

Wiltshire Council

Cabinet

21 June 2022

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

Cabinet Member: Cllr Richard Clewer, Leader and Cabinet Member for MCI, Economic Development, Heritage, Arts, Tourism and Health and Wellbeing

Key Decision: Non-Key

Executive Summary

A statutory Integrated Care System for Bath and NE Somerset, Swindon and Wiltshire commences on 1 July 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:

- Notes the further development of place-based working arrangements through the Wiltshire Alliance

Reason for Proposal(s)

In December 2021, Cabinet endorsed the development of place based working arrangements for health and social care through the Wiltshire Alliance. This paper outlines the current situation ahead of the formal commencement of the Integrated Care System for Bath and NE Somerset, Swindon and Wiltshire.

Terence Herbert
Chief Executive

Wiltshire Council

Cabinet

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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 item is relevant to the guiding themes of prevention and early intervention and working together set out in the new council business plan as well as the outcomes set out under 'empowering people' – we get the best start in life, we are active and we are safe.

Background

3. In February 2021 the Government published the White Paper "Integration and innovation: working together to improve health and social care for all"¹. This was followed by the introduction of the Health and Care Bill [2021]² which was passed into law at the end of April 2022.
4. The Health and Care Act 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 (ICSs) will be set up with distinct statutory functions for the Integrated Care Board (ICB) and Integrated Care Partnership.
5. The reforms 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.

¹https://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

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

6. Fundamentally different from the purpose of Clinical Commissioning Groups (which will cease to exist at the end of June 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).
8. 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.
9. 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

10. In line with the Health and Care Act 2022, the ICS Design Framework states new structures include:-

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”** to promote and address broader health, public health and social care needs 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 (*the chair of the BSW Partnership will be independent*)

An ICS NHS Body (known locally as the Integrated Care Board – ICB) - whose functions will include:-

- Developing a plan to meet the health needs of the population
- Allocating resources
- Joint working and governance arrangements

NB This is an early draft which will include any further developments by the time of the cabinet meeting.

- 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
11. 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** – known locally as the Integrated Care Board (ICB) 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

12. Since the announcement of the Government reforms, the BSW ICS has been making further preparations to take on the additional powers and arrangements set out in the Act.
13. 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' 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.
14. 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. This is known locally at the BSW Integrated Care Partnership (ICP).
15. Stephanie Elsy was confirmed as Chair-Designate of the BSW 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.”*
16. Since the last update to Cabinet, additional Non-Executive Directors and Integrated Care Board Executives have been appointed. The development of ICB and ICP membership and functions is ongoing. There will be senior council involvement in both bodies. Richard Clewer, Leader of the Council and Terence Herbert, Chief Executive will represent the Council on the ICP and ICB respectively.

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

17. The BSW ICP 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 health and social care services. B&NES, Swindon and Wiltshire will therefore form their own Place-Based Partnerships of "Alliance". These Alliances will sit underneath the BSW ICB . The following diagram demonstrates the nested view of the BSW system as currently envisioned.

