assessed needs of the population. The strategy will set out how the assessed needs of the population will be met by through the exercising of the functions of the ICB, NHS England and the Local Authorities. Section 75 arrangements under the NHS Act 2006 will be one vehicle through which ICPs are expected to implement the strategy. The draft legislation confirms an intent for both Local Healthwatch organisations and local people and communities to be involved in the development of the strategy. The ICP will be required to publish its Integrated Care strategy. It is expected that ICPs will build on existing collaborations and support broad and inclusive place-based partnerships that bring together both statutory and non-statutory interests. In supporting co-ordination and integration across the health and care agenda, ICPs will address how resource is used creatively to tackle:

- Inequalities in health outcomes
- The wider determinants that drive inequalities
- Improving life chances and health outcomes of babies, children, and young people
- Prevention of ill-health

2.5 Gloucestershire Health and Wellbeing Board

The recommendations from the LGA prevention system peer review in 2018 led to the development of a new Health and Wellbeing Strategy for Gloucestershire and a revised membership for the board with seven priorities:

- Physical activity
- Adverse childhood experiences (ACEs) and resilience
- Mental wellbeing
- Social isolation and loneliness
- Healthy lifestyles – health weight
- Early year and best start in life
- Housing

The Health and Wellbeing Board does not hold a budget but takes a position as a system leader to enable and facilitate change to improve population health and wellbeing. The board has always been clear that its purpose is to focus on actions whereby working together we can make the biggest difference to those in the greatest need. For each of the priorities, the focus is where the board can truly add value. In addition to these priorities, the board also agreed to keep a watching brief over:

- Green infrastructure
- Air quality
- Transport
- Economic development

These are key areas which have a vital contribution to health, but in acknowledging this the board also recognised that they are already overseen by other parts of our Gloucestershire system.

Addressing health inequalities acts as the golden thread throughout the strategy with each priority challenged to consider how the delivery of this contributes to reducing health inequalities.

The Health and Wellbeing Board has a key role in ensuring that there is a sustained focus on embedding prevention across the health and social care system, taking a place-based approach (looking at communities and neighbourhoods) that goes beyond just thinking about what public sector services provide.

2.6 Gloucestershire Integrated Care System (ICS)

Our vision is to improve health and wellbeing of our population, we believe that by all working better together - in a more joined up way, and using the strengths of individuals, carers and local communities - we will transform the quality of support and care we provide to all local people.

The context of our system priorities, described within our Long Term Plan, remain at the centre of our approach:

- **Strong recovery:** supporting our population as we recover from Covid-19 and the socio-economic impacts of the last year
- **Improve population health:** through place-based integrated working, placing a greater focus on personal responsibility, wellbeing and prevention and self-care; supporting people to help themselves, complemented by a **focus on delivering proactive care** in

partnership with local communities, building capacity across primary, community and the VCSE (voluntary, community and social enterprise)

- **Improve mental health:** including improving dementia care and a renewed focus on mental health and wellbeing, additional support for regular users of health and care services. Ensure parity of esteem for mental and physical health.
- **Implement the Fit for the Future** programme to progress our ambitions to bring together specialist resources in **Centres of Excellence** to support safe, evidence based and effective care.
- **Improve access to care:** focusing on reducing waits and delivering high quality pathways for planned care supported by transformation across our planned and cancer care pathways. Taking a continuous improvement approach to the delivery of **urgent and emergency care** to ensure timely and appropriate care is delivered to all who need to access our **urgent care pathways**
- **Reducing inequality:** reducing the differences in quality of life and clinical outcomes between our most and least deprived areas.
- **Improving care across the life course,** including increasing our focus on the needs of **Children & Families**, working together to support a strong start for all and supporting people to **age well**, including improving care for those who are frail or have dementia.
- **Focus on enabling conditions for delivery** including:
 - fostering a **culture of engagement** and co-creation
 - continuing existing enabling programmes in **estates and digital roadmap**
 - Develop new roles and ways of working to make best use of the **workforce** we have, and bring new people and skills into our system to deliver care
 - increasing our system **sustainability**, delivering **financial stability** and sustainability as a system
 - ensuring effective governance that facilitates **shared decision making** as we develop towards becoming a statutory ICS

3. The ICS and Health and Wellbeing Board joint workshop structure

A joint workshop was convened with the Health and Wellbeing Board and the ICS Board on 21st September 2021. The objectives were:

- To understand the current function and membership of the two Boards
- To explore options for how the Health and Wellbeing Board and Integrated Care Partnership will operate in Gloucestershire
- Reflect on the existing governance architecture as it relates to the Boards and how future arrangement will meet population needs.

