

HEALTH AND WELLBEING BOARD

13th September 2022

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| Title: | Integrated Care System (ICS) Place Arrangements |
| Report of the Director of Public Health | |
| Open Report | Update |
| Wards Affected: | Key Decision: No |
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| Lead Officer: Matthew Cole, Director of Public Health | |
| Accountable Strategic Leadership Director: Elaine Allegretti, Strategic Director Childrens and Adults | |
| Summary: <p>This paper is intended to provide an update on the current progress in developing the Barking and Dagenham Place-based Partnership and Integrated Care Board (ICB) Subcommittee, along with any future milestones. It also provides information about the guidance for Health and Well Being Boards in consultation until 17th September 2022 and guidance on the new Integrated Care Strategy.</p> | |
| Recommendation(s) The Health and Wellbeing Board is recommended to note: <ul style="list-style-type: none">(i) The establishment of the Barking and Dagenham Place-based Partnership and ICB subcommittee(ii) The appointment of the Place Based Partnership Lead and update on other appointments(iii) The consultation guidance on the future role of the Health and Well Being Board(iv) The milestones to achieve finalised arrangements for April 2023(v) The guidance for the new Integrated Care Strategy | |
| Reason(s) <p>The Health and Wellbeing Board maintains a key role in providing a strong focus on establishing a sense of place; instilling a mechanism for joint working and improving wellbeing of their local population and setting strategic direction to improve health and wellbeing.</p> | |

