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**Wiltshire Council**

**Cabinet**

**30 November 2021**

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**Subject: Development of the BSW Integrated Care System and the Wiltshire Alliance**

**Cabinet Member: Councillor Richard Clewer, Leader and Chair of the Wiltshire Health and Wellbeing Board**

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**Executive Summary**

A statutory Integrated Care System for Bath and NE Somerset, Swindon and Wiltshire commences in April 2022. This paper outlines the development of place based collaboration between Wiltshire Council and NHS partners through the Wiltshire Alliance.

**Proposal(s)**

It is recommended that Cabinet:  
Endorse the development of place based working through the Wiltshire Alliance  
Agree to the development of a Memorandum of Understanding (including a collaboration agreement) together with new Terms of Reference for the proposed statutory structures

**Reason for Proposal(s)**

To support the Wiltshire Alliance in moving towards a new structure and working in a different way, it is proposed to develop and agree a Memorandum of Understanding (MOU) which includes a Collaboration Agreement.

**Lucy Townsend**  
**Corporate Director for People**

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**Cabinet Member: Councillor Richard Clewer, Leader and Chair of the Wiltshire Health and Wellbeing Board**

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### **Purpose of Report**

1. To outline the developing arrangements for Bath and NE Somerset, Swindon and Wiltshire (BSW) Integrated Care System (ICS) and the role Wiltshire Council should play in them.

### **Relevance to the Council's Business Plan**

2. This is relevant to the aims of the existing council business plan to protect the vulnerable and to localise and integrate care.

### **Background**

3. In February 2021 the Government published the White Paper "Integration and innovation: working together to improve health and social care for all"<sup>1</sup>. This was followed by the introduction of the Health and Care Bill [2021]<sup>2</sup> which is on course to pass into law by April 2022.
4. The bill focusses on setting out how the health and social care system should be based on integration rather than competition; its structure, and how Integrated Care Systems (ICS's) will be set up with distinct statutory functions for the Integrated Care Board (ICB) and Integrated Care Partnership.
5. The reforms are intended to place Integrated Care Systems (ICSs) on a statutory footing with a "broad duty to collaborate", and a "triple aim duty" to pursue:
  - Better health and wellbeing for everyone;
  - Better quality of health services for all individuals; and
  - Sustainable use of NHS resources.

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<sup>1</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/960549/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-print-version.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/960549/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-print-version.pdf)

<sup>2</sup> [Health and Care Bill publications - Parliamentary Bills - UK Parliament](#)

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6. Fundamentally different from the purpose of Clinical Commissioning Groups (which will cease to exist from April 2022), ICSs will exist to:-

- 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.

7. Every part of England will be covered by an ICS that will bring together NHS organisations, local government and wider partners at a system level. For our area, the ICS covers Bath and North East Somerset, Swindon and Wiltshire (BSW). A partnership website has already been created to share information and developments **Home - BSW Partnership**<sup>3</sup>.

8. Each ICS will comprise:

“An **Integrated Care System Body**, that will be responsible for developing a plan to meet the health needs of the population within their defined geography; developing a capital plan for the NHS providers within their health geography; and securing the provision of health services to meet the needs of the system population. The ICS NHS Body will also merge the functions of non-statutory STPs/ICSs with the functions of a CCG.

And

An **Integrated Care System Health and Care partnership**, that will be responsible for bringing together systems to support integration and develop a plan to address the areas health, public health and social care needs.” (Parliament, 2021)”

9. Placing ICSs on a statutory footing, and assigning them clear duties will, the Government states, deliver more efficient and more collaborative health and social care services to local populations.

10. The Health Foundation, however, noted while legislation is necessary, “making collaboration work depends as much on culture, management, resources, and other factors as it does on NHS rules and structures”. The King’s Fund agreed, noting that the success of the reforms would be “critically dependent on culture and behavioural change” rather than on legislation.

