

Wiltshire Council

Cabinet

14 December 2021

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 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 (for subsequent agreement by cabinet)

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.

Terence Herbert
Chief Executive

Wiltshire Council

Cabinet

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Key Decision: Non-Key

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"¹. This was followed by the introduction of the Health and Care Bill [2021]² 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 (ICSs) 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.
6. Fundamentally different from the purpose of Clinical Commissioning Groups (which will cease to exist from April 2022), ICSs will exist to:-

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](#)

- 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**³.

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 2022⁴. In line with the White Paper and proposed Bill, the ICS Design Framework states new structures will 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.

³ <https://bswpartnership.nhs.uk>

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

- 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 (*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' 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.

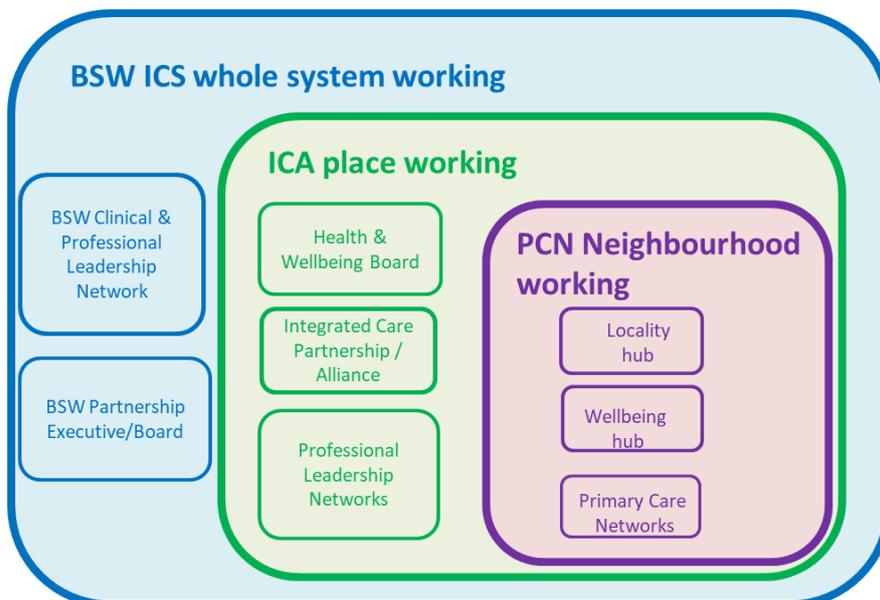


Figure 1 - System, Place and Neighbourhood

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) ⁵. National guidance (Thriving Places) guidance suggests the following functions for a place-level partnership:

⁵ [ICS-implementation-guidance-on-thriving \(england.nhs.uk\)](https://www.england.nhs.uk/guidance-and-research/implementation-guidance-on-thriving-places/)

- 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

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. The Alliance's purpose is to improve physical and mental health outcomes, promote wellbeing, and reduce health inequalities across the Wiltshire population. We will achieve this through partnership-based decision making, services provision and transformation plans which reflect the needs of our population across all ages, enabling people to live at their healthiest at all

stages of their lives. The value of the Alliance, agreed through workshop and network meetings, is:

1. **Greater opportunity for integrated services: we consider our work and responsibilities as a collective, moving from 'I am accountable' to 'we are accountable'**
 2. **Greater ability to improve population health and wellbeing: we use data and collective expertise to drive improvement in services and support**
 3. **Better decisions: consensus decisions are taken closer to, and informed by, local communities**
 4. **Best use of resources: our collaboration between partners can overcome competing objectives and separate funding flows, leading to changes in the ways resources are currently used for the improvement of population health and wellbeing**
 5. **Immediate and longer-term impact: we can take immediate action and work on things together over time**
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.

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.

28. Our alliance will:

- Bring partners together from across Wiltshire in the spirit of collaboration
- Manage a place-based budget as agreed as delegated by the Integrated Care Board (ICB) and Local Authority (LA)
- Make decisions about resources and services within the place-based budget, agreeing priorities in-line with the overall Integrated Care System (ICS) Partnership Strategy and the local strategy for Wiltshire as determined by the Health and Wellbeing Board
- Determine a programme of work focussed on transformation and change, resource it well, and track progress
- Plan services and service improvement together
- Tactically commission services and manage a number of functions previously held by the CCG
- Monitor improvement of key outcomes
- Engage with the work of the ICS – developing and delivering the strategy of the Integrated Care Partnership, and matrix working in transformation work being delivered at-scale
- Be open to scrutiny, responding to asks from the Health Scrutiny Committee and ICS on performance

