



HEALTH AND WELLBEING BOARD

Wednesday, 3rd November 2021

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

REPORT SUMMARY

The purpose of this report is to update the Health and Wellbeing Board on the development of Cheshire and Merseyside Integrated Care System and Wirral's Integrated Care Partnership.

RECOMMENDATIONS

The Health and Wellbeing Board is recommended to:

1. Note the progress achieved at the Governance workshop held with place partners on 8th October 2021 and continue to receive regular committee reports relating to the development of Cheshire and Merseyside Integrated Care System, and Wirral's Place-based partnership arrangements.
2. Note the development of and next steps relating to the Wirral's Integrated Care Partnership at "place" level, and the requirement to submit a self-assess against the development framework to the Cheshire and Merseyside Integrated Care System by 29th October 2021.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATIONS

- 1.1 The Health and Wellbeing Board has a key role in the development and oversight of the place-based partnership, and regular briefings will be provided to keep the Board members informed of regional and local progress.
- 1.2 COVID-19, and experience over the last few years has demonstrated the importance of different parts of the health and care system working together in the best interests of the public and patients, despite the legislative barriers. The proposed Health and Care Bill implements NHS England's recommendations to support integration by legislating for every part of England to be covered by an Integrated Care Board (ICB) and Integrated Care Partnership (ICP), building upon the existing non-statutory Integrated Care Systems across England.
- 1.3 **Integrated Care System - Cheshire and Merseyside Level**
- 1.4 The roles of the Integrated Care Partnership (ICP) and the Integrated Care Board (ICB) are distinct and complementary in supporting the objectives of the Integrated Care System (ICS). The ICB and ICP will work closely with local Health and Wellbeing Boards (HWBs) as they have the experience as 'place-based' planners, and the ICB will be required to have regard to the Joint Strategic Needs Assessments and Joint Local Health and Wellbeing Strategies (JHWSs) produced by HWBs.
- 1.5 ICBs and ICPs will also strengthen partnerships between the NHS and local authorities, and with local partners, including groups representing the public and patient perspective, the voluntary sector, and wider public service provision.
- 1.6 The system ICP will work, first and foremost, on the principle of statutorily equal partnership between the NHS and local government to work with and for their partners and communities.
- 1.7 Place is a key component of the emerging ICS and pivotal to the achievement of better outcomes and reduced inequalities. Cheshire and Merseyside ICS will be based on a principle of primacy of place. It is recognised and evidenced that integrated working is key to improving population outcomes and this is the ethos of the new legislation. Place-based partnerships and governance will be established based on the agreed principles and this may occur at a varying pace in each of the 9 places but the ambition is for as much delegation as possible of ICB responsibilities to place.
- 1.8 As the Cheshire and Merseyside ICS develops overtime, things may change and it is important to keep local arrangements under review.
- 1.9 **Wirral's Place Based Partnership**

