

Integrated Care Board

Date of meeting	1 February 2023
Title of paper	Health and Care Integration: Summary Update
Presented by	Professor Craig Harris Chief of Health and Care Integration
Author	Jane Cass, Director of Partnerships and Collaboration Dr Victoria Ellarby, Programme Director – System Reform Claire Richardson, Director of Health and Care Integration (Blackburn with Darwen)
Agenda item	6
Confidential	No

Purpose of the paper

The purpose of this paper is to provide a summary of the priorities of the Health and Care integration function of the Integrated Care Board.

The paper is presented in two parts. Part one provides an overview of the role and function of the Health and Care Integration directorate and outlines the opportunities and commitment to partnership working across the ICB and the wider Integrated Care System (ICS). The paper also outlines the future arrangements for the development of the Integrated Care Partnership (ICP). Part two of the paper provides assurance to the Board on the progress made in the development of the four place-based partnerships and the next steps for development.

Executive summary

The Health and Care integration directorate is a newly established team within the Integrated Care Board (ICB) primarily focussing upon supporting the development and function of the Integrated Care Partnership (ICP), further developing the four place-based partnerships and creating strategic long term partnership arrangements with key stakeholders such the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector to improve outcomes of the population of Lancashire and South Cumbria.

This paper describes the statutory requirements placed on the ICPs which are required to be jointly established by ICBs and partner local authorities in every system and have a minimum membership of the ICB and partner local authorities. ICPs should work closely with place-based partnerships to support integrated work at place, making the best use of the experience and expertise of place-based partnerships. This is driven by the publication of an Integrated Care Strategy.

As reported at the board meeting in September 2022, the draft Terms of Reference will be refreshed and agreed by the ICP at a meeting to be held in March 2023. This will coincide with a plan to formally constitute the partnership

under committee arrangements. A further update on progress will be presented to the ICB at this time.

The second part of the paper details the progress in the development of the four place-based partnerships following the decision in July 2022 to reconfigure the footprints of place to align with those of the upper tier/unitary local authorities. A place-based strategic narrative has previously been agreed in LSC, which was used as an anchor point for future place development and delivery. This narrative is in its final phase of updates, based upon detailed discussions as part of the place development workshops in November/December 2022.

Directors of Health and Care Integration will be working with local partners to develop operating models which will support the refresh of place partnership arrangements, effective joined up planning and delivery of ICB, ICP and locality priorities that meet the specific needs of local people and are aligned to the Integrated Care Strategy and ICB longer-term ambitions.

Recommendations

The Lancashire and South Cumbria Integrated Care Board is requested to note the updates provided.

Governance and reporting (list other forums that have discussed this paper)

Meeting	Date	Outcomes
ICB Executive Team	24 January 2023	Supported the paper for the Board

Conflicts of interest identified

not applicable

Implications

If yes, please provide a brief risk description and reference number	Yes	No	N/A	Comments
Quality impact assessment completed				
Equality impact assessment completed				
Privacy impact assessment completed				
Financial impact assessment completed				
Associated risks				
Are associated risks detailed on the ICB Risk Register?				

Report authorised by:	Professor Craig Harris, Chief of Health and Care Integration
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Integrated Care Board – 1 February 2023

Health and Care Integration summary paper

1.0 Introduction

- 1.1 The role of the Integrated Care Board (ICB) is detailed in legislation following its establishment on 1st July 2022. There are some similarities in role and function with Clinical Commissioning Groups (CCGs), as the ICB inherited the functions previously held by CCGs and will allocate the NHS budget and commission services for the population, as well as some of the direct commissioning functions of NHS England. However, the way in which the ICB intend to enact these responsibilities will differ significantly, placing a greater emphasis upon and commitment to integration, collaboration and developing strong strategic partnerships, primarily at place to achieve the very best outcomes for the Lancashire and South Cumbria population.
- 1.2 Underpinning the responsibilities of the ICB are the four core principles set out for the ICS.

These are:

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience and access
- Enhancing productivity and value for money
- Helping the NHS to support the broader social and economic development.

To achieve these, the ICB will focus on the triple aim:

- Improve the health and wellbeing of the people
- Improve the quality of services for all patients
- Improve the sustainability and efficient use of resources

- 1.3 The greatest opportunity to achieve the four core purposes and the triple aim is by developing robust partnerships, working together in collaboration and creating an environment where health and care can integrate at both system and place.
- 1.4 This report is presented in two parts; part one provides an overview of the role and function of the Health and Care Integration directorate and outlines the opportunities and commitment to partnership working through the Integrated Care Partnership (ICP) and with the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector. Part two of the paper provides assurance to the

Board on the progress made in the development of the four place-based partnerships.