Main Considerations for the Council

29. Alongside the national direction for Thriving Places, the following rationale for governing services and budgets at place have been locally determined:

- Governing at place level ensures alignment of resources for best decision, with a focus on enabling neighbourhood level integration of health and care services
- Governing at place level enables simplification of current governance arrangements with a focus on enabling place-based leadership to influence efficient and effective service delivery
- Governing at place level ensures engaged leadership with the appropriate power and influence to shape place and neighbourhood level services
- In light of the above, current alliance leaders have agreed an important principle: the areas for the Wiltshire Alliance to govern from April 2022 should be no less, and where appropriate build on, current formal and informal arrangements at place level

30. There are five areas for consideration:

1. Current formal NHS and LA commissioning delegation to place: the current remit of the Locality Commissioning Group (LCG) including management of the Better Care Fund and other agreed funds in the Wiltshire Section 75 agreement
2. Current NHS managerial delegation to place:

- a) Responsibilities of the current CCG locality commissioning team – all-age community, locality MH/LD/ASD, SEND, Hospice and end of life, individual placements (S117, LD/A, other specialist), CHC and FNC, voluntary sector
 - b) Plans and management of nationally awarded monies to be managed at place e.g. SDF monies, Hospital Discharge Fund, Section 256 monies
3. Other local authority commissioning responsibilities
 4. Broader CCG responsibilities delivered at place: operational oversight, flow monitoring, national planning, risk management, safeguarding, quality oversight, participation in LA committees, contract and procurement leadership, strategic estates bid development, support to PCNs and Clinical Directors, ad hoc requests and locality-based work e.g. pharmaceuticals audit
 5. Commissioning currently delivered at BSW system level or with a hybrid system/place approach where alignment and simplification would be beneficial e.g. primary care

N.B. commissioning arrangements currently being managed by NHSE/I are being worked through – no additional responsibilities for BSW from April 2022 but the ICS has to demonstrate ability to take on dental (primary, secondary and community), general ophthalmic services and pharmaceutical services (including dispensing doctors and dispensing appliance contractors), with further delegated services from 2023.

31. Accordingly, the following formal financial delegation to an Alliance Joint Committee is being sought by April 2022:

- From the ICB and council for:
 - Better Care Fund
 - Other joint funding lines already managed using S75 agreement
- 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 childrens services e.g. SEND
 - VCSE funded services
 - Individual commissioning – S117, LD/A, other specialist
 - CHC and FNC
- From Wiltshire Council: to be determined.

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

Memorandum of Understanding and Collaboration Agreement

32. 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 (including the joint committee)
- 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

33. 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 the developing MOU – our planned workshops and meetings will continue to develop and refine its content prior to submission for approval.
34. Currently, there is an understanding that the following functions will be delivered as the core components of the Wiltshire Alliance:
- Formal decision making – the Alliance Joint Committee will act as the key decision making committee for the Alliance. A Place Leader (Chair) will be determined from within the membership of the Joint Committee
 - Delivery and implementation of decisions of the Joint Committee – the membership and function of the current 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
 - Day to day management of place work programme and functions – permanent team infrastructure will be required to support the commissioning and delivery functions of the Alliance. This includes former CCG functions which are deemed necessary to continue at place-level
 - Members for the Joint Committee will be drawn from acute providers, community providers, primary care, local authority and third sector
 - Further membership from specialist mental health providers, at-scale out of hours primary care, GWH, and broader social care providers are being considered

- The following partnership support arrangements are developing in order to support members of the Joint Committee:
 - a. Monthly meetings of the Clinical Directors of the Primary Care Networks, and Practice Managers. Consideration being given to the development of a GP Federation or umbrella organisation
 - b. VCSE Leadership Alliance – members for the Joint Committee will be nominated from this group