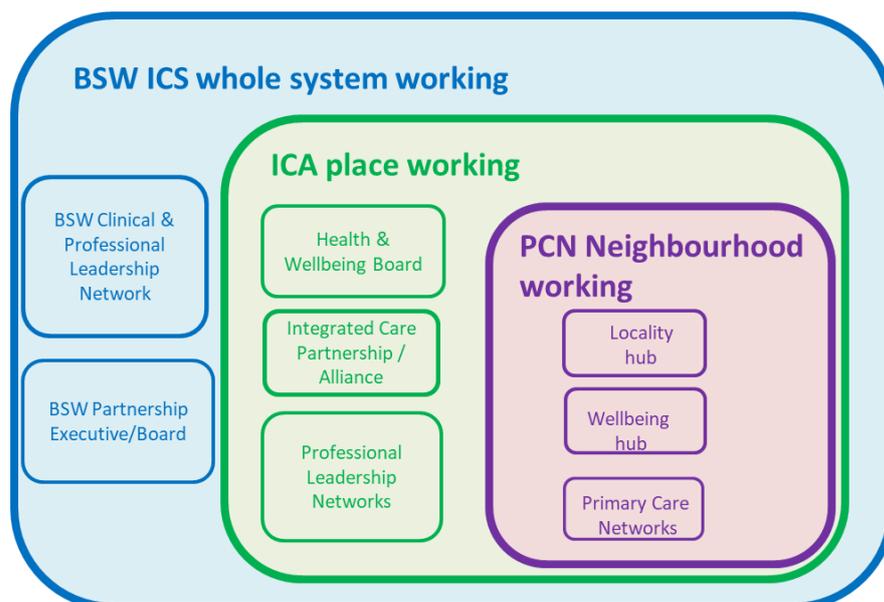
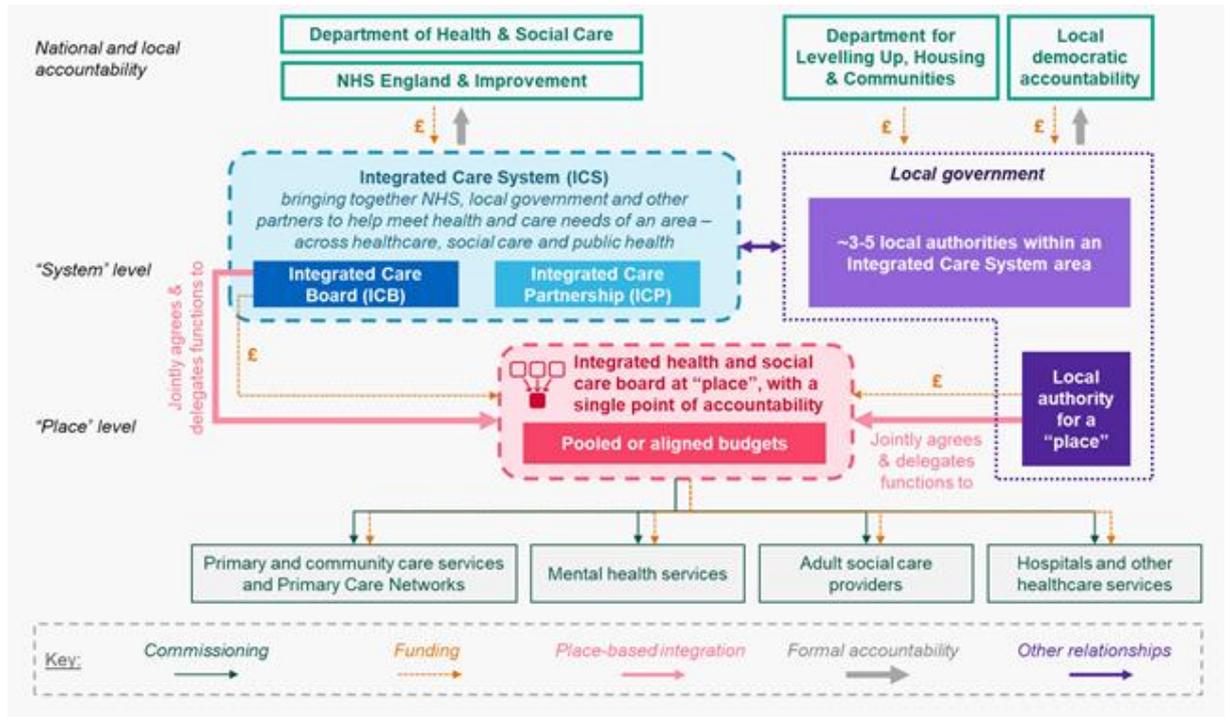


Figure 1 - System, Place and Neighbourhood

19. The Act 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. 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.
20. A further Integration [White Paper](#) (Joining up care for people, places and populations) came out in February 2022. It set out a vision for integration, proposed shared outcomes for health and social care, proposed simplified s75 agreements to enable pooled budgets, proposed single leaders and new inspection regimes for place, and committed to a single health and care record for all by 2024.
21. The Integration White Paper sets out the expectation that by spring 2023, all places within an Integrated Care System (ICS) adopt a governance model that achieves clarity of governance and clarity of scope in place-based arrangements, including:

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- a clear, shared, resourced plan across the partner organisations for delivery of services within scope and for improving shared local outcomes
- over time, a track record of delivery against agreed or shared outcomes
- a significant and, in many cases, growing proportion of health and care activity and spend within that place, overseen by and funded through resources held by the place-based arrangement.



22. Alongside this, expectations for Integrated Care Partnerships were set out – with each ICP expected to publish an integrated care strategy by December 2022. This aligns well with the intention of Wiltshire’s Health and Wellbeing Board to refresh its Joint Health and Wellbeing Strategy later this year.

Main Considerations

23. Accordingly, the following formal financial delegation to a Wiltshire Integrated Care Alliance Joint Committee is likely to be sought after July 2022:

- From the ICB and Council for:
 - Better Care Fund
 - Other joint funding lines already managed using S75 agreements.
- From the ICB for:
 - Community services – adults and childrens
 - Primary care – needs further work on details
 - Locality MH/LD/ASD
 - Hospice and end of life care
 - Other children’s services e.g. SEND
 - VCSE funded services

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- Individual commissioning – S117, LD/A, other specialist
- CHC and FNC
- From Wiltshire Council: to be determined in due course.

Other partners may choose to delegate whole or parts of budgets to be governed by the Joint Committee in support for specific initiatives.

Place Based Collaboration

24. New Terms of Reference for the proposed structures, will be submitted for approval after July 2022. Currently, there is an understanding that the following functions will be delivered as the core components of the Wiltshire Alliance:
- An Alliance Joint Committee will act as the key committee for the Alliance.
 - Delivery and implementation of decisions of the Joint Committee – the membership and function of an Alliance Delivery Group will be reviewed, establishing a group with stable membership drawn from across partners focussed on implementing the decisions of the Joint Committee.
 - The following partnership support arrangements are developing in order to support members of the Joint Committee:
 - a. Monthly meetings of Clinical Directors of the Primary Care Networks, and Practice Managers.
 - b. VCSE Leadership Alliance – members for the Joint Committee will be nominated from this group
25. The Alliance Joint Committee will have a key role in aligning strategies, developing commissioning and operational plans, determining work programmes, planning services, ensuring clinical and care professionals' input to local plans, managing a place-based budget (to be agreed and delegated by ICB and Cabinet), maintain and review s75 agreements including the Better Care Fund, and monitor quality and performance. The Committee will also develop proposals for approval by the ICB/ Cabinet as appropriate that are not covered under existing s75 agreements.
26. Membership of the Alliance Joint Committee will include the Directors for Adult Social Care, Children's Services and Public Health in Wiltshire Council as well as ICB Directors of Place, Clinical Leads, Acute Trusts, Community Providers, Primary Care, Mental Health, VCS and Healthwatch Wiltshire. The secretariat for the Alliance (the Joint Committee, the Delivery Group and any sub committees) will be provided by the ICB corporate office.

Overview and Scrutiny Engagement

27. Health Select Committee had the opportunity to contribute to an early draft of this report at their meeting on 7 June. The Health and Care Act led to some minor changes to the powers of the Health Select Committee which have been considered.

Safeguarding Implications

28. No direct safeguarding implications of this proposal; further discussion on how the statutory NHS partnership discharges its safeguarding functions will take

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place. The Safeguarding Vulnerable People Partnership will continue to involve appropriate NHS representation.

Public Health Implications

29. No direct public health implications. The Director of Public Health will be a member of the relevant boards. Integrated working is essential and will help us to shift the focus from acute to primary and community care and, in turn, to preventative activity and population health.

Procurement Implications

30. 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

31. No direct equality implications. Equality analysis for service reconfigurations will need to be undertaken ahead of agreement as it is currently.

Environmental and Climate Change Considerations

32. No direct environmental or climate change considerations. However, the Council is involved in supporting the BSW ICS Net Zero Design Authority.

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

33. 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

34. 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

35. There are no direct financial implications arising out of this report. Any pooled budgets, s75 agreements or requests for formal delegations will be brought before cabinet in due course.

Legal Implications

36. The Health and Care Act is not overly prescriptive in recognition that integration needs to be structured and agreed at a local level. There is, however, a requirement for local authorities to participate and be a part of the ICS.

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37. At this stage, there does not appear to be any fettering of the Council's powers or functions. The arrangements will still be subject to the Council's governance arrangements and other relevant law such as the Public Contracts Regulations 2015.

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. The membership of the Health and Wellbeing Board will change following the abolition of the CCG, however new regulations on this as part of the Health and Social Care Act have not been issued yet. They are likely to be forthcoming within the next couple of months. This will also allow consideration to be given to membership from the VCS as well as other appropriate local partners.

38. Any further formal delegations of local authority decision making will need to be agreed by cabinet in due course. At this stage there are no proposals for that other than that already covered under the s75 agreement overseeing the Better Care Fund and associated activity.

Workforce Implications

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

Conclusions

40. The governance for the ICS and place-based decision making within that continues to develop. Once the ICS is on a formal statutory footing, any further proposals for pooling of budgets will come to cabinet for consideration.

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Appendices

None

Background Papers

None