



## HEALTH AND WELLBEING BOARD

16 JUNE 2021

<b>REPORT TITLE:</b>	<b>STRATEGIC CHANGES IN THE NHS – A FOLLOW UP REPORT ON PROPOSED CHANGES, IMPACT ON THE COUNCIL, PROGRESS MADE AND NEXT STEPS RE: INTEGRATED CARE SYSTEM (ICS) AND INTEGRATED CARE PARTNERSHIP (ICP)</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF CARE AND HEALTH</b>

### REPORT SUMMARY

This report aims to provide members of the Health and Wellbeing Board with an update on the proposed strategic changes in the NHS and outline the implications for the Council of such emerging arrangements and 'Integrating Care' in terms of 'place'.

The report sets out what is expected and what can be defined locally in relation to place making. The report also outlines the steps being considered and the time scales for implementation.

### RECOMMENDATION/S

The Health and Wellbeing Board is recommended to note the report.

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 These are important strategic changes in the NHS that provide opportunities for the Council to have a greater impact on Health and Wellbeing Outcomes. It is imperative that the Board has full awareness and understanding of the proposed changes.

### 2.0 OTHER OPTIONS CONSIDERED

- 2.1 This is an update report primarily for information and understanding, it does not include options for the Board to consider.

### 3.0 BACKGROUND INFORMATION

#### National Context

- 3.1 Nationally and locally there continues to be unacceptable inequalities in the health outcomes for our local population. Proposed changes in the NHS offers the opportunity for Wirral Council to take a key leadership role in shaping the work of the NHS and partners to be much more effective in addressing health inequalities and improving outcomes for Wirral's residents.
- 3.2 The integration of Health and Care has the potential to drive improvements in population health by reaching far beyond traditional NHS activity with Local Authorities and other agencies leading work on the wider determinants of health that drive longer term health outcomes and inequalities. Together we are better placed to promote positive health related behaviour, ensure equitable access to quality clinical and social care services. We are also well placed to tackle those broader issues that relate to poverty, poor outcomes, and opportunities by recognising that the whole of the Council has a key role in improving Wirral for our residents.

#### Local Context - Cheshire and Merseyside

- 3.3 The Cheshire and Merseyside Health Care Partnership (C&M HCP) formally wrote to NHS England on 28 January 2021 to seek approval to become recognised as an **Integrated Care System** citing its potential to drive improvements in population health by reaching beyond health and care to tackle wider determinants through:
- **System stewardship**
  - **Inclusive arrangements**
  - **Engagement with Public, Staff and other key Stakeholders**
  - **Planning and establishing an approach to Finance and Performance**
  - **Enhancing Integrated Commissioning at place/borough level**
  - **Provider collaborative**
  - **Responding to and embedding NHS Constitution**
  - **Academic partnership to underpin programme evidence and evaluation.**
- 3.4 The Integrated Care System application from the C&M HCP references the role of the Local Authority at place level as being able to provide focus through the Health and Wellbeing Board. With the fundamentals of an ICS integration being focused on

improved population health and healthcare, tackling unequal outcomes and access to services, enhancing productivity and Value for Money and Helping the NHS to support broader Social and economic development of the whole Borough as reflected in the Wirral Plan.

## Local Context in Wirral

- 3.5 Within the guidance issued by the Department of Health, the role of 'Place' is defined as meaning "long-established Local Authority boundaries", at which joint strategic needs assessments, health and wellbeing strategies and commissioning approaches are developed in partnership. The DHSC guidance states that each 'Place' must ensure there is a single, system-wide approach to undertake strategic commissioning. This will discharge core functions on behalf of the ICS, which include:
- **Assessing population health needs and planning and modelling demographic, service use and workforce changes over time**
  - **Planning and prioritising how to address those needs, improving all residents' health, and tackling inequalities**
  - **Ensuring that these priorities are funded to provide good value and health outcomes**
  - **Supporting a segmented and targeted approach to ensure we level up health inequalities**
  - **Contractual mechanisms for delivery**
  - **Ensuring that clinical input is a key part of Strategic Commissioning.**
- 3.6 The guidance clearly states that systems should also agree whether individual functions are best delivered at system or at Place, balancing subsidiarity with the benefits of scale working.
- 3.7 Places will be expected to develop an integrated approach to commissioning between Health and the Local Authority. This role is described by C&M as place-based commissioning and co-ordination. It is expected that this will be led by the Council with staff from the ICS at Cheshire and Merseyside level making up integrated commissioning teams alongside Local Authority Commissioners.
- 3.8 NHS Wirral CCG and Wirral Council are working together, with the Cheshire and Merseyside Health and Care Partnership (HCP), our ICS, to shape the future delivery of commissioning functions at place and across the ICS. We want to evolve the successful strategic commissioning partnership between the NHS and Wirral Council in response to the publication of the White Paper and Integrating Care: Next steps. NHSE/I and the ICS, as well as partners in provider organisations, will have a view on "how commissioning will work" going forward. Our work therefore needs to be cognisant of those views but very clear on the Council's expectations and aspirations.
- 3.9 Detail defining those NHS commissioning functions that remain at place and those that will be carried out at the larger Cheshire and Merseyside level is awaited, however early work indicates that the majority of strategic commissioning will be delivered at place level with the most specialist types of commissioning taking place on the larger footprint.