Purpose	Functions	Organisations required	Membership level
<p>Key decision-making forum for place</p> <ul style="list-style-type: none"> • Allocating the delegated place-based budget • Setting priorities and approving the overall work programme • Oversight of performance outcomes <p>Managing relationships</p> <ul style="list-style-type: none"> • Direct relationships with the Health and Wellbeing Board and local authority health overview and scrutiny arrangements • Engaging council elected members and NHS non-executive directors in decision-making, and managing the relationship between the ICS Body and Partnership, and NHSEI <p>Engagement</p> <ul style="list-style-type: none"> • Visible leadership and sponsorship of place • Connecting with communities <p>NB:</p> <ul style="list-style-type: none"> • Statutory organisations will delegate decision making to the joint committee • Members of committee are jointly accountable for decisions taken • Need to be clear which members are voting members – further work needed 	<p>Delegated Decision Making Responsibilities for example:</p> <ul style="list-style-type: none"> • Approve locality strategies for development and delivery of health and care services, commissioning strategies • Approve financial, business and operational plans including management of financial sustainability programme at place • Manage delegated budgets, redirecting resources to agreed priorities <p>Statutory Functions for example:</p> <ul style="list-style-type: none"> • Delivery of services and schemes linked to delegated budgets • Developing clinical and professional leadership • Primary care development – support to Primary Care Networks • VCSE sector support and development • Membership of Health and Wellbeing Board, other local authority committees • Other statutory functions e.g. SEND, Safeguarding <p>NB:</p> <p>Need to map current formal, informal and CCG place functions to the Joint Committee and/or Place Executive Team</p>	<p>Wiltshire Council</p> <p>Acute trusts – RUH and SFT</p> <p>Community Services</p> <p>Primary Care Networks (13) and out of hours</p> <p>VCSE Leadership Alliance</p> <p>Healthwatch</p> <p>Social Care Providers</p> <p>Mental Health providers</p> <p>Chair – Place Leader drawn from the above membership In attendance: Executive Director for place</p>	<p>Corporate Director, Director of Public Health</p> <p>Chief Executive Officers</p> <p>Managing Director Adults Childrens?</p> <p>Three individuals from NEW, West and South Out of hours provider?</p> <p>Two individuals</p> <p>Deputy Chair</p> <p>?</p> <p>?AWP and OHP</p>

35. The Joint Committee will be supported by an Alliance Delivery Group (ADG) – a group established with a consistent membership drawn from across Wiltshire partners. Standing groups and sub-committees with specific delegated and functional responsibility may be set up by the Joint Committee and managed by members of the ADG. The ADG will be required to review all existing governance, considering how they are incorporated into the new structure, changed or stood down. Programme management and change capacity and capability will be an important enabler for the ADG. A Wiltshire Professional Leadership Network (PLN) will remain an important consultative and networking forum for Wiltshire

36. A Chair for the Joint Committee will be appointed from the membership. The Chair will also be the Place Leader or Convenor in attendance at the ICB. The Chair will rotate on a 12-month basis. An Executive Director for place will also be appointed. The Executive Director will chair the ADG and line manage the team in-place to support the decisions of the Joint Committee and wider functions of the partnership at place. The Executive Director will also ensure effective cross-place working arrangements are developed.

37.

The Joint Committee will also need to consider arrangements to fulfil the following:

- Effective monitoring of performance at place-level and how this is reported to the wider system

- The detail on the relationship between the ICB, ICP and Wiltshire Alliance, including building in capacity and capability for Wiltshire to work with the other two place partnerships in BaNES and Swindon
- Sharing data and intelligence across partners
- Identifying risks and helping to agree remedial actions – particularly in relation to any statutory functions delegated to the Alliance
- Agreeing the behaviours and mindset to support mutual accountability, where all partners, irrespective of their own formal accountability relationships, consider themselves mutually accountable to each other and to the population and communities they serve, even where not underpinned in formal arrangements
- Alongside direct relationships with the Health and Wellbeing Board and local authority health overview and scrutiny arrangements for Wiltshire, the Joint Committee will be responsible for engaging council elected members and NHS non-executive directors in decision-making, and managing the relationship between the ICB, ICP and NHSEI



Overview and Scrutiny Engagement

38. 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. A further workshop took place on 16 November with core members of the cabinet, Health and Wellbeing Board and Health Select Committee with the current Alliance Leadership Team on 16 November. 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

39. No direct safeguarding implications of this proposal; further discussion on how the statutory NHS partnership discharges its safeguarding functions will take place. The Safeguarding Vulnerable People Partnership will continue to involve appropriate NHS representation.

Public Health Implications

40. 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

41. 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

42. 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

No direct environmental or climate change considerations. However, the council is involved in supporting the BSW ICS Net Zero Design Authority. A 3 hour session was held on 30 November for BSW local authority and health partners to discuss the collective vision for BSW's sustainability and net zero target.

43.

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

44. 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

45. 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

46. 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

47. The Health and Care Bill is currently at report stage in the House of Commons and is on track to come into force from 1 April 2022. The Bill 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. The integration white paper may also bring forward further proposals for collective accountability, pooling and performance frameworks.

48. 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 and is considering this at its next meeting on 2 December. 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 Bill have not been issued yet.

49. Any formal delegations of local authority decision making will be considered as part of the MoU to be agreed by cabinet.

Workforce Implications

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

Conclusions

51. 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

Report Author: David Bowater, Executive Office, david.bowater@wiltshire.gov.uk

22 October 2021

Appendices

None

Background Papers

None