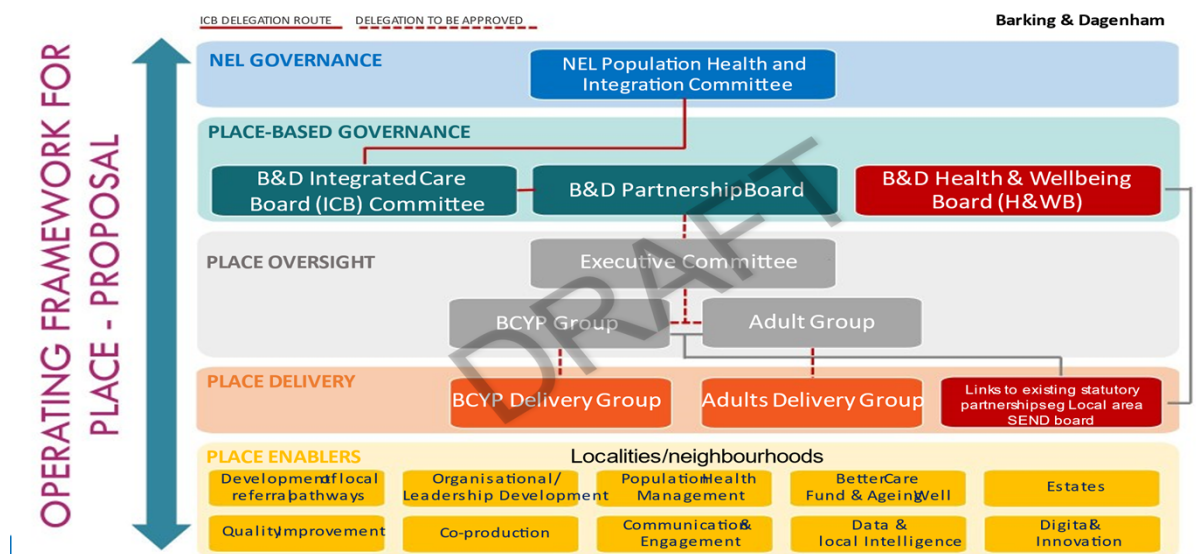
Introduction and Background

- 1.1 Following Royal Assent of the Health and Social Care Act (2022), the ICS across England was established from July 1st 2022.
- 1.2 ICSs intend to promote equal partnership between the NHS, providers, commissioners, local authorities, and other local partners in a geographical area to collectively plan health and care services to meet local population need. ICSs are made up of two key bodies at system level– an 'Integrated Care Board' and an 'Integrated Care Partnership' (ICP) (see Appendix A for more details of governance arrangements).
- 1.3 In addition to the two governing bodies, there are three other core components of the ICS system: Place-based Partnerships, five Provider Collaboratives from the NEL footprint (Acute, Mental health, Learning Disabilities and Autism; Community; VCSE and Primary Care), and the Primary Care Networks.
- 1.4 The focus for the new system is Place and the vision for Place will focus on improving the health and wellbeing outcomes for the population, preventing ill health, and addressing health inequalities.
- 1.5 The ICB is expected to delegate NHS decision making functions and budgets (expected to happen in April 2023) to this place-based level to a ICB Subcommittee and local systems are free to develop their own wider partnership arrangements. This will provide wider expertise to inform the overall strategic vision and plan to address locally agreed priorities.
- 1.6 What is undertaken at system or place should be guided by the principle of subsidiarity, with decisions taken as close to local communities as possible and at a larger scale where there are demonstrable benefits or where co-ordination across places adds value.
- 1.7 Recent updates are as follows:
 - In June a proposal was presented to the Board to create the ICB place committee to run alongside as 'committees in common' with the Place- based Partnership
 - Fiona Taylor, Acting Chief Executive LBBDD has been nominated as the Place-based Partnership Lead
 - Consultation guidance has been published on the role of HWBs in the new system including their role in developing the Integrated Care Partnerships' (ICP) Integrated Care Strategy
 - Guidance has also been published on the development of the Integrated Care Strategy

2. Place- Based Partnership Governance Model

1.8 From 1st July 2022 the previous B&D Delivery Group (DG) transitioned to become a shadow place-based partnership board (PbPB) within the North East London (NEL) ICS. An ICB Subcommittee has also been established for local decision making on ICB functions and will operate with the place-based partnership, working together with common agendas and papers. However, there may be decisions which only the committee can make, and in those circumstances, there will be a 'Part A' and 'Part B' to the agenda.

1.9 The following diagram provides a draft structure:



1.10 The role of the shadow PbpB includes:

- To work in partnership to improve health and wellbeing and reduce inequalities.
- To set a local system vision and strategy
- To develop the Place Based Partnership Plan for Barking & Dagenham, ('PBP Plan')
- To provide system wide accountability for the delivery and performance of the PBP plan
- To review and assess new and revised models of care that better serve the population of Barking and Dagenham, and to achieve agreed outcomes
- To develop and deliver a framework of community engagement
- To provide direction and oversee progress to the life course workstreams (adults, and children and young people)
- To provide a forum to share insight and intelligence into local quality matters, identify opportunities for improvement and identify concerns and risk to quality
- To have oversight of how resources are utilised at place to inform discussions on how best to use money across the system
- To support the ICS to deliver against its strategic priorities
- To develop the formal Place Based Partnership governance at place for 1st April 2023

1.11 The role of the ICB Subcommittee:

- Exercise delegated functions at place (still to be confirmed)
- Make decisions, authorised by the ICB in relation to them regarding local objectives and priorities
- Support collaborative arrangements- including the development of the 'place-based plan'
- Support ICB with aims and ambitions re joint plans and strategies
- Prioritise delivery against strategic priorities of the ICS
- Support discharge of statutory functions- supporting the core purposes of the ICS
- Improve outcomes
- Tackle inequalities
- Enhance productivity and value for money
- Support broader social/economic development

1.12 Whilst the shadow PbPB and had an inaugural meeting on the 28th July, the first meeting of the committees in common will be on 29th September. They will act in shadow form for a 9-month shadow period during which we can evaluate the functioning of the arrangements. During this period they will be jointly chaired by Cllr Worby and Dr Shanika Sharma, GP Principal, Trainer and Dermatology GPSI, The White House & Green House Surgery, Castleton Road Health Centre and Clinical Director, Network West One PCN.