## Guidance

11. Since June, NHS England and other government sources have begun publishing guidance to move health and care systems towards ICSs by April 2022<sup>4</sup>. In line with the White Paper and proposed Bill, the ICS Design Framework states new structures will include:-

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<sup>3</sup> <https://bswpartnership.nhs.uk>

<sup>4</sup> <https://www.england.nhs.uk/publication/integrated-care-systems-guidance/>

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#### An ICS Health and Care Partnership

- Each ICS will have a **Partnership at system level**, formed by the NHS and local government as equal partners – **it will be a committee**, not a body.
- Members must include local authorities that are responsible for social care services in the ICS area, as well as the local NHS (represented at least by the ICS NHS body). Beyond this, members may be widely drawn from all partners working to improve health, care and wellbeing in the area, to be agreed locally.
- There is an expectation that the ICS Partnership will have a specific responsibility to **develop an “integrated care strategy”** for their whole population.
- The chair of the partnership can also be the chair of the ICS NHS body but doesn't have to be – for local determination. *(an Independent Chair has been appointed for the BSW Partnership)*

#### An ICS NHS Body whose functions will include:-

- Developing a plan to meet the health needs of the population
  - Allocating resources
  - Joint working and governance arrangements
  - Arranging for the provision of health services and major service transformation programmes
  - People Plan implementation
  - Leading system-wide action on digital and data
  - Joint work on estates, procurement, community development, etc.
  - Leading emergency planning and response
12. The ICS NHS bodies will take on all functions of CCGs as well as direct commissioning functions NHSE may delegate, including commissioning of primary care and appropriate specialised services. There is an expectation that the ICS NHS body will have a unitary board – members of the **ICS NHS Board** will have shared corporate accountability for delivery of the functions and duties of the ICS and the performance of the organisation.

#### The BSW ICS Board and Partnership

13. Discussions and planning for the new statutory BSW ICS (a non-statutory version of which was established in late 2020) have been ongoing since before the COVID19 Pandemic. Since the announcement of the Government reforms, the BSW ICS has been making further preparations to take on the additional powers and arrangements proposed in the Bill.
14. The BSW Partnership provides a mechanism for collaboration and common decision-making for issues which are best tackled on a wider scale. The partners are inclusive of health, local authority and voluntary sector representatives across BSW. The BSW Partnership does not replace Partners'

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Boards and Governing Bodies. Two principles underpin the governance arrangements:

- Decisions are made at system- or place (B&NES, Swindon and Wiltshire) -level, and taken by the partner organisations – leaders at system and locality levels come together and form agreements in principle and by consensus, then take these to their sovereign organisations for ratification;
  - We aim to make and take decisions at the most appropriate level and as close to local level as possible.
15. The BSW Partnership has been developing its Partnership Memorandum of Understanding that sets out its vision, values, how it is led, and how the partners will work together.
16. Stephanie Elsy was confirmed as Chair-Designate of the BSW Partnership Integrated care Board (ICB) in July 2021. The high level vision for BSW has been agreed as *“Working together to empower people to lead their best life”*.

#### Becoming an Integrated Care Alliance / Place-Based Partnership in Wiltshire

17. The BSW Partnership is mapped to the footprint of the BSW Clinical Commissioning Group (CCG) which was formed from a merger of B&NES, Swindon and Wiltshire CCGs in April 2020.
18. Within the BSW area, there are separate, established and complex health and social care eco-systems with varying degrees of integration between services, health and social care. B&NES, Swindon and Wiltshire will therefore form their own Place-Based Partnerships of “Alliance”. These Alliances will sit underneath the BSW ICS Partnership. The following diagram demonstrates the nested view of the BSW system as currently envisioned.