2.0 **Part 1: National expectations**

2.1 There is a significant amount of national guidance (see appendix A) that articulates expectations of the ICB in relation to driving health and care integration at system, place and neighbourhood and it is expected that the effectiveness of the ICB's partnership arrangements will be considered through the Care Quality Commission Assurance Framework going forward. As such the Health and Care Integration directorate will play a key role in ensuring that the ICB's key partnership arrangements are being developed and implemented in line with national expectations.

2.2 **Priorities**

2.2.1 Developing robust partnerships through strong collaboration and integration is not the sole domain of the Health and Care Integration directorate. However, the conditions for this to happen effectively are reflected within the priorities for the team. To achieve this, the Lancashire and South Cumbria team will focus on:

- Supporting the principles of subsidiarity, collaboration and co-production.
- Taking action with partner organisations to address population health and reduce inequalities.
- Supporting the establishment of the Lancashire and South Cumbria ICP.
- Building upon existing partnerships, create functioning and effective Place Based Partnerships within the four places which will be instrumental in developing the culture needed to create sustainable system wide improvement, working with partners to deliver outstanding care, equal outcomes, experience and access across communities.
- Convene strong local partnerships leading to collaboration between the NHS, Local Government and a wide range of stakeholders, including local residents and communities. This will improve accountability to the public and between organisations.
- Develop a longer-term strategic partnership arrangement with a range of providers including the VCFSE sector by supporting the development of a strong infrastructure to be able to respond to the priorities of the ICB by releasing the assets of the community. This will be underpinned by a co-produced partnership agreement which is also a priority of the ICP.

- Support the commitment of the ICB to become an established anchor institution, alongside other NHS organisations, across Lancashire and South Cumbria.

2.2.2 Health and care integration is fundamental to the delivery of the three tasks and associated priorities in the coming year, as detailed in the NHS planning guidance -recover core services and productivity, make progress in delivering the key ambitions of the Long Term Plan and continue to transform the NHS for the future.

2.3 Integrated Care Partnership

2.3.1 A requirement of the ICS is the development of an ICP. This is a statutory committee which both builds upon and replaces partnerships and collaboration across Lancashire and South Cumbria.

2.3.2 ICPs are required to be jointly established by ICBs and partner local authorities in every system and have a minimum membership of the ICB and local authorities. ICPs should work closely with place-based partnerships to support integrated work at place, making the best use of the experience and expertise of place-based partnerships.

2.3.3 ICPs should produce an integrated care strategy and both ICBs and local authorities will be required, by law, to have regard to the ICP strategy when making decisions, commissioning and delivering services.

2.3.4 The Lancashire and South Cumbria ICP is in a developmental phase and is not yet formed as a statutory committee. A formal chair, who is an elected member, has been nominated. This is supported by the ICB and local authorities as statutory members and equal partners, alongside other Lancashire and South Cumbria partners and demonstrates commitment to the democratic mandate and accountability to the public.

2.3.5 As reported at the ICB Board meeting in September 2022, the draft Terms of Reference will be refreshed and agreed by the ICP at a meeting to be held in March 2023. This will coincide with a plan to formally constitute the partnership under committee arrangements. A further update on progress will be presented to the ICB at this time.

2.4 VCFSE Sector

2.4.1 The ambition of the ICB is to establish a strategic partnership arrangement with the VCFSE sector. This will be shown by longer term commissioning arrangements, supported by a partnership agreement, to deliver innovation and transformation against ICB priorities.

2.4.2 Continued partnership working with the sector will support an established architecture with investment to support organisational development. However, this is not the sole domain of the NHS and requires commitment and investment from across the ICP.

2.5 The ICB Health and Care Integration Team

2.5.1 The Lancashire and South Cumbria Health and Care integration team is intentionally small, as fundamental to the effective operation, is the principle of working across boundaries, in collaboration and in a matrix style, both with other directorates within the ICB and with partners across the Lancashire and South Cumbria system. Appendix B outlines the senior leadership capacity across the Lancashire and South Cumbria and Place teams.

3.0 Part 2: Place development

3.1 The Lancashire and South Cumbria system is in a developmental phase, with various components of the system at different stages of maturity, yet each seeking clarity on their role and how it connects to that of others in the system. A key area of focus across the NHS and local government is the development of the place-based partnerships.

3.2 In July 2022, the ICB board agreed that the place-based partnerships in Lancashire and South Cumbria would be reconfigured to align their footprints to the upper tier/unitary local authority footprints of Blackburn with Darwen, Blackpool, Lancashire and South Cumbria (noting that the South Cumbria place footprint is not wholly aligned to the Westmorland and Furness unitary authority that will be established on 1st April 2023 due to the ICB boundaries, the two new unitary authority boundaries for Cumbria, and natural resident / patient flows).