1.13 This shadow period will allow for development and finalisation of the formal place-based governance system and agreement on delegations and financial arrangements– nationally, regionally, and locally. Locally the future aspiration is for the alignment of the Health and Wellbeing Board (HWB) with the ICB Subcommittee.

3. Key Milestones to 1st April 2023

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| August 2022 | Development of 'Joint Partnership Office' and appointment to Borough Partnership development and support roles |
| December 2022 | <ul style="list-style-type: none">• Clinical Care and Leadership Model agreed and recruited• Integrated Care Strategy produced by ICP |
| By/on 1st April 2023 | <ul style="list-style-type: none">• Formalisation of Place Based Partnership and ICB arrangements including Subgroups to the Partnership Board for example: CYP & Adults Boards; Quality forum• Delegation of functions and budgets to ICB subcommittees• Agreement on Outcomes Framework and publication of the Health and Wellbeing Strategy and Plan at Place• Establishment of delivery functions e.g.:<ul style="list-style-type: none">○ Integrated Partnership Office○ Executive Group○ Ex CCG functions – finance, contracting etc• Agreement on the relationships with BHR TB, NEL TBs and Provider Collaboratives |

4. Development Workshop

1.14 The ICB facilitated a workshop with Partnership Board members on 8 July 2022 to discuss the ingredients for successful place-based partnerships and priorities in Barking and Dagenham, facilitated by Gareth Fitzgerald, National Consortium Lead for the place development programme sponsored by NHS England and the Local Government Association. This was the first of a series of workshops that were being rolled out across places in NEL and provided an opportunity to meet Charlotte Pomeroy, Chief Participation and Place Officer, NHS North East London.

1.15 Participants acknowledged that:

- System working in Barking and Dagenham had previously been operating within the BHR sub-system
- There are high levels of deprivation prevalent across the whole borough
- The borough has very high levels of population growth and population churn
- There is historic under-funding across NHS and Local Government
- Partners are tackling significant workforce challenges – including GPs, therapists, social care
- There is an opportunity to further draw in the strengths of the community and VCSE sector

1.16 Alongside the milestones highlighted above (3) the following participants in the workshop identified the following development priorities for the next 9 months:

- Develop a summary map of existing services and resources across the place and neighbourhoods
- Address IG / data sharing issues
- Develop a plan for addressing population growth including new care models
- Make time for cohesive development of these activities and some creative work around the future care models – including wider primary care and the VCSE sector
- Bring together the various estates plans and opportunities into an estates strategy for the Place (community diagnostic centre, community hubs)
- Develop the evidence base around inequalities in outcomes, services, and access
- Clarify potential financial arrangements between ICB and Place
- Develop a plan for identification and development of local community leaders and citizen empowerment
- Develop an associated communications and engagement plan

5. Role and Purpose of Health and Wellbeing Boards

1.17 Health and Wellbeing Boards remain a committee of the local authority, and provide a forum where political, clinical, professional and community leaders from across the care and health system come together to:

- Improve the health and wellbeing of their local population
- Look to reduce health inequalities and
- Be responsible for promoting greater integration and partnership between the NHS, public health and local government.

2. Health and Wellbeing Board Consultation Guidance (published 29th July)

2.1 The Health and Care Act 2022 has not fundamentally changed the required members of a HWB, other than requiring a representative from ICBs, rather than clinical commissioning groups (CCGs) and looks to enable greater integration between partners across the health (including physical and mental health) and social care sector). This includes collaboration between partners who can address the wider determinants of health by:

- Removing barriers to data-sharing
- Enabling joint decision-making and greater collaboration within the NHS, between trusts, and between the NHS and other systems partners – in particular local authorities, based on the principle of subsidiarity

2.2 Health and Wellbeing Boards will continue to:

- Provide a strong focus on establishing a sense of place
- Instil a mechanism for joint working and improving wellbeing of their local population
- Set strategic direction to improve health and wellbeing
- Exist as set out in section 194 of the Health and Social Care Act 2021 (including section 75 arrangement, request for information) and will include a representative from each relevant ICB
- Have responsibility for assessing the health and wellbeing needs of the area and publishing a JSNA, PNA and the JLHWS which should directly inform the development of joint commissioning arrangements in the local area, and the co-ordination of NHS and local authority commissioning, including Better Care Fund plans.