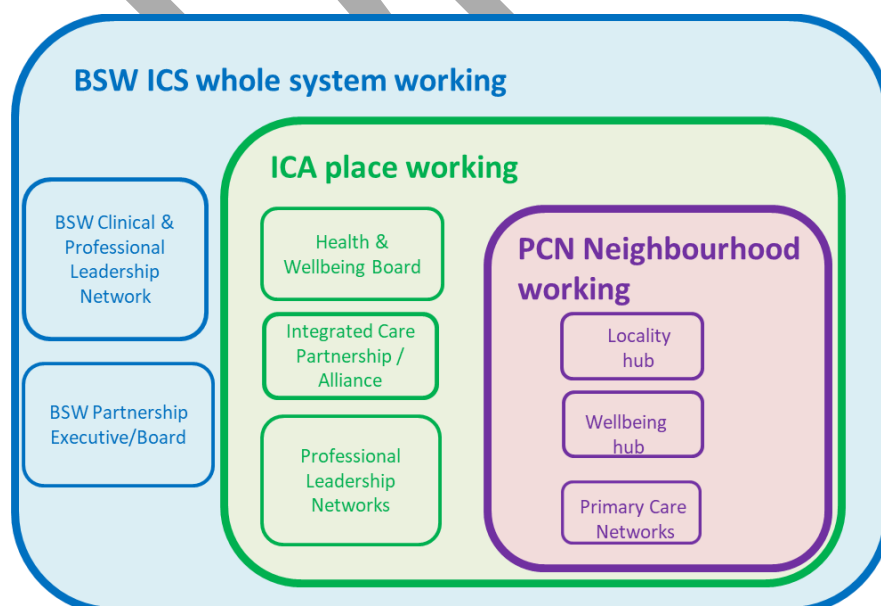


Figure 1 - System, Place and Neighbourhood

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19. The White Paper also “emphasised the important role of place-based partnerships to support joint-working between the NHS, local government and other partners in sub-system localities, as well as the opportunity for a significant amount of system decision-making at place-level where appropriate” (Thriving Places, 2021) <sup>5</sup>
20. The proposed Bill does not set out fixed arrangements for the governance of place-based partnerships such as the Wiltshire Alliance; instead, it gives flexibility for partners to agree how they work locally.
21. For Wiltshire, this means we need to establish a structure and governance system for the Wiltshire Integrated Care Alliance which supports the strategy and vision of the BSW Partnership whilst facilitating local decision-making, collaboration and integration.
22. The path to becoming an Alliance in Wiltshire started shortly before the Covid pandemic and has continued throughout the pandemic response. We have collaboratively developed the Wiltshire contribution to the BSW Vision (see Figure 1) and agreed principles for working together as an Alliance.



Figure 2 - Wiltshire Alliance contribution to BSW Vision

23. These are the principles that were co-developed and agreed through our workshops and network meetings:-

<sup>5</sup> [ICS-implementation-guidance-on-thriving \(england.nhs.uk\)](https://www.england.nhs.uk/implementation-guidance-on-thriving/)

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1. **Work as one:** partners collaborate sharing expertise, data and resources in the interest of our population
  2. **Be led by our communities:** decisions are taken closer to, and informed by, local communities
  3. **Improve health and wellbeing:** we take an all-age population health approach to improve physical and mental health outcomes and promote wellbeing
  4. **Reduce inequalities:** we focus on prevention and enhancing access to services for population groups who are in poorer health or challenging social circumstances
  5. **Join up our services:** we develop integrated and personalised service models around the needs of individuals
  6. **Enable our volunteers and staff to thrive:** we support ongoing learning and development, and work collectively to ensure well-being is prioritised
24. Through the same sessions and the Alliance Leadership Team and Alliance Delivery Group meetings, a programme of priority projects was agreed for 2021/2022. A shared Governance Framework for the work programme was agreed in June 2021 and the Alliance Programme Boards have been meeting since July 2021, reporting through into existing governance structures for decisions.
25. The Alliance Work Programme projects are aligned to the following themes which were also an output of the co-development workshops: -
- **We will work together to empower people to lead their best lives**
  - **We will develop an in-depth understanding of local needs**
  - **We will connect with communities on what matters to them**
  - **We will drive improvement through local oversight of quality and performance**
  - **We will jointly plan and co-ordinate our services around people's needs**
26. Examples of projects in the current Alliance programme include: -
- our Alliance development,
  - Connecting with our communities and working towards co-development
  - implementing new ways of integrated working,
  - looking at our population data in new ways to improve outcomes,
  - Focussing transformation in a neighbourhood area
  - improving care for people at the end of their lives,
  - urgent care and flow improvement,
  - implementing overnight-nursing,
  - a 2-hour crisis response service and
  - expanding 'virtual wards' for residents in care homes.

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27. The pace and scale of planning has increased since the summer with the aim of achieving the final steps towards becoming an Alliance and taking a place as part of the BSW ICS. A series of workshops and regular meetings have been held during the autumn to gain the approval for the governance framework from all partner members by December 2021.

## **Main Considerations for the Council**

### Memorandum of Understanding and Collaboration Agreement

28. To support our Wiltshire Alliance in moving towards a new structure and working in a different way, it is proposed to develop and agree a Memorandum of Understanding (MOU) which includes a Collaboration Agreement. The MOU will be mapped to the Thriving Places guidance and will constitute the following elements:

#### Our place-based partnership

- Our place
- Our partners
- Our shared vision for Wiltshire
- Our shared objectives for Wiltshire

#### Purpose and role of our partnership

- Health and care strategy and planning at place
- Service planning and oversight of delivery
- Service delivery and transformation
- Population health management
- Connect support in the community
- Promote health and wellbeing
- Align management support

#### Our governance arrangements

- How our place-based partnership makes decisions
- Our people and communities in our decision-making processes
- Accountability arrangements
- Conflicts of interest
- Delegations, financial arrangements
- Dispute resolution
- Adding partners to the place-based partnership

29. The MOU and Collaboration Agreement together with new Terms of Reference for the proposed statutory structures will be submitted for approval to the NHS Partnership Board and Cabinet in due course. Across our partners there is broad agreement to many elements of our developing MOU – our planned workshops and meetings will continue to develop and refine its content prior to submission for approval.



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### **Overview and Scrutiny Engagement**

30. Health Select Committee had the opportunity to contribute to an early draft of this report at their meeting on 2 November; and the chair and vice chair took part in a Health and Wellbeing Board workshop on place based governance on 30 September. The Health and Care Bill may lead to some changes to the powers of the Health Select Committee which can be considered in due course.

### **Safeguarding Implications**

31. No direct safeguarding implications.

### **Public Health Implications**

32. No direct public health implications.

### **Procurement Implications**

33. No direct procurement implications. The proposed place based governance will have to navigate different funding sources and accountabilities, procurement regulations and VAT regimes in the same way as existing joint procurement and commissioning between the council and NHS partners.

### **Equalities Impact of the Proposal**

34. Equality analysis for individual proposals will need to be undertaken for individual proposals as now.

### **Environmental and Climate Change Considerations**

35. No direct environmental or climate change considerations.

### **Risks that may arise if the proposed decision and related work is not taken**

36. NHS decision making will reside at system (BSW) level if appropriate place based (Wiltshire) governance is not agreed.

### **Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks**

37. Governance arrangements may become complex and accountability blurred. This risk will be managed through developing a clear understanding of the role of each board within the proposed MoU and amongst partners.

### **Financial Implications**

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38. No direct financial implications. Any pooled budgets, s75 agreements or requests for formal delegations will be brought before cabinet in due course.

### **Legal Implications**

39. The Health and Wellbeing Board is set to maintain its existing responsibilities for developing a Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategy and encouraging integration. The HWB has considered its desired relationship to other elements of place based governance and is considering this at its next meeting on 2 December.
40. Any formal delegations of local authority decision making will be considered as part of the MoU to be agreed by cabinet.

### **Workforce Implications**

41. No direct workforce implications. Any proposals for additional joint teams would be brought forward in due course.

### **Conclusions**

42. The development of an MoU for place-based working between the NHS and Wiltshire Council will ensure clarity in decision making structures and increase local accountability.

### **Lucy Townsend, Corporate Director, People**

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### **Appendices**

None

### **Background Papers**

None