3.1 Understand current functions and membership

Presentations covered the current functions and priorities of the two current Boards. The membership list for both was shared. The group was then divided into three breakout groups. The first session focused on the current situation and asked people to consider:

- How well are the current arrangements working to improve health and wellbeing of the population?
- What more might we need to hold the system to account for health and wellbeing improvement
- What are the opportunities and challenges?

3.2 Explore options

Three options were presented for the Operating Model of the Integrated Care Partnership:

Option 1: A Merged Health and Wellbeing Board and ICP

This option was considered at an early stage, but the content of the Health and Care Bill now means that this option would not be compliant with the requirements reflected in the draft legislation.

Option 2: The Health and Wellbeing Board and ICP operate as two separate entities

This option remains available but would be time, capacity, and resource intensive and would risk duplication of effort and attendance for individuals and organisations.

Option 3: An Aligned Operating Model for the Health and Wellbeing and ICP Boards

It is not possible to statutorily combine the Integrated Care Partnership and the Health and Wellbeing Board. However, an aligned model whereby the two boards work in tandem and meet in common with a shared secretariat and a co-ordinated approach to agenda planning is possible to achieve.

3.3 Reflect on existing governance and how future arrangements will meet population need

The second breakout group session used a case study (either frailty, complex lives or diabetes) and asked participants to consider the following:

- Which teams are operationally responsible for this case study?
- What role would each Board play in relation to your case study?
- What other governance structures might be involved (if any)?

4. Key points from the workshop

The preferred operating model was option 3 - to align the Health and Wellbeing and ICP Boards. This would avoid the risk of unnecessary dual reporting and bureaucratic burden. It could facilitate the delivery of joint sessions of the ICP and the Health and Wellbeing Boards where this is the most expedient way of progressing business and decisions. Duties that sit purely within the jurisdiction of the Health and Wellbeing Board would be identified for bespoke meetings with all other business conducted in the joint session. This would enable the agendas to be aligned, prevent duplication and ensure a coherent shared approach.

There was recognition that we already have a strong foundation. There are clear priorities and strategies already agreed in our system for improving the health and wellbeing of our population. This therefore presents an opportunity to create system change rather than develop new priorities and strategies. We will also be able to ensure that we align the two Boards to prevent duplication and secure the greatest benefit for our communities.

As this is developed, the governance arrangements need to be very clear and effective. By clarifying the roles and responsibilities of Boards and groups involved in the planning/delivery in the system and how they relate to each other, this will improve our overall effectiveness in delivering our ambition for Gloucestershire. There was a strong theme from the discussions that we need to give more consideration to how we engage and work with communities. There was agreement that HealthWatch should be included in the ICP membership.

There was recognition that further work is essential to develop the ICP and Health and Wellbeing Board alignment. There was suggestion of a shared secretariat to service the functions of both Boards. The logistics of this need further consideration.

5. Next Steps

Further refinement is still needed for the design of the Gloucestershire Integrated Care Partnership in the light of any further national guidance and any amendments to the legislation.

The next steps are to ratify the decision to progress with the preferred model/option and to now work through the detail about how this would work in practice. There needs to be decisions about membership, how the agenda's of both boards can be aligned and how each board discharge its statutory functions.

It is suggested that a secretariat rapidly formed to work through this more granular detail.

The timeline for decision making is as follows:

2 November 2021	Health and Wellbeing Board paper and discussion to review progress from workshop and next steps
18 January 2022	Health and Wellbeing Board decision paper and amended Terms of Reference
14 March 2022	Constitution Committee Paper requesting amendment to Health and Wellbeing Board's Terms of Reference in the Council's constitution
18 May 2022	Full Council – Paper to ratify the decision made by Constitution Committee

6. Recommendations to Health and Wellbeing Board

- Acknowledge the timeline for decision making.
- Confirm that option 3 (aligning both boards) is the preferred option.
- Agree that a joint secretariat should be formed to serve both boards and suggest potential membership for this.
- Agree that the secretariat will initially consider and make recommendations on the details of the functions and form of both boards. Over time the secretariat will provide the 'engine room' for the boards with agenda planning and monitoring functions to support the work.
- Note that the meetings of both boards will be aligned so they will meet on the same day in succession.
- Acknowledge that there should be further clarification about how the voice of patients/carers/citizens will be represented at the ICP.