2.3 As leaders of place, local authorities will have an essential role with the NHS to plan and deliver integrated care services, and can act on social, economic and environmental factors that influence people's health and wellbeing.

2.4 Decisions affecting planning, commissioning, operational co-ordination, and the use of resources in the health and care system will happen across a number of forums including ICPs and HWBs.

- 2.5 NHS England must also – in exercising any functions in arranging for the provision of health services in relation to the area of a responsible local authority – have regard to the relevant JSNAs and JLHWSs.

3. Key Changes to Health and Wellbeing Boards role in the Integrated Care Strategy (NEL NHS)

1. HWBs and ICPs need to work collaboratively in the preparation of the system-wide Integrated Care Strategy (see point 6 below) that will tackle those challenges that are best dealt with at a system level – for example, workforce planning or data and intelligence sharing. And be in involvement in agreeing strategic priorities.
2. Alongside the JLHWSs, the Integrated Care Strategy should be the set direction for the system as a whole.
3. It has been proposed that 2022 to 2023 will be a transition period, proving an opportunity to refresh and develop their integrated care strategy. But to influence the first 5-year joint forward plans (which are to be published before the next financial year and refreshed annually), the Integrated Care Partnership would have to publish an initial strategy by December 2022.
4. DHSC has committed to reviewing, and if necessary, refreshing this guidance in June 2023 following the first cycle of joint 5-year forward plans and integrated care strategies in 2022 to 2023.
5. ICPs should use the insight and data held by HWBs (including JSNAs) in developing the Integrated Care Strategy, identifying where the assessed needs within the JSNA can be met by local authorities, ICBs or NHS England in exercising their functions.
6. The Integrated Care Strategy is for the whole population (covering all ages) and it must, among other requirements, consider whether their needs could be met more effectively by using integration arrangements under section 75 of the National Health Service Act 2006.
7. When they receive the Integrated Care Strategy, HWBs must consider whether to revise their Joint Local Health and Well Being Strategy (JLHWS).

4. Other Proposed Changes

- The functions and duties that previously rested with CCGs have been conferred on ICBs – therefore, HWBs will continue the relationships and accountability they had with CCGs with ICBs, including:
 - forward plans (formerly commissioning plans),
 - annual reports and
 - performance assessments
- The 5-year joint forward plan produced by the ICB must have regard to the Integrated Care Strategy and must set out any steps on how the ICB proposes to implement any JLHWS priorities that relates to the ICB area
- HWBs will receive a copy of an ICB joint capital resource plan outlining their planned capital resource use, to align local priorities, and provide consistency with strategic aims and plans

- Every ICB that is within the HWB's area will be represented on the HWB
- Care Quality Commission (CQC) reviews of integrated care systems will assess the provision of NHS care, public health and adult social care within the ICB area and produce a report. They will consider:
 - How well the ICBs, local authorities and CQC-registered providers discharge their functions in relation to the provision of care
 - The functioning of the system, which will include the role of the ICP
- If ICPs and HWB are geographically coterminous – they can be brought together

5. Engagement in Consultation

5.1 DHSC is engage with all sectors in the development of this guidance and have included the areas below which they welcomed feedback on (the consultation closes on 16th September and the Public health team is leading the consultation with partners and HWB members):

- What examples can you provide of how HWBs are reacting to the introduction of ICBs or ICPs brought about by the Health and Care Act 2022?
- Are there any issues you are encountering with the introduction of ICBs or ICPs that are affecting HWBs?
- Are there new ways of working emerging that you would be happy to share as best practice?
- How are HWBs working to join up to ensure that they are part of discussions around implementation of the proposals in the integration white paper?
- We acknowledge the great work the LGA do in supporting HWBs and the resources they provide. In the final guidance we would like to provide examples in the form of diagrams and so on outlining the different structures and scenarios HWBs operate within, and would welcome examples or case studies
- Does this guidance provide the information you need? Are there any gaps?

