

<b>Report to:</b>	Health and Wellbeing Board	<b>Date of Meeting:</b>	Wednesday 14 September 2022
<b>Subject:</b>	Department of Health and Social Care Guidance		
<b>Report of:</b>	Executive Director of Adult Social Care and Health	<b>Wards Affected:</b>	(All Wards);
<b>Portfolio:</b>	Health and Wellbeing Adults Social Care Children's Social Care		
<b>Is this a Key Decision:</b>	N	<b>Included in Forward Plan:</b>	No
<b>Exempt / Confidential Report:</b>	N		

**Summary:**

The report provides an overview of four key pieces of guidance released by the Department of Health and Social Care to articulate the relationship between the newly established Integrated Care System function and the Health and Wellbeing Board, Overview and Scrutiny Committee, Social Care Providers and the requirements of a forthcoming Integrated Care Partnership Strategy.

**Recommendation(s):**

- (1) The Board review the contents of the report
- (2) The Board offer a view on proposed responses to the consultation element of the guidance relating to Health and Wellbeing Boards.

**Reasons for the Recommendation(s):**

The contents of the guidance are critical to the boards operation going forward.

**Alternative Options Considered and Rejected:** (including any Risk Implications)

Not applicable

**What will it cost and how will it be financed?**

**(A) Revenue Costs**

The contents of the report have no additional revenue cost implications.

**(B) Capital Costs**

The contents of the report have no additional capital cost implications.

**Implications of the Proposals:**

<b>Resource Implications (Financial, IT, Staffing and Assets):</b>	
The contents of the report have no resource implications.	
<b>Legal Implications:</b>	
<b>Equality Implications:</b> There are no equality implications.	
<b>Climate Emergency Implications:</b>	
The recommendations within this report will	
Have a positive impact	N
Have a neutral impact	Y
Have a negative impact	N
The Author has undertaken the Climate Emergency training for report authors	Y
The contents of the report have a neutral impact on Climate Change	

**Contribution to the Council's Core Purpose:**

Protect the most vulnerable: The report contents support the implementation of the Health and Care Bill which allow a Sefton Health and Care system focus on health inequalities and wider determinants of health
Facilitate confident and resilient communities: The report contents support the implementation of the Health and Care Bill which allow greater localised control and focus on the needs of the borough of Sefton in the design, delivery and review of Health and Care Services
Commission, broker and provide core services: The report contents support the implementation of the Health and Care Bill which will strength the role of Strategic Commission at a Sefton borough level and encourage greater collaboration for better outcomes.
Place – leadership and influencer: The report contents support the implementation of the Health and Care Bill which will allow greater local control driven by the Health and Wellbeing Board.
Drivers of change and reform: The report contents support the implementation of the Health and Care Bill which will allow a Sefton Health and Care system focus on health inequalities and wider determinants of health

Facilitate sustainable economic prosperity: The report contents support the implementation of the Health and Care Bill which will allow for a broader financial focus on the borough of Sefton for Health and Care services
Greater income for social investment: The report contents support the implementation of the Health and Care Bill which will allow for a broader financial focus on the borough of Sefton for Health and Care services
Cleaner Greener Not applicable.

## What consultations have taken place on the proposals and when?

### (A) Internal Consultations

The Executive Director of Corporate Resources and Customer Services (FD.6931/22) and the Chief Legal and Democratic Officer (LD.5131/22) have been consulted and any comments have been incorporated into the report.

### (B) External Consultations

The report details a national consultation open to the public.

## Implementation Date for the Decision

Immediately following the Board meeting.

<b>Contact Officer:</b>	Eleanor Moulton
Telephone Number:	07779162882
Email Address:	eleanor.moulton@sefton.gov.uk

## Appendices:

There are no appendices to this report

## Background Papers:

There are no background papers available for inspection.

## 1. Background

As the Board will be aware the 1st of July 2022 saw the formal establishment of the Cheshire and Merseyside Integrated Care System (ICS) and its component parts of the Integrated Care Board (ICB) and Integrated Care Partnership (ICP) as well as local establishment of the Sefton Partnership. This is as a result of the Royal assent given to the Health and Care Act 2022 in April of this year. The Act

introduces significant reforms to the organisation and delivery of health and care services in England. The main purpose of the Health and Care Act is to establish a legislative framework that supports collaboration and partnership-working to integrate services for patients. Among a wide range of other measures, the Act also includes targeted changes to public health, social care and the oversight of quality and safety.

## 2. Introduction

- 2.1 Although the Health and Care Act does not make changes to Health and Wellbeing Boards and their responsibility for Health and Wellbeing Strategies and Joint Strategic Needs Assessments, there are clear interfaces that require clarity. Subsequently the Department of Health and Social Care have released four sets of guidance on the 29<sup>th</sup> of July 2022 relating to the ongoing implementation of Integrated Care Systems nationally. The body of this report summarises key points.
- 2.2 The guidance relating to Health and Wellbeing Boards asks specific questions and invites a response from the board the paper will also propose a response for the board's consideration.
- 2.3 The guidance documents released are as follows:

**Integrated Care Strategy Guidance:** Statutory guidance for integrated care partnerships on the preparation of integrated care strategies

<https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies>

**Statement of expected ways of working between ICPs and adult social care providers:** Provides guidance on how integrated care providers and adult social care providers are expected to work together.

<https://www.gov.uk/government/publications/adult-social-care-principles-for-integrated-care-partnerships>

**Health and Wellbeing Board Guidance – Engagement Document:** Guidance on the role of Health and wellbeing boards following the implementation of ICBs and ICPs, for further engagement

<https://www.gov.uk/government/publications/health-and-wellbeing-boards-draft-guidance-for-engagement>

**HOSC Principles:** This sets out the expectations on how Health Overview and Scrutiny Committees should work with ICSs to ensure they are locally accountable to their communities

<https://www.gov.uk/government/publications/health-overview-and-scrutiny-committee-principles>

## 3. Detail

### 3.1 Integrated Care Strategy Guidance

This is a statutory requirement which will build on existing work of the health and Wellbeing board and Better Care Fund. It should detail how the ICS will reduce disparity in health and social care, look to improve quality and performance and will work to prevent ill health, both physical and mental health. It should also focus on maximizing independence, preventing care needs and increasing control,

choice and flexibility in how care and support is received. It will set direction of how the NHS, Local Authority, Providers and Partners can deliver more joined up preventative person centred care across the whole life course, including doing things differently. It should be evidence based and include short-, medium- and long-term priorities. It should reflect the ambition to reduce geographic disparity linked to the Levelling Up the United Kingdom: Executive Summary ([publishing.service.gov.uk](https://publishing.service.gov.uk)) and People at the Heart of Care: adult social care reform white paper - GOV.UK ([www.gov.uk](http://www.gov.uk)). It should set out, how the ICS will meet assessed need based on the Joint Strategic Needs Assessment. Feedback and comment on this guidance are welcome.

The guidance makes specific points that the Strategy must comply with as follows.

- NHS England must take regard in applicable areas, equally the ICP must also have regard for the national mandate of NHS E.
- The ICP must consider refreshing strategy when they receive any updated JSNA.
- It should build on previous system plans, and not be prescriptive to health and wellbeing boards.
- CQC will assess how the integrated care strategy is used to inform commissioning and provision of quality and safe services.
- The Integrated care strategy must compliment the Health and Wellbeing Strategy and Joint Strategic Needs Assessment.
- It must provide detail on when issues are best met by bringing things together, for example this may be an integrated workforce approach on a bigger footprint. However, the principle of subsidiarity remains and reflections on whether decisions and delivery are happening at the right level must be considered when producing strategy.
- The initial strategy is due in December 2022, but the guidance recognises that this is a year of transformation, and this may be subject to change. Although the plan must be a five-year plan this is subject to annual review. And going forward be published on the 1st April of each year.
- The ICP is responsible for ensuring the ICB, Partners, and Local authorities are engaged, cooperate and provide necessary resource for the preparation of the strategy. ICP's can agree the process for finalising and signing off.
- While the Strategy must have an evidence base of the JSNA, any unwarranted variation, disparity and gaps there is a requirement for additional assessment of local communities and needs that should be developed with providers. It must also recognise that the JSNA may miss those not engaged in formal services, therefore engagement and Co production must happen. This may be at a system or a local level.
- There is a need to uphold transparency and there must be publicly available contact details of how to get involved, as well as the requirement for Healthwatch to be involved. The guidance is clear that there must be proactive involvement of people with a range of lived experience, inclusive of children, young people and their families drawn from local experience. Providers of social care services and health, including the voluntary sector must also be consulted and engaged with at a system and local level. Clinical and care professionals, chairs of health and wellbeing boards, Directors of Children's Social Care and Directors of Adult Social Care and the Director of Public Health must also be actively involved.

- The content must detail shared outcomes, further detail on this is expected by April 2023 through the Health and Social Care integration, joining up care for people, places and population guidance.
- It must also detail sustainable improvement in care quality and outcomes and consideration of whether a section 75 funding model is the best way to meet needs.
- It should also detail plans for joint appointments, data sharing, co-location, integrated teams, joint strategies and plans. Department of Health and Social Care guidance is expected on the scope of pooled and aligned budgets in spring 2023.
- Other key areas that must be included are Personalized care, disparities in health and social care, how will it address unwarranted variation, population health and prevention.
- The guidance references the need to fully utilise the skills of Public Health, in terms of the Health and Wellbeing Strategy and wider determinants, anchor institutions, evidence-based prevention measures, Life course approach incorporating babies, children, young people and their families and consideration of healthy ageing inclusive of finances.
- The Strategy must also include approach to Health Protection, including, infection prevention and control, antimicrobial resistance, immunizations and Emergency preparedness response and resilience.
- The Strategy must detail how system level safeguarding will be strengthened.
- It must detail how the system will approach Workforce; recruitment, planning, development and integration of the health and social care workforce, that must incorporate the ten principles included in previously published guidance on people function.
- The Strategy must also cover how adoption of innovation and research will support delivery.
- Approach to Health-related housing must be detailed
- Finally data and info sharing model with identified options for safe and appropriate data and information sharing to meet assessed need.
- Publication - A copy must be given to the local authority and ICB and those that have contributed must be given the opportunity to see it.
- The ICS should Review and evaluate including evaluation of impact.

### **3.2 Statement of expected ways of working between ICPs and adult social care providers**

Adult social care providers are defined as any provider of adult social care services and seen as essential partners in delivering ICS strategy. Developed with the Care Provider Alliance, this is Co created advice providers should support the adult social care voice. Involve adult social care providers in service planning. The Department of Health and Social Care, LGA and NHS England, and to help understanding by making national connections and wider support through case studies. Adult social care may include charities and the voluntary community and faith sector. The sector needs to be fully engaged in the work of ICP's as a strategic partner. Some will be better able to represent the sector than others. Adult Social Care Directors are not an adequate proxy. Provider forums, PCNS at Place should be considered and the Partnership infrastructure should be used. Adult social care provider insight and data should be part of the integrated care strategy.

### **3.3 Health and Wellbeing Board Guidance – Engagement Document:**

The guidance does not affect the role of Health and Wellbeing Boards in their role in instilling mechanisms for joint working across health and care organizations and in setting strategic direction to improve health and wellbeing of people locally. The Department of Health Social Care will update guidance on Health and Wellbeing Boards general duties and power. This document represents engagement on the draft guidance with specific questions to shape guidance and provide practical examples of role and ways of working.

It states that Health and well-being boards must have a strong focus on establishing a sense of place given the fact they remain a forum of political, clinical, professional and community leaders.

The JSNA and health and wellbeing strategy are unchanged, other than requiring that an ICB Rep is on the health and wellbeing board, not a CCG Rep.

It sets out principles of development for the board.

- Building from the bottom up
- Subsidiarity
- Clear governance.
- Collaborative leadership
- Avoiding duplication.

It sets out the view that there is to be a continuity of relationship with the CCG/ICB and NHS England will consult health and wellbeing boards on its view of the contribution of the ICB similar to the process applied to CCG's previously.

The document sets out the Boards role in informing allocation of resources and the signing off of the BCF and states that the Board will receive an ICB Capital resources plan.

Health and Wellbeing Boards will work with ICPs and ICBs to determine their integrated approach and will be asked to consider revision of their Health and Wellbeing Strategies following the publication of the ICS strategy however it may be that they consider it sufficient.

CQC will review ICSs and consider how well ICBs and CQC registered providers discharge function, including the role of the ICP.

The ICB and partner NHS trusts must have a Joint Forward plan that must involve their Health and Wellbeing board.

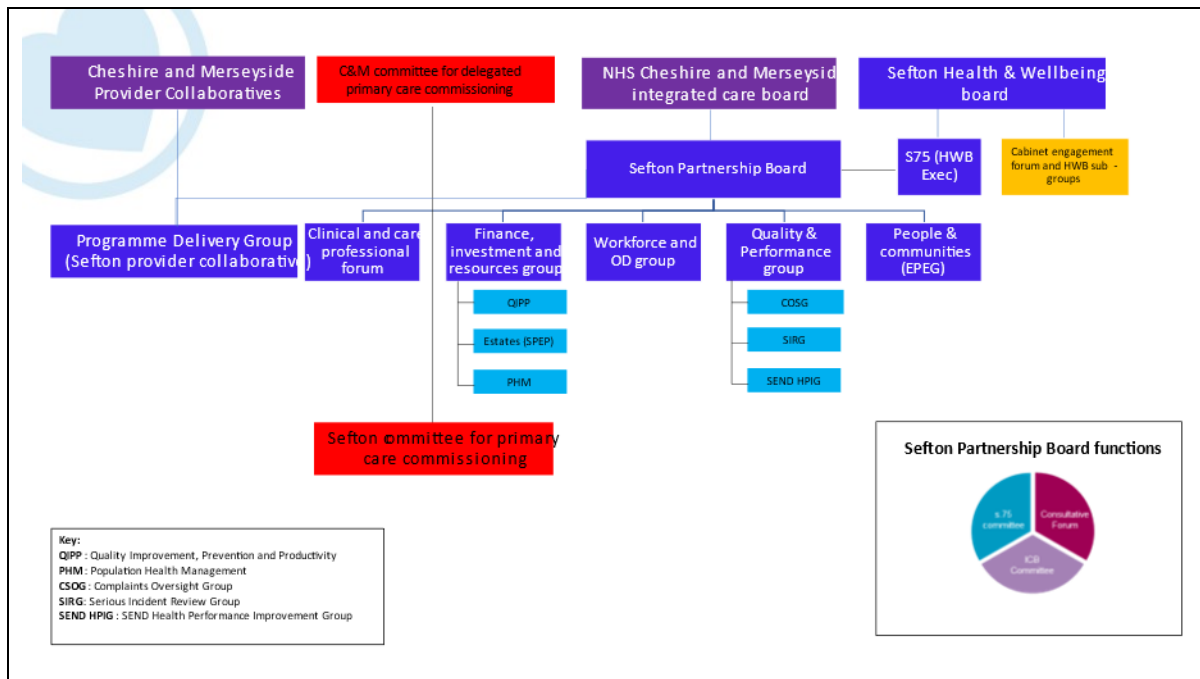
The ICS must have plans on how they will implement the health and well-being strategies in their footprint and must involve the Health and Wellbeing board in preparing or revising their forward plans.