- 1.10 Wirral's Place-based Partnership will co-ordinate the planning and delivery of integrated services within Wirral, alongside communities. The Partnership will consider shared priorities with the wider system, how to bring different providers and sectors together, activity that would be most effectively delivered at scale. The Partnership will be accountable to the Cheshire and Merseyside Integrated Care Board. Our ambition is from April 2022 Wirral will have a functioning Place-based Partnership and the Wirral Integrated Providers collective will be established. Throughout 2022 to 2023 partners will continue to build upon joint working arrangements.
- 1.11 **Governance Workshops**
- 1.12 Following on from the Councillor governance workshop held on 14th September 2021, a further workshop was facilitated by Hill Dickinson Solicitors on the 8th of October with Senior Officers from Wirral Council, Wirral University Teaching Hospital NHS Foundation Trust, Wirral Community Health and Care NHS Foundation Trust, Wirral CCG, Cheshire and Wirral Partnership NHS Foundation Trust, Primary Care, and Cheshire and Merseyside Health and Care Partnership to continue to develop Wirral's Place-Based Partnership arrangements.
- 1.13 The workshop held on the 8th of October enabled further progress to be made for place-based partnership arrangements, demonstrating the commitment from all partners to work together to drive forward seamless integration and joint working, improving outcomes for residents and partners. One of the real strengths of place-based partnership will be shared purpose and real ambitions to tackling health inequalities on the Borough in collaboration with partners.
- 1.14 Wirral's Place-Based Partnership will drive a culture towards greater collaboration and joint working and build upon what partners have already worked hard to develop over the years. Governance arrangements will continue to develop over time, with the potential to develop into more formal arrangements as working relationships and trust increase.
- 1.15 Effective partnerships are built by acting together and building collaborative arrangements. Partnerships will be built on an ethos of equal partnership across sectors, organisations, professionals and communities.
- 1.16 **Development Framework Self-Assessment**
- 1.17 Cheshire and Merseyside System requires 'Places' to self-assess against each of the domains of their partnership maturity by 29th October 2021. The Delivery and the Development Group attended by senior officers from Wirral's Health and Care Partners will complete Wirral's self-assessment together, and a further report can be brought to the Health and Wellbeing Board with the outcome of the assessment.

1.18 Cheshire and Merseyside System will utilise the self-assessments submissions, plus the information from the System and Place meetings, to identify the targeted development plan for each Place.

2.0 OTHER OPTIONS CONSIDERED

2.1 This report is not an options paper, however, provides an update on Wirral's preferred governance arrangements to develop a Joint committee from April 2022 with Cheshire and Merseyside Integrated Care Board to jointly drive forward and oversee local integration.

3.0 BACKGROUND INFORMATION

3.1 People who work in health and care are strongly motivated to make a difference to individual patients or clients, and population health. There is now a widespread understanding of the need to make connections and work in partnership with other agencies to address the wider social determinants of health. This approach has been demonstrated locally, for some time, as different professionals and organisations work together to address long-term challenges such as population changes, health inequalities and the management of complex, chronic conditions.

3.2 The pursuit of 'integration' is about ensuring that the right partnerships, policies, incentives and processes are in place to support practitioners and local organisations to work together to help people live healthier and more independent lives for longer.

3.3 Wirral's CEO Integrated Care Partnership Development Group and Integrated Care Partnership Delivery Group continue to meet weekly to develop place-based partnership arrangements. The Integrated Commissioning and Governance Project Board attended by Council and CCG Officers continues to meet fortnightly. Council and Health Officers from Wirral continue to engage with Cheshire and Merseyside System leads throughout the development journey to be prepared from April 2022.

3.4 Providers in Wirral will also be part of at-scale Provider Collaboratives within Cheshire and Merseyside Integrated Care System. There are two system Collaboratives currently being developed 1. Acute and Specialist Provider Collaborative and 2. Community, Mental Health and Learning Disability Provider Collaborative.

3.5 Wirral Council and NHS Partners will work together to fulfil the high-level functions of Wirral's Place-based Partnership:

- Defined decision-making functions for commissioning
- Health and care strategy and planning at place

- Service planning
- Service delivery and transformation
- Population health management
- Connect support in the community
- Promote health and wellbeing
- Align management support
- Provider and professional collaboration in a place
- Leading activities where there is a need to work across a larger population to address issues
- Play a major role in the delivery of national expectations attached to NHS funding

3.6 **Place Development framework for Cheshire and Merseyside**

- 3.7 A place framework has been developed for completion in October 2021 to assess placed based partnerships ‘readiness’ for delegation from the ICB.
- 3.8 If the ICB considers a Place is not yet ready to take on its functions the ICB will limit the level of delegation and make arrangements for commissioning on behalf of place until the Place is able to move forward with a fully delegated approach. Key areas to be developed at Place are the ability to collectively manage finance, take decisions about the shape of services and to be held accountable for delivery.
- 3.9 Where the ICB considers Place to be developing but is not yet ‘assured’ that Place meets many of the thresholds to operate its functions the ICB may provide for some delegation but operate some Place-based Partnership commissioning until the Place is able to move to a fully delegated approach.
- 3.10 Where the ICB considers that Place arrangements are well developed and is assured that Place meets ALL the thresholds / principles to operate its functions the ICB can provide for Place based partnership commissioning to move to a fully delegated approach.
- 3.11 Cheshire and Merseyside System require Wirral’s Place Health and Care Partners to self-assess against each of the domains of their partnership maturity by 29th October 2021 – as summarised below:

Ambition & vision	Clarity of purpose and vision
	Objectives and priorities

	Population health management to address health inequalities
Leadership & culture	Place-based leadership
	Partnership working
	Culture / OD / values and behaviours
	Responding to the voice of our communities / public & patient engagement
Design & delivery	Financial framework
	Planning & delivery of integrated services
	Enabler: Digital
	Enabler: Estates and assets
Governance	Mechanisms through which ICS functions are discharged to place and the accountability back to the ICS
	Terms of reference set out the mutual accountability arrangements for the Partnership
	Operating model has clear lines of accountability and governance
	Infrastructure and resources in place to enable the effective delivery of functions and priorities
	Arrangements to assess and share risks and gains

3.12 **Placed-Based Governance**

- 3.13 The ICS Chief officer will 'appoint' place directors with the involvement of the local authority (joint process with stakeholder involvement).
- 3.14 Wirral's existing infrastructure networks are well valued and will be included within Governance structures.
- 3.15 The terms of reference for the Place Partnership will set out the mutual accountability arrangements for the Partnership. Wirral will have clear partner collaboration governance at Place embedded with Place vision.
- 3.16 Wirral's place-based partnership operating model developed will have clear lines of accountability and governance, with agreed terms of reference for the Partnership and associated groups, which is co-owned by all members.
- 3.17 Infrastructure and resources will be developed to enable the effective delivery of functions and priorities with commitment from Place-Based Partnership Partners and ICS NHS Body to establish further as priorities continue to develop and/or there is a variation to the agreed functions of the Place-Based Partnership.
- 3.18 Partners regulatory and reporting requirements will be accounted for within the place-based partnership.
- 3.19 Clinical and care professional leadership will help drives priorities and ensures clinical involvement in design and decision making.
- 3.20 Neighbourhood level care models will be delivering to achieve planned outcomes.

3.21 Key Next Steps

- Continue to develop Place-based Partnership Governance arrangements.
- ICB appointed 'Place Lead' with remit for integrated working.
- Shared vision and plan for reducing inequalities and improving outcomes of local people approved by HWB and underpinned by local population health and socio-economic intelligence.
- Agreed Place-based Partnership development plan.
- Defined footprints within a Place (e.g. neighbourhoods) for delivery of integrated care.
- Programme of ongoing public and wider stakeholder engagement and Co-Production at place.

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 The ICB will take on the NHS commissioning functions of CCGs as well as some of NHS England's commissioning functions. It will also be accountable for NHS spend and performance within the system.
- 4.3 Wirral's Place-Based Partnership will commence contract model based on modelling of current and future population health and care needs with ICS NHS Body.
- 4.4 The Place-Based Partnership proactively tackling financial challenges as a collective. Partners at place level will need to develop the associated agreements and governance between Place-Based Partnership partners as to how finance flows between organisations to support the delivery of priorities and functions.
- 4.5 Partners will work together to develop a joint financial plan to demonstrate the impact made on health outcomes because of the investments made.

5.0 LEGAL IMPLICATIONS

- 5.1 The government has brought forward proposals in its Health and Care Bill to implement statutory arrangements for ICSs with two components. The first component is the Integrated Care Partnership, or ICP: 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. The second component is a statutory body, the Integrated Care Board, or ICB: the ICB will be responsible for the commissioning of healthcare services in that ICS area, bringing the NHS together locally to improve population health and care.