3.3 Following agreement of this reconfiguration, four Directors of Health and Care Integration (see appendix B) were appointed and commenced in post across the period August to December 2022. During this period, place development has continued with a focus on the transition from five to four places in relation to existing operational/transformational work, future planning and delivery of services, and place-based decision-making.

3.4 Common place development programme

3.4.1 There has been a well-established place development programme in Lancashire and South Cumbria since 2021, with the five place-based partnerships working together on several workstreams that benefitted from a common approach to design, with local implementation in each place. This approach has been replicated as the ICB Executives and Directors of Health and Care Integration have commenced in post, with the initial scope including:

3.4.2 The review and refresh of the place strategic narrative

A place-based strategic narrative has previously been agreed in LSC, which was used as an anchor point for future place development and delivery. It was noted that a refresh of this strategic narrative would be beneficial to ensure that it was fully reflective of the content of subsequently published legislation and national guidance; the decision to reconfigure the place footprints in Lancashire and South Cumbria; the establishment of the ICB and perspectives of the incoming executives; and the perspectives of the Directors of Health and Care Integration.

This narrative is in its final phase of updates, based upon detailed discussions as part of the place development workshops in November/December 2022. There was wide-ranging support for the narrative, noting that the document is clear, concise and easy to follow. The narrative will align to, and form part of the ICB's longer term strategy and will be endorsed by the board prior to agreement via the ICP.

3.4.3 Place development workshops to consider key topics common across all four places

One half-day workshop was held in November 2022 and two full-day workshops in December 2022, with a wider range of attendees discussing the following topics:

- Review of the place strategic narrative (specifically seeking the views of the ICB / Local Authority Chief Executives)
- Review and agreement on work-to-date in shaping initial priorities for places
- Ways of working between places and the ICB, considering areas of accountability / responsibility, 'what happens where' for key functions, and implications for resourcing proposals

- Ways of working between places and the NHS Trust / Foundation Trust Provider Collaborative, agreeing areas of common focus and joint working

The workshops to date have benefitted from specialist knowledge, expertise and facilitation from Sir David Pearson, a national advisor on integrated care and system development. His recommendations are included as appendix C. A detailed paper containing the agreements, areas for further development and specific actions have been circulated to all attendees. These, together with Sir David Pearson's recommendations, will be used to co-design a roadmap for places during 2023/24 with the Directors of Health and Care Integration, which will be underpinned by a continuation of the common place development programme.

Further place development workshops are planned from January 2023 onwards, with topics currently confirmed as:

- Listening to, and engaging with, our communities
- The organisational development needs of places
- Alignment between the Integrated Care Strategy, the Joint Forward Plan and the priorities in each place to support a clear position of 'what is delivered where'
- Measures of success for our places

3.4.4 Priorities in our places

During the transitional phase, places have identified an initial draft of their priorities, which have been drawn from the needs of the population (as set out in Joint Strategic Needs Assessments / Health and Wellbeing Strategies for each place), the current operational challenges facing organisations / sectors, and the aspirations of each place. During the workshops in December 2022, it was confirmed that there is strong alignment between these and the ambitions / key areas of focus for the provider collaborative.

These will be further refined during Q4 of 2022/23 to align with the content / timeframes of the LSC Integrated Care Strategy, the Joint Forward Plan, the ICB operational plan, and the local authorities' Health and Wellbeing Strategies, corporate strategies and financial plans.

Areas of commonality have been identified, and places will work as a collective with partners across the ICS to determine how best to plan and deliver on these, noting that whilst the 'what' may be the same, the

'how to address' may be different due to, for example, specific demographics, geographies, service models and/or resources in each place.

3.4.5 The operating model in place

Over the coming months, Directors of Health and Care Integration will be working with local partners to develop operating models which will support the refresh of place partnership arrangements, effective joined up planning and delivery of ICB, ICP and locality priorities that meet the specific needs of local people. The place operating models will include where arrangements need to remain on bigger than individual place planning and delivery footprints. Examples may include A&E response, elective care and paediatrics/maternity.

3.4.6 Resources

The Directors of Health and Care Integration are reviewing and identifying place team resource requirements to progress development of the partnership model and delivery of integration of health and care at place level. This will require close connection and resource from ICB directorates and teams as well as those from the wider health and care partnerships to be able to achieve the ambitions set out for the ICP, ICB and Local Health and Wellbeing Boards.