6. Developing an Integrated Care Strategy

- 6.1 The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007 and requires ICPs to write an integrated care strategy to set out how the assessed needs (from the JSNAs) can be met through the exercise of the functions of the integrated care board, partner local authorities or NHS England (NHSE).
- 6.2 Guidance was published on 29th July 2022 for integrated care partnerships on the preparation of integrated care strategies and guidance will be reviewed by June 2023.
- 6.3 The integrated care strategy should set the direction of the system across the area of the integrated care board and integrated care partnership, setting out how commissioners in the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life.

- 6.4 The integrated care strategy is an opportunity to work with a wide range of people, communities and organisations to develop evidence-based system-wide priorities that will improve the public's health and wellbeing and reduce health inequalities.
- 6.5 When the integrated care partnership receives a new joint strategic needs assessment, from a health and wellbeing board, it must consider refreshing the integrated care strategy.
- 6.6 Integrated care partnerships should ensure that the integrated care strategy facilitates subsidiarity in decision making, ensuring that it only addresses priorities that are best managed at system-level, and not replace or supersede the priorities that are best done locally through the joint local health and wellbeing strategies.
- 6.7 The Care Quality Commission's reviews will assess how the integrated care strategy is used to inform the commissioning and provision of quality and safe services across all partners, within the integrated care system, and that this is a credible strategy for its population.

7. Mandatory Implications

7.1 Joint Strategic Needs Assessment

The JSNA will inform the Plan at Place and agreed outcomes framework.

7.2 Health and Wellbeing Strategy

The Joint Local Health and Well Being Strategy was renamed on 1st July and remains a key responsibility of the HWBB. It will be the key document identifying partnership outcomes and inform service priorities to address the health needs of people living in Barking and Dagenham. NHS NEL are required to use JLHWBS to inform its Integrated Care Strategy.

7.3 Financial Implications

Completed by Isaac Mogaji – Finance Business Partner:

This report is largely for information of the Health and Wellbeing Board and seeks to provide an update on the current progress in developing the Barking and Dagenham Place-based Partnership and Integrated Care Board (ICB) Subcommittee. It also **provides** guidance on the new Integrated Care Strategy. As such, there are no obvious financial implications of the report.

7.4 Legal Implications

Completed by Dr. Paul Field- Principal Governance Lawyer and Sarah Dawkins, Barrister Consultant for Adult Social Care Law:

The Health and Care Bill received Royal Assent and became an Act of Parliament on 28 April 2022. It enacts the most significant health legislation in a decade into law. Section 26 of the Act makes provision for Integrated Care Partnerships and amends the Local Government and Public Involvement in Health Act 2007 so that the

integrated care board and all upper-tier local authorities that fall within the area of the integrated care board must establish an integrated care partnership. This creates a joint committee of these bodies made under the new section inserted in the Act. The partnership must include members appointed by the integrated care board and each relevant local authority. The integrated care partnership may determine its own procedures and appoint other members.

As set out in the report, the establishment of a Place-based Partnership Board (PbPB) to work up a relationship with the ICB Subcommittee for a 9-months shadow arrangement. At the time of writing, guidance to local authorities on governance arrangements has yet to be published by the Secretary of State. However, the action proposed will be a proper commencement stage in establishing the place-based partnership board by enabling linkages and communications to take root while preparation is in hand to establish a permanent foundation in accordance with the statutory requirements for Integrated Care Partnerships. At this stage the shadow arrangement will not be taking actionable or binding decisions. Accordingly, there are no external adverse legal implications that appear to arise from the recommended course within the report.