## Integrated Care Partnership (ICP)

3.10 The aims of Integrated Care Partnerships are to:

- a) **Plan, manage and deliver services together for populations. This would enable neighbourhoods to focus on need, be that a health need or a wider determinant of health need.**
- b) **Linking education, employment, and service delivery in a Place/Borough to enable us to shape our workforce and build resilience and opportunity in communities.**
- c) **Linking health skills and knowledge with housing and care across our neighbourhoods to enable us to support our families in need or at risk of harm.**

3.11 The guidance suggests that partners should include - Primary Care Network Leads, LA adult and children's social services leads, Community Health Provider, Mental Health Provider, Acute Provider(s), Public Health, Voluntary sector, Housing, Police, Education. People within each area therefore must be able to:

- **access clear advice on staying well.**
- **access a range of preventative services.**
- **access simple, joined-up care and treatment when they need it.**
- **access digital services (with non-digital alternatives) that put the citizen at the heart of their own care.**
- **access proactive support to keep as well as possible, where they are vulnerable or at high risk.**
- **expect the NHS, through its employment, training, procurement, and volunteering activities, and as a major estate owner to play a full part in social and economic development and environmental sustainability.**

3.12 The Department of Health and Social Care (DHSC) recognise that every area is different, but clearly highlight that common characteristics of the most successful systems are when there is the full involvement of all partners who contribute to the Place's health and care. The DHSC recognise that there is a critical role for local Councils to work with health partners who will play a leading role for clinical primary care leaders, through Primary Care Networks; and a clear, strategic relationship with Health and Wellbeing Boards. From a Council perspective very localised working through neighbourhoods would enable alignment but more importantly a greater understanding of need and action required at a local level. Moving towards this approach would impact across all Council delivery Directorates.

### **Wirral Integrated Commissioning**

3.13 This is a component part of the Integrated Commissioning Partnership underpinned by Pooled Funds and formalised partnership arrangements with the following key functions:

- **Improve Health and Wellbeing Outcomes for the Population**
- **Reduce Health Inequalities across the Borough**
- **Provide oversight and leadership of System Planning, Quality Assurance and Safeguarding.**
- **Manage Care and Health Market to Ensure that there is a full and effective range of sustainable services across the Borough.**

- **Discharge the statutory commissioning duties of the Local Authority for Adult Social Care, Public Health and Children’s services alongside the NHS Commissioning duties on behalf of the ICS**
- **Enable and Support the Provider Collaborative to deliver population health outcomes.**

### **Wirral Provider Collaborative**

3.14 This is a component part of the Integrated Commissioning Partnership. The details of how the collaborative will work together and be constituted including working methods are currently in development. There are however key principles for provider collaboratives as developed by NHS England for Mental Health services that are likely to apply:

- **Collaboration between Providers and across local systems**
- **Experts by Experience and clinicians leading improvements in care pathways**
- **Making best use of resources across the collaborative to provide community alternatives and reduce inappropriate admissions/care away from home**
- **Working with local stakeholders**
- **Improvements in quality, patient experience and outcomes driving change**
- **Advancing equality for the local population**

3.15 The opportunity to shape local governance at Borough level is key with a focus on strengthening **the Health and Wellbeing Board as well as the role of the Adult Social Care and Public Health Committee** to support local system leadership and with a strong emphasis on improving population health. Future transformation funding from the NHS will focus on improving population health at scale across the Cheshire and Merseyside footprint and so the role of the HWBB will be pivotal. Systems of governance will change over time in line with legislative changes. We also need to be nimble and respond quickly to the opportunity. The Health and Wellbeing Board will have a critical role in driving local arrangements at Place or Borough level.