4.0 Next Steps

- 4.1 The Health and Care Integration directorate will continue to support the establishment of the ICP and the associated development the Integrated Care Strategy. The shared priorities agreed in the strategy will frame the opportunities to collaborate and work in partnership while adding value to the system.
- 4.2 A planning meeting with founder members of the ICP will take place in February when the final version of the terms of reference will be drafted, the frequency of the meetings agreed and the arrangements to formally constitute the partnership under committee arrangements discussed. This will be presented to the ICP meeting in March 2023.
- 4.3 Through the Director of Partnerships and Collaboration, the ambition to form strong strategic partnership arrangements with other stakeholders and partners including the VCFSE sector will be pursued to maximise the opportunities for transformation and innovation across Lancashire and South Cumbria.

4.4 The development of the four place-based partnerships will remain a priority for the Health and Care integration directorate with a clear route map for progression. The recommendations from the development workshops will be considered for action and the target operating model will remain a priority for the Directors of Health and Care Integration.

5.0 Recommendations

5.1 The Board is asked to note the contents of this report and to support the next stages of development as set out above.

Professor Craig Harris
Chief of Health and Care Integration

1 February 2023

Appendices.

Appendix A - National guidance that specifically informs the work of this directorate.

- Thriving Places: Guidance on the development of place-based partnerships as part of statutory integrated care systems
[ICS-implementation-guidance-on-thriving \(england.nhs.uk\)](https://www.england.nhs.uk/guidance-and-research/guidance/ics-implementation-guidance-on-thriving/)
- ICS Implementation guidance on working with people and communities
[Working with People and communities \(england.nhs.uk\)](https://www.england.nhs.uk/guidance-and-research/guidance/working-with-people-and-communities/)
- ICS implementation guidance on partnership with the voluntary, community and social enterprise sector
[VCSE Sector \(england.nhs.uk\)](https://www.england.nhs.uk/guidance-and-research/guidance/vcse-sector/)
- Integrated Care Strategy development guidance
[Guidance on the preparation of integrated care strategies - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/preparing-integrated-care-strategies)

Appendix B - current senior leadership capacity across the L&SC and Place teams:

Name	Title
Craig Harris	Chief of Health and Care Integration (L&SC)
Jane Cass	Director of Partnerships and Collaboration (L&SC)
Victoria Ellarby	Programme Director (L&SC)
Claire Richardson	Director of Health and Care Integration (Blackburn with Darwen)
Jane Scattergood	Director of Health and Care Integration (South Cumbria)
Karen Smith	Director of Health and Care Integration (Blackpool)
Louise Taylor	Director of Health and Care Integration (Lancashire)

Appendix C - Developing Place Based Partnerships in Lancashire and South Cumbria: Outputs from the Place Development Workshops held on 5th / 6th December 2022

Recommendations from Sir David Pearson, System Transformation Advisor, NHS England

1. The ICS develops an agreed Operating Model incorporating values and principles in the context of the objectives and outcomes for the ICS. It would describe the role and function of the main constituent parts of the ICS i.e., the ICB, ICP, Place Based Partnerships, Health and Wellbeing Boards and the Provider Collaborative.
2. That work continues as quickly as possible, in line with the actions identified in the December workshop, to identify the functions that will be in the Places (initially and in the future) and the capacity and the resources associated with them to be located in place. This should be agreed by the ICB and upper tier / unitary local authorities
3. That further work takes place urgently to further define the priorities for Places that have been developed in outline during November. This should include how proposed changes will be enacted, the outcomes to be achieved with associated performance measures. In line with the conversations in the workshops these should be strategically sound and locally sensitive.
4. That the above priorities are shared with the ICP with a view to including in the initial Health and Care Strategy.
5. Where resources are shared e.g., where postholders have a responsibility in the ICB and Place, clear agreements are reached about those responsibilities and how they will be managed.
6. There should be a common development Programme for Places until 2024, to ensure that functions, strategies and governance are developed and implemented.

The above recommendations emanate from the detailed discussions in the workshops.

I also suggest that the ICS would benefit from some prioritisation of sharing information and data to inform priorities, clinical and care practice whilst driving efficiency and effectiveness. The evidence from across the world and advanced systems in the UK is that shared care records and the use of data to understand need and stratify risk has been at the cornerstone of progress in Integrated Care Systems. In addition, the workshops contained a number of conversations and identified a number of specific actions relating to opportunities for joint working across population / public health, children's services and adult services. All of these reflected the need to make better use of data from multiple sources to support a risk stratification approach to targeted planning and delivery of services, and the benefits that could be achieved with integrated health and care records. In addition, colleagues were keen to ensure that measures of success in places were reflective of those things that matter to communities and a rounded picture across a wide range of data sets. It is with this in mind that I suggest:

7. That a clear programme of work is established to progress Integrated Health and Care records and a Population Health Management system to understand risk and enable the most effective practice amongst clinical and care professionals and services.

David Pearson

Sir David Pearson
System Transformation Advisor, NHS England

13th December 2022