Public Background Papers Used in the Preparation of the Report:

See Appendix B.

List of Appendices:

Appendix A - Core components of ICS governance arrangements

Appendix B – Useful guidance documents and publications

CORE COMPONENTS OF ICS GOVERNANCE ARRANGEMENTS AND EXPECTATIONS

| Core component | Expectation |
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| <p>Integrated care partnership (ICP) <i>statutory</i></p> | <ul style="list-style-type: none"> • Each ICS area will have an ICP (a committee, not a body) at system level established by the ICB and relevant local authorities as equal partners and bringing together organisations and representatives concerned with improving the care, health and wellbeing of the population. • The ICP to have a specific responsibility to develop an integrated care strategy. • Each ICB will need to align its constitution and governance with the ICP. |
| <p>Integrated care board <i>statutory</i></p> | <ul style="list-style-type: none"> • ICBs will be established as new statutory organisations, to lead integration within the NHS. • The ICB will have a unitary board, responsible for ensuring the body plays its role in achieving the four purposes • Minimum requirements for board membership will be set in legislation. We have set further minimum expectations for board membership. • Each board will be required to establish an audit committee and remuneration committee • All ICBs will need to put arrangements in place to ensure they can effectively discharge their full range of duties and functions. This is likely to include arrangements for other committees and groups to advise and feed into the board, and to exercise functions delegated by the board. |
| <p>Integrated Care Board Subcommittee</p> | <ul style="list-style-type: none"> • Each Place will have an Integrated Care Board Subcommittee which will be responsible for delegated functions from the ICB (see above) which will include managing the delegated NHS budget and arranging for the provision of health services in the place area |
| <p>Place-based partnerships</p> | <ul style="list-style-type: none"> • Place-based partnerships are collaborative arrangements that have been formed across the country by the organisations responsible for arranging and delivering health and care services in a locality or community |
| <p>Provider, community, primary care and mental health collaboratives (may be at sub system, system or supra-system level)</p> | <ul style="list-style-type: none"> • Collaboratives will agree specific objectives with one or more ICBs, to contribute to the delivery of that system’s strategic priorities. The members of the collaborative will agree together how this contribution will be achieved. • The ICB and collaboratives must define their working relationship, including participation in committees via partner members and any other local arrangements, to facilitate the contribution of the provider collaborative to agreed ICB objectives. |

USEFUL GUIDANCE DOCUMENTS AND PUBLICATIONS

- LGA/NHS, “Thriving places”
<https://www.england.nhs.uk/wp-content/uploads/2021/06/B0660-ics-implementation-guidance-on-thriving-places.pdf>
- The King’s Fund, “Developing place-based partnerships”
<https://www.kingsfund.org.uk/sites/default/files/2021-04/developing-place-based-partnerships.pdf>
- The Kings Fund “Health and Care Bill- our work on the legislative agenda for health and care reform”
<https://www.kingsfund.org.uk/topics/health-and-care-bill>
- NHS, “Interim guidance on the functions and governance of the integrated care board”
[Report template - NHSI website \(england.nhs.uk\)](#)
- Building strong integrated care systems everywhere ICS implementation guidance on effective clinical and care professional leadership
[B0664-ics-clinical-and-care-professional-leadership.pdf \(england.nhs.uk\)](#)
- Interim guidance on the functions and governance of the Integrated Care Board. Statutory CCG functions to be conferred on ICBs
- <https://nhsproviders.org/media/692060/nhs-providers-next-day-briefing-integrated-care-board-governance.pdf>
- Health and wellbeing boards: draft guidance for engagement
<https://www.gov.uk/government/publications/health-and-wellbeing-boards-draft-guidance-for-engagement>
- Get in on the Act: Health and Care Act 2022
<https://www.local.gov.uk/publications/get-act-health-and-care-act-2022>
- Guidance on preparing an Integrated Care Strategy
<https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies>