



HEALTH AND WELLBEING BOARD

Wednesday, 29 September 2021

REPORT TITLE:	INTEGRATED CARE SYSTEM AND INTEGRATED CARE PARTNERSHIP DEVELOPMENTS
REPORT OF:	GRAHAM HODKINSON, DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

The purpose of this report is to update the Health and Wellbeing Board on the legislative changes that will lead to the establishment of the Cheshire and Merseyside Integrated Care Board.

This report sets out the updated policy context for the development of Integrated Care Systems and Integrated Care Partnerships and provides an update on the local governance arrangements, and developments for Wirral's Integrated Care Partnership at "place" level.

RECOMMENDATIONS

It is recommended that the Health and Wellbeing Board:

1. Note the legislative developments detailed in the Health and Care Bill that will lead to the establishment of the Cheshire and Merseyside Integrated Care Board (ICB).
2. Note the preferred model of place-based partnership governance arrangements that will be discussed further at the Adult Social Care and Public Health Committee on 13th October 2021, to develop a Joint Committee between the Council and the Cheshire and Merseyside Integrated Care Board, in which decision making at place level will be jointly carried out in partnership with ICB, local NHS Partners and the Council.
3. Receive regular committee reports relating to the developments of the Integrated Care Board and Integrated Care Partnership at system level, and local place-based partnership arrangements for Wirral.
4. Provide an oversight role in shaping local services through setting the vision, priorities and outcomes for population health and wellbeing in collaboration with Wirral's place-based partnership.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATIONS

1.1 Health and Wellbeing Board

- 1.2 The Health and Wellbeing Board has a key role in the development and oversight of the place-based partnership arrangements and activities. The Health and Care Bill refers to amendments to the Health and Social Care Act, however none that appear to change the function, role or purpose of the Health and Wellbeing Board. The legislation refers to the importance of the Integrated Care Board working with the Health and Wellbeing Board around planning arrangements, detailing that joint forward plans and revised plans for Integrated Care Board should be shared with the Health and Wellbeing Board.
- 1.3 The Health and Care Bill details that Integrated Care Board must involve/consult each relevant Health and Wellbeing Board in preparing or revising the plans and consult each relevant Health and Wellbeing Board on whether draft reports take proper account of the Wirral's local health and wellbeing strategy.
- 1.4 The Health and Wellbeing Board retains the statutory role for local population health. The Health and Wellbeing Board will have the oversight role for Wirral's place-based partnership and producing joint strategic needs assessments and joint health and wellbeing strategy, to which the Cheshire and Merseyside Integrated Care System will be required to have regard.
- 1.5 The Health and Wellbeing Board has a key role in the development of place-based partnerships necessary to deliver improved outcomes in population health and tackling health inequalities. It is recommended that the Health and Wellbeing Board receives regular written committee reports on the progress regional and place-based developments at future meetings.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The Cheshire and Merseyside Integrated Care Board could establish any of the following place-based governance arrangements with local authorities and other partners, to jointly drive and oversee local integration:
- 2.2 **Option 1 - Consultative forum** - Helpful for engaging the widest range of partners to discuss and agree shared strategic direction together. Consultative forum is a collaborative forum to inform and align decisions by relevant statutory bodies, such as the ICB or local authorities, in an advisory role. In this arrangement, the decisions of statutory bodies should be informed by the consultative forum.

- 2.3 **Option 2 - Committee of the ICB** - Helpful for making decisions of the ICB based on a range of views. This is a committee provided with delegated authority to make decisions about the use of NHS resources, including the agreement of contracts for relevant services. The terms of references and scope are set by the ICB and agreed to by the committee members. A delegated budget can be set by the ICS NHS body to describe the level of NHS resources available to cover the remit of the committee.
- 2.4 **Option 3 - Joint committee** - A joint committee established between partner organisations, such as the ICB, local authorities, or statutory NHS providers. The relevant statutory bodies can agree to delegate defined decision-making functions to the joint committee in accordance with their respective schemes of delegation. A budget may be defined by the bodies delegating statutory functions to the joint committee, to provide visibility of the resources available to deliver the committee's remit.
- 2.5 **Option 4 - Individual delegated authority** - Individual directors of the ICB having delegated authority, which they may choose to exercise through a committee.
- 2.6 **Option 5 - Lead provider** - Lead provider managing resources and delivery at place-level under a contract with the ICB, having lead responsibility for delivering the agreed outcomes for the place.
- 2.7 There is a possibility that the Health and Care Bill could be amended as it is still going through the House of Commons and is at the committee stage.
- 2.8 A workshop was held with Councillors on 14th September 2021 to discuss the range of integrated place-based partnership governance options. Option 3 to develop a Joint committee is the preferred option of the Council to enable a partnership approach with local NHS partners, making joint decisions about Wirral's integrated place-based partnership arrangements.
- 2.9 Option 3 to develop a Joint committee for Wirral's integrated place-based partnership will be discussed further with the Adult Social Care and Public Health Committee on 13th October 2021. It is proposed that the Health and Wellbeing Board would oversee the work on the Joint Committee, and Wirral's Healthy Wirral Partnership will continue to play a key role for providers alliances and system partners working closely.
- 2.10 The place-based governance arrangements will continue to evolve and require further discussions at Cheshire and Merseyside Integrated Care System Development Advisory Group, the Council's Adult Social Care and Public Health Committee and Health and Wellbeing Board, and the system partnership meetings such as Healthy Wirral Partnership, CEO Integrated Care Partnership Development Group and Wirral's Integrated Care Partnership Delivery Group.

2.11 The place-based partnership will align the commissioning of NHS and local government services around shared objectives and outcomes, involving relevant partners, people and communities. The Council and local NHS organisations will work in partnership to develop measures of success for Wirral's Integrated Care Partnership, so that the local system can track the benefits to be achieved from implementing the new legislation and policy guidance creating new ways of working.

3.0 BACKGROUND INFORMATION

3.1 Health and Care Bill

3.2 The Health and Care Bill was introduced in the House of Commons on 6th July 2021 and is still at committee stage. The Health and Care Bill introduces statutory Integrated Care Boards (ICBs) and statutory Integrated Care Partnerships (ICPs) from April 2022.

3.3 The purpose of the Health and Care Bill is to give effect to the policies that were set out as part of the NHS's recommendations for legislative reform following the Long-Term Plan and in the White Paper 'Integration and Innovation: Working together to improve Health and Social Care for all' published in February 2021.

3.4 The Health and Care Bill aims to support Government in doing the following:

- Promoting local collaboration.
- Reforming the NHS Provider Selection Regime.
- Improving accountability and enhancing public confidence in the health and care system; and
- Delivering a range of targeted measures to support people at all stages of life.

3.5 The Health and Care Bill sets out two key components to enable Integrated Care Systems to deliver their core purpose, including:

- **strong place-based partnerships** between the NHS, local councils and voluntary organisations, local residents, people who access services, leading the detailed design and delivery of integrated services within specific localities, incorporating a number of neighbourhoods.
- **provider collaboratives**, bringing NHS providers together, working with clinical networks and alliances and other partners, to secure the benefits of working at scale.

3.6 Integrated Care Systems (ICSs)

3.7 Integrated Care Systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area. Integrated Care Systems will play a critical role in aligning action between partners to achieve their shared purpose, to improve

outcomes and tackle inequalities, to enhance productivity and make best use of resources and to strengthen local communities. The ICS will be assuming the commissioning functions of CCGs in Cheshire and Merseyside and will be working with those CCGs to manage the transition to the new statutory body. The ICS, CCGs and local authorities are working together on the future models for the discharge of these commissioning functions from April 2022.

3.8 Integrated Care Systems (ICSs) exist to achieve four aims:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

3.9 Subject to the passage of legislation, the statutory Integrated Care Systems arrangements will comprise:

- **an ICS Partnership**, the broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS
- **an ICS NHS body**, bringing the NHS together locally to improve population health and care.