Health and wellbeing boards must be provided with a draft of the ICS Strategy for comment and the strategy must include a statement from the Health and Wellbeing Board as whether the Health and Wellbeing strategy has been taken into proper account. This replaces the previous requirement to share CCG commissioning plans. The ICS must provide an Annual report to the Board.

The document asks the following questions as part of their engagement, which are reflected below with proposed responses for discussion:

What examples can you provide of how HWBs are reacting to the introduction of ICBs/ICPs, brought about by the Health and Care Act?
The Sefton Health and Wellbeing Board initiated a development programme upon receipt of the White Paper on Integration in February 2021 recognising the need to evolve its role and strengthening its approach to improving the Health and Wellbeing of Sefton residents. The board has also reviewed its membership to ensure robust system wide representation and updates its Terms of Reference
Are there any issues you are encountering with the introduction of ICBs/ICPs that are affecting HWBs?
The current architecture makes it difficult to agree clear points on added value as oppose to the risk of duplication. There is concern at the lack of clarity around provider alliances and how that will develop and affect activity at a Sefton level. A cohesive understanding across all areas of the DHSC is needed with regard to the role and remit of each cohesive section, for example the drivers and accountability for the Better Care Fund as adopted as the financial framework for the partnership.
Are there new ways of working that are emerging which you would be happy to share as best practice?
Development of a cohesive performance framework applicable to the system as a whole. Greater connection of Primary Care Agendas and the use of Informal Boards to take forward specific areas of work.
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?
The Health and Wellbeing Board receives regular briefings, the Chair of the Health and Wellbeing Board is also the Chair of the Sefton Partnership.
We acknowledge the great work 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 etc outlining the different structures and scenarios HWBs operate within and would welcome examples





Does this guidance provide the information you need? Are there any gaps?  
 Examples of significant changes that may require review?

The Guidance doesn't make enough specific reference to Children and Young People for example how the link to the Children and Young Persons plan is intended to work.

### 3.4 Overview and Scrutiny Committee

This document seeks to ensure scrutiny and oversight are a core part of how ICB's and ICP operate. Overview and Scrutiny are described as having a pivotal role in continuing to scrutinise local health services. Health and wellbeing strategies still need scrutiny to drive impact on outcomes. The document recommends a framework to ensure their scrutiny work, is effective, focused and adds value, considering risks, effects and impact to populations. Recognising that Overview and Scrutiny Committees support input from local health, colleagues and the local population. It sets out five principles.

	Principle	Further detail
A.	Outcome Focused	General health improvement and wellbeing, specific treatment services and care pathways, patient safety and experience, overall value for money. Overview and scrutiny has a strategic role in the overview of how well integration is working and making recommendations of how it can be improved locally it should take a strategic approach in evaluating key strategies and outcomes of ICB and ICP and has a vital role in scrutinising health services of a place based nature.
B.	Balanced	Balanced, future focused and responsive have a key role in improving evidence base. ICB's and ICP's must agree a clear set of arrangements for scrutiny within the whole cycle of commissioning, delivery and evaluation. Reactive to issues of concerns for local communities, including performance, they should have a proactive role in complex issues,

		ICB's should be open with Overview and Scrutiny whilst Overview and Scrutiny must respect regulatory and legal processes that may apply.
C.	Inclusive	Overview and Scrutiny strengthen voice of local people and provide local accountability. Scrutiny must engage communities and be involved with the right people at the right time including greater involvement with PCN. Trusting working relationship needed.
D.	Collaborative	Overview and Scrutiny should be focused on value for its population. Clarity needed about respective roles, may need to cover issues across local authority boundaries and take a collaborative approach to identify areas that would benefit from joint scrutiny
E.	Evidence Informed	Scrutiny informed by evidence can make the case for better integration of services. Although the Secretary of State is given greater call-in powers through the Act the need for local scrutiny to service change remains.

#### 4. Conclusion

The guidance provides a considerable amount of information at this critical time in the early stages of the new landscape the Health and Care act brings. The Board are asked to review the contents of the report and in addition consider the responses required to the specific questions related to Health and Wellbeing Boards.