### **Place leadership**

3.16 The DH state that there should be a recognised and identified Place leadership to undertake the following tasks:

- **to understand and identify – using population health management techniques and other intelligence – people and families at risk of being left behind and to organise proactive support for them.**
- **to coordinate the local contribution to health, social and economic development to prevent future risks to ill-health within different population groups.**
- **to focus on the wider determinants of health across the population**
- **to support and work alongside Primary Care Networks (PCNs) which join up primary and community services across local neighbourhoods.**
- **to simplify, modernise and join up health and care (including through technology and by joining up primary and secondary care where appropriate).**

- 3.17 Based upon the above it is clear that in partnership with the existing CCGs, PCNs, NHS providers, Voluntary sector providers, Healthwatch, Police, Housing, Education, that the Local Authority should take the leadership role in local 'place' making arrangements. This is acknowledged by leaders within the Cheshire and Merseyside Partnership who have stated "the lead role of the Local authority in the integration of care and system design is recognised"; "place at the Local authority level is the primary building block for integration between health and care and other sectors of the system."
- 3.18 Cheshire and Merseyside in their application to become an ICS make it clear they expect a lead role on behalf of the Local Authority in the integration of Care, system design and that political engagement and democratic input will bring legitimacy to the transformation. Wirral is yet to consider the designation of Place leader, however all parties from within the local system would need to agree with the appointment.

### Health and Wellbeing Board

- 3.19 The Health and Wellbeing Board will have a critical role in driving this process forward as the key partnership for our local system at Place or Borough level. In addition, the Adult Social Care and Public Health Committee will have a key Governance role in relation to the outcomes that need to be delivered to improve the local population's health, and for the quality and consistency of the way that care is provided to people by the local Integrated Care Partnership. It should be noted here that other Committees will also have a stake in this developing initiative, as it is likely to impact across service areas most notably Children and Families and neighbourhood services. Implications of moving towards a Neighbourhood delivery model will need to be further explored.
- 3.20 The Health & Wellbeing Board is the partnership body that provides strategic vision, shared leadership, and co-ordination of local partnerships in order to improve Wirral and the population health outcomes of its residents. HWB continue to have statutory role for improving health and wellbeing of local population, using JSNA to set local priorities. HWBs are a key component of the ICS and a key role for the ICS is to support place-based working and the development of ICP arrangements. In order to achieve this there are four key pillars of work related to the delivery of the Wirral Plan:
- **Ensure that the sustainable regeneration of the Borough, contributes to improved outcomes for residents in line with those set out in the Wirral Plan.**
  - **Ensure that partnership and integrated care arrangements are in place and that they are effective in delivering improved health outcomes and experiences of care for all residents of Wirral.**
  - **Understand the needs of the local communities in order to develop and implement a Health & Wellbeing Strategy and improve the lives of residents.**
  - **Provide oversight, strategic direction, and co-ordination of the statutory responsibilities of Health & Wellbeing Boards**
- 3.21 In Wirral it has been agreed by members of the Health and Wellbeing Board and the Wirral Health System, that the Wirral ICP will have three distinct components or 'a triumvirate' that as a whole make up the ICP:

<b>1.</b>	<b>Health and Wellbeing Board</b>
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<b>2.</b>	<b>Wirral Integrated Commissioning</b>
<b>3.</b>	<b>Wirral Provider Collaborative</b>

### **Timeframe and next steps**

- 3.22 The Cheshire and Merseyside Health Care Partnership, which has now formed the ICS highlights emerging need to develop public engagement in planning and decision making, development plans to places taken us up to 2022, further clarity of place functions, efficacy plans for each place, enabling place to support challenged organisation and address systemic issues, design expectations and goals for system, place, and neighbourhood integration. this will need to be considered as part of the task and finish programme management approach.
- 3.23 Shadow arrangements for ICS are currently in place and by September 2021 plans are expected of how this will be delivered in full by April 2022. In 2021/22 there will be a requirement for the system to begin planning its recovery, performance, delivery, and development in each of its 9 places, with an eventual requirement for firm 5-year plans. The partnership proposes to work with 2 or 3 places to as initial development areas to help define what good looks like the outcome being an agreed work plan, Development plan and Organisational Development plan. This work began in March 2021.

## Wirral's Integrated Care Partnership Development Timeline 2021 - 2022

<b>Governance &amp; Legal</b>	
Establish Project Board in partnership with Council and Clinical Commissioning Group Senior Officers	<b>May 2021</b>
Agree governance reporting and oversight structure / decision making model for ICP	<b>June 2021</b>
Produce full Business Plan	<b>September 2021</b>
Outline the Legal arrangements / section 75 / agreements / MOUs' for ICP	<b>July 2021</b>
Report to Adult Social Care and Public Health Committee	<b>June 2021</b>
Report to Health and Wellbeing Board	<b>July, November March 2022</b>
Engage t with Cheshire & Merseyside Partnership / ICS	<b>Ongoing</b>
<b>Integrated Commissioning</b>	
Agree Purpose, Roles and Functions of Integrated Commissioning	<b>June 2021</b>
Define footprints for delivery of integrated care and understand Localities and neighbourhoods (demographic data by Primary Care Network)	<b>July 2021</b>
Produce ICP Development Plan	<b>September 2021</b>
<b>Partnerships, Communication, Engagement</b>	
Produce Communication Plan	<b>June 2021</b>
Undertake Stakeholder mapping	<b>June 2021</b>
Extend invitations and secure/maintain regular attendance by wider partner agencies	<b>From July 2021</b>
Begin public and wider stakeholder engagement at Place Level	<b>From July 2021</b>
<b>Workforce</b>	
Develop an integrated workforce model	<b>June 2021</b>
Consolidate the arrangements of single joint management team approach	<b>July 2022</b>
<b>Intelligence / Digital / Outcomes</b>	
Develop plans underpinned by local population health and socio-economic intelligence	<b>Ongoing</b>
Ensure that the programme of work aligned to Wirral Plan	<b>May 2021</b>
Agree Intelligence Dashboards / agreement of outcomes & measures	<b>July 2021</b>
Ensure that the digital Plan enables collaborative working	<b>August 2021</b>
<b>Finance</b>	
Agree content of expanded pool. Development of financial plan, mechanism to pool budgets & risk share	<b>July 2021</b>
<b>Estates</b>	
Develop Estates Plan	<b>June 2021</b>



## **4.0 FINANCIAL IMPLICATIONS**

4.1 There are no direct financial implications of this report.

4.2 As the shape and future delivery of commissioning functions at place and across the ICS evolve, future reports will outline the way resources will be used to deliver the outcomes set out in the Wirral Plan and to improve progress against health inequalities in our Borough.

## **4.1 LEGAL IMPLICATIONS**

5.1 The Department of Health and Social Care (DHSC) published the legislative proposals (White Paper) for a Health and Care Bill in February 2021. The proposals in the White Paper were a combination of:

- Proposals developed by NHS England (NHSE) to support the implementation of the NHS Long Term Plan (and which are the main focus of the document).
- Additional proposals that relate to public health, social care, and quality and safety matters, which require primary legislation.

5.2 The White Paper emphasised that the legislative proposals should be seen in the context of broader current and planned reforms to the NHS, social care, public health, and mental health.

5.3 The Queen's Speech to parliament committed the Government to bringing forward detailed proposals for reform on these key policy areas later this year.

5.4 Legal Services will attend the Integrated Care Partnership Project Board to respond and manage the legal implications of the development of the Integrated Care System and the Integrated Care Partnership as the practicalities, governance and legislative implications emerge.

## **5.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

6.1 There are staffing implications in relation to developing the integrated commissioning team in which the Council, CCG, Health and Wellbeing Board, Cheshire and Merseyside Partnership will work together to develop the new model and ways of working. The Project will have a Human Resources officer appointed to lead the work relating to staff to ensure that the new integrated commissioning team is supported throughout the transition.

## **6.0 RELEVANT RISKS**

7.1 The Council will mitigate risks by developing a multi-functional project team that gains insight into all areas of risk and puts mitigating actions in place to reduce the impact of risk. A risk log is monitored and updated as part of the project.

## **7.0 ENGAGEMENT/CONSULTATION**

8.1 A Communication plan will be developed to ensure appropriate engagement will take place across the Borough.

- 8.2 Local people and staff have been consulted widely over the years as part of the various work streams through the 'Healthy Wirral Partnership'. Further Public and wider stakeholder engagement will take place across the Borough to seek the views of local stakeholders.
- 8.3 Engagement will take place at local and regional level in relation to the Integrated Care System and Integrated Care Partnership developments.

## 8.0 EQUALITY IMPLICATIONS

- 9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. Plans will be underpinned by local population health and socio-economic intelligence. The Council will work in partnership with local and regional partners to develop place-based partnership arrangements necessary to deliver improved outcomes in population health by tackling health inequality. An initial Equality Impact Assessment has been completed, which can be found - <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>. This document may be amended as needed as the Equality Duty is an ongoing consideration.

## 10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 Wirral Council is committed to carrying out its work in an environmentally responsible manner, and these principles will guide the development of the Integrated Care Partnership in Wirral.

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## APPENDICES

N/A

## BACKGROUND PAPERS

Government White Paper, 'Integration and Innovation: working together to improve health and social care for all.

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Report named Strategic Developments in the NHS was presented to Adult Social Care and Public Health Committee.	2 March 2021