3.10 Collaborating as Integrated Care System will help health and care organisations tackle complex challenges including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

3.11 **Integrated Care Boards – System Level**

3.12 Integrated Care Boards (ICB) will be statutory organisations that bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnerships across the ICS. ICBs will be established as new statutory organisations from April 2022, 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. Each board will be required to establish an audit committee and remuneration committee. Each ICB will need to align its constitution and governance with the Integrated Care Partnership.

3.13 All Integrated Care Boards will need to put arrangements in place to ensure they can effectively discharge their full range of duties and functions. The Integrated Care Board will take on the commissioning functions of the CCGs as well as some of NHS England's commissioning functions. It will have the ability to exercise its functions

through place-based committees (while remaining accountable for them) and it will also be directly accountable for NHS spend and performance within the system. The ICB will have a key role in establishing the membership of the ICS Partnership (jointly with local authorities).

3.14 Integrated Care Partnership – System Level

3.15 Each Integrated Care System will have an Integrated Care Partnership established by the Integrated Care Board and relevant local authorities as equal partners and bringing together organisations and representatives concerned with improving the care, health and wellbeing of the population.

3.16 Each System Integrated Care Partnership should champion inclusion and transparency and challenge all partners to demonstrate progress in reducing inequalities and improving outcomes. It should support place-and neighbourhood-level engagement, ensuring the system is connected to the needs of every community it covers.

3.17 The Integrated Care Partnership will operate as a forum to bring partners, local government, NHS and others together across the ICS area to align purpose and ambitions with plans to integrate care and improve health and wellbeing outcomes for their population. The Integrated Care Partnership will facilitate joint action to improve health and care services and to influence the wider determinants of health and broader social and economic development. This joined-up, inclusive working is central to ensuring that ICS partners are targeting their collective action and resources at the areas which will have the greatest impact on outcomes and inequalities as we recover from the pandemic.

3.18 The Integrated Care Partnership will be tasked with developing an 'integrated care strategy' to address the health, social care and public health needs of its system. The ICB and local authorities will have to have regard to that plan when making decisions. The strategy must consider how NHS bodies and local authorities could work together to using section 75 of the NHS Act 2006 and the strategy may also state how health-related services could be more closely integrated.

3.19 Place-based partnerships (PBPs)

3.20 Place-based partnerships are collaborative arrangements formed by the organisations responsible for arranging and delivering health and care services in a locality or community. The form of governance for place-based partnerships (PBPs) is for agreement between local health and care leaders and the ICS, building on or complementing existing local arrangements.

- 3.21 It will be for system partners to determine the footprint for each place-based partnership, the leadership arrangements and what functions it will carry out. Integrated Care Boards will be able to arrange for functions to be exercised and decisions to be made, by or with place-based partnerships, through a range of different arrangements.
- 3.22 The Integrated Care Board will remain accountable for NHS resources deployed at place-level and should set out the role of place-based leaders within its governance arrangements. Governance and leadership arrangements for place-based partnerships should support safe and effective delivery of the body's functions and responsibilities alongside wider functions of the partnership.
- 3.23 The governance arrangements of place-based partnerships (PBPs) and their relationship to the board of the ICB should be agreed by the board of the ICB with place leaders. It will be for local partners to determine place-based partnerships membership. Members must include local authorities as well as the local NHS, and member of ICB.
- 3.24 The Integrated Care Boards will want to agree with local partners the membership and form of governance that place-based partnerships adopt, building on or complementing existing local configurations and arrangements such as Health and Wellbeing Boards. Governance arrangements will develop over time, with the potential to develop into more formal arrangements as working relationships and trust increases.
- 3.25 Place-based partnerships are key to the coordination and improvement of service planning and delivery, and as a forum to allow partners to collectively address wider determinants of health. All systems will establish and support place-based partnerships with configuration and catchment areas reflecting meaningful communities and geographies that local people recognise.
- 3.26 The considerations of 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.
- 3.27 Place-based partnerships have common understanding of its population, shared vision, local priorities for the delivery of health, social care and public health services in the place. The place vision and local priorities are developed in response to the needs of communities at neighbourhood and place.
- 3.28 The place-based partnership will need to play a major role in the delivery of national expectations attached to NHS funding, including transformation commitments in the NHS Long Term Plan and funding commitments such as the Mental Health Investment Standard.

- 3.29 The place-based partnership will integrate and co-ordinate the delivery of health, social care and public health services around the needs of the population, and to empower people who use services. The place-based partnership will engage wider system partners plans to establish population health intelligence and analytical capabilities at-scale, as well as approaches to draw on this insight to support care redesign locally, building on existing expertise across the place and system. Place-based partnerships work with a wide range of community partners to leverage and invest in community assets and support for improved wellbeing.
- 3.30 To support joint working, place-based partnerships should embed the principle of mutual accountability, where all partners, irrespective of their own formal accountability relationships, consider themselves mutually accountable to each other and to the population and communities they serve, even where not underpinned in formal arrangements. This is important to ensure there is collective ownership of the partnership's vision, priorities, plans and delivery, and the co-operation required to deliver this.
- 3.31 **Provider collaboratives**
- 3.32 From April 2022 trusts providing acute and/or mental health services are expected to be part of one or more provider collaboratives. The purpose of provider collaboratives is to better enable their members to work together to continuously improve quality, efficiency and outcomes, including proactively addressing unwarranted variation and inequalities in access and experience across different providers. Provider collaboratives will help facilitate the work of alliances and clinical networks, enabling specialty-level plans and decisions to be made and implemented in a more coordinated and systematic way in the context of whole system objectives.
- 3.33 **The role of commissioning at Wirral Place Level**
- 3.34 Strategic commissioning is based on a population health outcomes approach where providers, working collaboratively, start to take a key role in supporting in delivering required outcomes set by commissioners. As part of this overall shift to system working, the focus is moving from traditional input-based 'transactional' commissioning to strategic commissioning models.
- 3.35 Each 'Place' within an ICS, defined by Local Authority boundaries, will have its own unique set of population health and inequality challenges. Integrated Care System will devolve a range of commissioning roles, activities and functions to local Place-based ICS NHS commissioning teams, integrated with Council commissioning functions, to allow for genuinely joined-up commissioning at Place that is sensitive to local priorities.
- 3.36 Pending legislative change, NHS Wirral CCG and Wirral Council are continuing to strengthen the Place-based commissioning arrangements that are already well established, working as a partnership called 'Wirral and Health Care Commissioning'

and underpinned by a pooled budget. This is aligned to the work happening at Cheshire and Merseyside ICS, which is focussed on developing a consistent approach to a commissioning model for all nine Places within its geography.

3.37 **NHS and Council Commissioning Integrated Functions**

3.38 NHS Wirral CCG and Wirral Council, including Social Care, Public Health and Children's commissioned services, have already come together since May 2018 into a commissioning partnership known as 'Wirral Health and Care Commissioning' (WHCC), with staff from both organisations working together on a single commissioning strategy for people and for population health outcomes. The purpose of Wirral Health and Care Commissioning is to jointly commission all age health and care service for residents in Wirral which have a positive impact on the life course of an individual. This has meant that local commissioning has reduced duplication, developed a joint decision-making framework and introduced a single planning approach. This is underpinned by an integrated Intelligence Function that guides where services need to be developed at a local level to tackle inequality improve wellbeing and address population health need. It is also supported by an 'expanded' pooled fund arrangement that goes further than the traditional Better Care Fund pool.

3.39 **Population Health Management (including Outcomes Based Commissioning and Tackling Inequalities)**

3.40 The Population Health Management approach at place level is critical in tackling local inequalities, with the design of outcomes being informed by the specific population needs of the Wirral population. This incorporates the wider determinants of health such as Education and Housing and is therefore a critical aspect of integrated commissioning with Wirral Council. Population health management and outcomes-based commissioning are at the centre of an integrated place commissioning function.

3.41 **New Guidance**

3.42 New guidance published on 2nd September 2021 by NHS England and NHS Improvement and the Local Government Association seeks to support all partner organisations in integrated care systems (ICSs) to collectively define their place-based partnership working, and to consider how they will evolve to support the transition to the new statutory ICS arrangements, anticipated from April 2022. It builds upon the expectations already set out in the ICS Design Framework.

3.43 **Thriving Places**

3.44 'Thriving Places' guidance published in September 2021, will support all partner organisations in ICSs to collectively define their place-based partnership working and

to consider how they will evolve to support the transition to the new statutory ICS arrangements. It is published alongside [Delivering together for residents](#), prepared by the Society of Local Authority Chief Executives and Senior Managers. This guidance is aimed at all ICS partners and leaders.

3.45 **Building strong integrated care systems everywhere ICS implementation guidance on effective clinical and care professional leadership**

3.46 Building strong integrated care systems everywhere ICS implementation guidance on effective clinical and care professional leadership guidance, published in September 2021 supports the development of distributed clinical and care professional leadership across ICSs and describes what “good” looks like. It is based on extensive engagement involving more than 2,000 clinical and care professional leaders from across the country, led by a multi-professional steering group. This guidance is aimed at all ICS leaders and ICS clinical and care professional leaders.

3.47 **Building strong integrated care systems everywhere ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector**

3.48 Building strong integrated care systems everywhere ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector, published in September 2021, suggests how voluntary, community and social enterprise (VCSE) sector partnerships might be embedded in ICSs, recognising expectations set out in the ICS Design Framework that support close working with the VCSE sector as a strategic partner. This publication is for health and care leaders from all organisations in ICSs who are developing partnerships across local government, health, housing, social care and the VCSE sector.

3.49 **Building strong integrated care systems everywhere ICS implementation guidance on working with people and communities**

3.50 Building strong integrated care systems everywhere ICS implementation guidance on working with people and communities, published in September 2021, sets out expectations and principles for how ICBs can develop approaches to working with people and communities, recognising that the ICS Design Framework sets the expectation that partners in an ICS should agree how to listen consistently to, and collectively act on, the experience and aspirations of local people and communities. The guidance is designed for all ICS partners and ICS leads.

4.0 **FINANCIAL IMPLICATIONS**

4.1 There are no financial implications impacted by this report. Place-based partnerships will be backed by devolved funding, simplified accountability, and an approach to governance appropriate to local circumstances.

4.2 **Setting budgets for places**

4.3 The ICB will be able to commission jointly with local authorities under a section 75 joint commissioning arrangement, as CCGs can. Each ICS will have an agreed framework for collectively managing and distributing financial resources to address the greatest need and tackle inequalities in line with the NHS system plan, having regard to the strategies of the Partnership and the Health and Wellbeing Board.

4.4 The ICB will have the freedom to set a delegated budget for place-based partnerships to support local financial decisions to spend ICS NHS resources. However, it must adopt the principle of equal access for equal need and the requirements to reduce health inequalities. The ICB should engage local authority partners on the ICS NHS resources for the NHS services to be commissioned at place and support transparency on the spending made at place level. It should explain any variation from previous CCG budgets and enable the shared planning or pooling of NHS and local authority budgets, including stated minimum NHS contributions to Better Care Fund arrangements. Budget allocated to and managed within a place under the agreed schemes of delegation might include:

- primary medical care
- other primary care as delegated/transferred from NHS England and NHS Improvement – dental, pharmaceutical, ophthalmology services
- community services
- community mental health including IAPT
- community diagnostics
- intermediate care
- any services subject to Section 75 agreement with local authority
- any acute or secondary care services that is has been agreed should
- be commissioned at place-level.

5.0 **LEGAL IMPLICATIONS**

5.1 The Health and Care Bill, published in July 2021, sets out how the Government intends to reform the delivery of health services and promote integration between health and care in England. This is the first major piece of primary legislation for health and care in England since the Health and Social Care Act 2012.

5.2 From April 2022 the Integrated Care System will have the statutory accountability for NHS Commissioning and all associated NHS functions previously held within a Clinical Commissioning Group (CCG), but it will aim to discharge many of those functions to Place-Based Partnerships.

5.3 The new legislation will establish an NHS body to be known as the NHS Integrated Care Board (ICB) along with an Integrated Care Partnership (ICP). The ICP is a broad alliance of organisations and representatives concerned with improving the

care, health and wellbeing of the population, jointly convened by local authorities and the NHS.

- 5.4 The statutory instruments establishing each ICS cannot be made formally until the Bill has been enacted. However, system partners are charged to commence preparations for the expected new arrangements, to commence in April 2022.

6.0 **RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 6.1 The CCG staff in Wirral are directly affected by the Health and Care Bill. There are staffing implications in relation to developing the integrated commissioning team in Wirral. The Council will work in partnership NHS Wirral CCG to ensure that the new integrated commissioning team is supported throughout the transition from 2021 into April 2021 when the ICB will replace the previous CCG organisations.

7.0 **RELEVANT RISKS**

- 7.1 The system changes outlined in this report will have risk management frameworks as part of their implementation.
- 7.2 The Council will mitigate risks through working closely with partners to gain insight into all areas of risks to enable mitigating actions to be put in place.

8.0 **ENGAGEMENT/CONSULTATION**

8.1 **Integrated Care System Development Advisory Group**

- 8.2 The Cheshire and Merseyside Integrated Care System (ICS) has established a Development Advisory Group (DAG). The Chief Executive and the Director for Adult Care and Health, Wirral Council and the Chief Officer, NHS Wirral CCG are part of the DAG. This enables Wirral, as a place, to be at the heart of shaping the ICS and to ensure that we are in a position to respond at pace and with clarity to the emerging changes. There is also representation from Wirral in other ICS governance arrangements such as the Partnership Board and Joint Committee of Cheshire and Merseyside Clinical Commissioning Groups. The ICS has established a number of workstreams of which the DAG will have oversight. These include commissioning, workforce, system performance and oversight, finance, governance, communications and engagement, quality, transformation, digital and data, and estates.

8.3 **CEO Integrated Care Partnership Development Group**

- 8.4 The CEO Integrated Care Partnership Development is attended by Chief Officers from the Wirral Council, NHS Wirral CCG, Wirral Community Health and Care NHS Foundation Trust, Wirral University Teaching Hospital NHS Foundation Trust, and

Cheshire and Wirral Partnership NHS Foundation Trust work together to develop the strategic Integrated Care Partnership at place level.

8.5 Integrated Care Partnership Delivery Group

8.6 Senior Officers from Wirral Council, NHS Wirral CCG, Wirral Community Health and Care NHS Foundation Trust, Wirral University Teaching Hospital NHS Foundation Trust, and Cheshire and Wirral Partnership NHS Foundation Trust work together to implement the strategic Integrated Care Partnership at place level. The Group has developed four workstreams to manage the separate components of the ICP including Integrated Commissioning, Governance, Provider Alliance and Communication and Engagement.

8.7 Integrated Commissioning and Governance Project Board

8.8 Since May 2021 Senior Officers from the Council and NHS Wirral CCG attend the Integrated Commissioning and Governance Project Board to develop the commissioning and governance arrangements for ICP.

8.9 Working with people and communities

8.10 The parties in an ICS, including those of the ICS Partnership, the NHS ICS body and place-based partnerships will be expected to agree how to listen consistently to, and collectively act on, the experience and aspirations of local people and communities. This includes supporting people to sustain and improve their health and wellbeing, as well as involving people and communities in developing plans and priorities, and continually improving services. Arrangements in a system or place should not just provide a mechanism for commentary on services but should be a source of genuine co-production and a key tool for supporting accountability and transparency of the system.

8.11 Engagement

8.12 Engagement will need to take place in regard to the system changes outlined in this report. Local engagement is central to determining the views of residents around the implementation of the Long-Term Plan, Healthy Wirral and other system developments. The insight of local people and service users is vital in commissioning the right services to achieve the best outcomes for patients.