- 5.2 The Bill will allow for the establishment of Integrated Care Boards and Integrated Care Partnerships across England. This will be done at the same time as abolishing Clinical Commissioning Groups (CCGs). NHS England will agree ICBs' constitutions and will hold them to account for delivery.
- 5.3 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.
- 5.4 The ICB will be a key mechanism to secure collaboration within the NHS, and at the interface of health and local government. It will hold the NHS bodies within the ICB's area to account and ensure the NHS is an effective and relevant partner in the place it operates.
- 5.5 The legislation does not seek to define a 'place' as something within a system but recognising the importance of 'places' in making integration happen, it is designed to ensure that place-based arrangements are as effective and collaborative as possible and are supported by co-operation at system level.
- 5.6 At the time of producing this report in October the Health and Care Bill was still at committee stage and has not yet been formally approved.

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 2022 when the ICB will replace the previous CCG organisations.
- 6.2 Staff currently employed by CCGs will transfer to ICBs, and NHS England has made an employment commitment to staff to provide stability and minimise uncertainty.
- 6.3 Joint workforce development initiatives evolved by the Place-based Partnership will encourage diversity of leadership, support continuity and sustainability.
- 6.4 Places will be expected to develop an integrated approach to commissioning between health and local authority (such as shared posts, joint teams and pooled budgets) to underpin and support the work of the Place-based Partnership

6.5 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.

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.

7.3 Arrangements to assess and share risks and gains across providers will be fully established and supported by transparency around resource availability and allocation within the place.

8.0 ENGAGEMENT/CONSULTATION

8.1 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.

8.2 The insight of local people and service users is vital in commissioning the right services to achieve the best outcomes for patients. Neighbourhood areas are the fundamental platform for engagement working with residents and providers of each neighbourhood. Design, delivery and improvement are shaped through co-production with communities.

8.3 Integrated Care Partnership Delivery Group have developed a communication plan to ensure that all key stakeholders are engaged and informed over the course of the development journey.

8.4 Resident's voice will be embedded within neighbourhood and place arrangements driving priorities and ensuring public voice involvement in design and decision making. The Council and place partners will utilise existing networks for effective reach into communities.

8.5 Wirral's Place-Based Partnership will involve following stakeholders and continue to develop membership overtime.

- Primary care provider leadership, represented by PCN clinical directors or other relevant primary care leaders
- Providers of acute, community and mental health services, including
- Representatives of provider collaboratives
- People who use care and support services and their representatives

- Healthwatch
- Local Authority
- Elected members
- Social care providers
- Voluntary, community and social enterprise sector (VCSE)
- ICB

8.6 The place-based partnership will have VCFSE sector representation, which is embedded in all elements of population planning, decision making and delivery. VCFSE sector intelligence and insight will be collated, including wider community feedback, to ensure the Placed Based Partnership can hear from critical voices within different communities, escalate priority issues, and take action on these issues.

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 success of the health and care system in meeting the health and care needs of the community depends on many factors, but the response to the Covid-19 pandemic clearly demonstrates the importance of joined up approaches to strategy development and decision-making across the system and communities. During the pandemic, we saw the brilliance and dedication of the health and care workforce enhanced by the strengthening of existing, and development of new, partnerships. The pandemic also highlighted the critical dependencies in health and care, including

areas which are sometimes 'less high profile' but equally as important, such as community and voluntary services, the role of unpaid carers, employers and employment support services.

- 11.2 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.
- 11.3 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>.

<ul style="list-style-type: none"> • Strategic Developments in the NHS • Proposals for Integrated Care Partnership • Integrated Care System and Integrated Care Partnership Developments • Integrated Care System and Integrated Care Partnership Developments <p>Previous reports presented to Partnerships Committee</p> <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 	<p>2nd March 2021 7th June 2021 29th July 2021 8th September 2021 13th October 2021</p> <p>9th November 2020 13th January 2021 29th June 2021 28th September 2021</p>
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