8.13 Neighbourhood areas are the fundamental platform for engagement working with residents and providers of each neighbourhood.

9.0 EQUALITY IMPLICATIONS

9.1 An Equality Impact Assessment has been completed in May 2021. An Equality Impact Assessment is a tool to help public services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.

9.2 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.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no environmental or climate implications as a result of this report.

10.2 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.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 The case for Community Wealth Building is stronger than ever, with the pandemic having a clear and significant impact on our residents, communities, and businesses. It is vital that everything we do at the Council contributes to the recovery and the development of a resilient and inclusive economy for Wirral.

11.2 The Council takes a people-centred approach to local economic development. Wirral's Place-based integrated care partnership will improve outcomes and tackle inequalities, to enhance productivity and make best use of resources and to strengthen local communities.

11.3 Community Wealth Building in Wirral focusses on partnerships and collaboration, both within the Council and with external partners and stakeholders, including residents. The Council will work together with partners and residents to develop the place-based partnership arrangements in Wirral that meet the needs of the population, with a focus on reducing health inequalities.

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APPENDICES

There are no additional appendices attached to this report.

BACKGROUND PAPERS

- NHS Five Year Forward View (2014), <https://www.england.nhs.uk/five-year-forward-view/>
- NHS Planning Guidance (2017), <https://www.england.nhs.uk/publication/delivering-the-forward-view-nhs-planning-guidance-201617-202021/>
- NHS Long Term Plan (2019), <https://www.longtermplan.nhs.uk/>
- Designing Integrated Care Systems (ICSs) in England (2019), <https://www.england.nhs.uk/wp-content/uploads/2019/06/designing-integrated-care-systems-in-england.pdf>
- Integrating Care: Next steps to building strong and effective integrated care systems across England (2020), <https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf>
- *Integration and Innovation: working together to improve health and social care for all*, White Paper (2021), <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all>.
- *Legislating for Integrated Care Systems: five recommendations to Government and Parliament* (2021), <https://www.england.nhs.uk/publication/legislating-for-integrated-care-systems-five-recommendations-to-government-and-parliament/>
- NHS Planning Guidance (2021), <https://www.england.nhs.uk/operational-planning-and-contracting/>
- The Queen's Speech 2021 – Background Briefing Notes, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/985029/Queen_s_Speech_2021_-_Background_Briefing_Notes..pdf
- *Integrated Care Systems: Design Framework and Guidance on the Employment Commitment* (2021), <https://www.england.nhs.uk/publication/integrated-care-systems-design-framework/>
- NHS People Plan 2020/2021, <https://www.england.nhs.uk/ournhspeople/>
- Thriving Places - September 2021 – Found at [Thriving Places: guidance on the development of place-based partnerships as part of statutory integrated care systems](#)
- Building strong integrated care systems everywhere ICS implementation guidance on effective clinical and care professional leadership - September 2021 - Found at [Building strong integrated care systems everywhere: ICS implementation guidance on effective clinical and care professional leadership](#)

- Building strong integrated care systems everywhere ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector- September 2021 - Found at [Building strong integrated care systems everywhere: ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector](#)
- Health and Care Bill (2021) <https://bills.parliament.uk/bills/3022>

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Previous reports presented to Health and Wellbeing Board: <ul style="list-style-type: none"> • Health & Wellbeing Board Refreshed Purpose Integrated Care System Project Update • Integrated Care System and Integrated Care Partnership Developments 	31st March 2021 16th June 2021 20 th July 2021
Previous reports presented to Adult Social Care and Public Health Committee: <ul style="list-style-type: none"> • Strategic Developments in the NHS • Proposals for Integrated Care Partnership • Integrated Care System and Integrated Care Partnership Developments 	2nd March 2021 7 th June 2021 29 th July 2021
Previous reports presented to Partnerships Committee <ul style="list-style-type: none"> • Strategic Developments in the NHS • Strategic Developments in the NHS • Strategic Developments in the NHS • Integrated Care System and Integrated Care Partnership Developments 	9th November 2020 13th January 2021 29th June 2021 28 th September 2021