



SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	8 th September 2022			
Title of Paper	ICS Update – Developing our ICP			
Reporting Officer and email	Nicola Dymond – Director of Strategy and Integration – NHS STW nicola.dymond@nhs.net			
Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People		Joined up working	x
	Mental Health		Improving Population Health	x
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities	x
	Workforce	X	Reduce inequalities (see below)	
What inequalities does this paper address?				

Paper content - Please expand content under these headings or attach your report ensuring the three headings are included.

Executive Summary

This report is an update to the summary of the Integrated Care System (ICS) development programme across Shropshire, Telford and Wrekin presented at the last meeting of this board.

This paper is intended to provide an update on progress made on:

- the establishment of statutory functions of the ICS, specifically the creation of the Integrated Care Partnership (ICP)
- the development of the integration strategy for Shropshire, Telford and Wrekin.

Recommendations

The board is asked:

- to note the detail contained in the report
- to note the statutory requirements for ICBs and LA's, as core members of the system wide ICP, to develop an Integrated Care Strategy.
- to note that this strategy must be informed by the work of the HWBs and through engagement with local partners and communities.
- to note the proposed Terms of Reference of the Shropshire, Telford, and Wrekin ICP (attached as an appendix to this report)

Report

The ICP establishment is a core requirement for the ICS and the journey towards better health and care outcomes for the people we collectively serve. The ICP provides a system level forum for NHS leaders, local authorities to come together, as equal partners. For Shropshire, Telford

and Wrekin ICS then the ICP covers both the Local Authority geographies and, as a result, the two Health and Well Being Boards.

The ICP needs to give full consideration to how it involves stakeholders and partners across the system in the development of the integrated care strategy. The place level knowledge of HWBs will be essential in the ICP development. The ICP will generate an integrated care strategy to improve health and care outcomes and experiences for their populations, for which all partners will be accountable. Equally, statutory partners such as the Integrated Care Board and the Local Authorities will need to take into consideration the system wide integration strategy when developing their own plans.

Statutory requirements of the Integrated Care Partnership in relation to preparation of the integrated care strategy:

1. Must set out how the ‘assessed needs’ from the joint strategic needs assessments are to be met by the functions of the ICB, NHSE or partner local authorities
2. Must consider whether needs could be **more effectively met with a section 75 arrangement**
3. May include a statement on **better integration of health or social care services** with “health-related” services
4. Must have **regard to the NHS mandate** (unless compelling or exceptional reasons not to do so)
5. Must involve **local Healthwatch organisations** whose areas coincide with or fall wholly/partly in the ICPs area; and **people who live and work in the area**
6. Must **publish the strategy and distribute copies to each partner local authority and each ICB** that is partner to one of those local authorities
7. Must consider **revising the ICS** whenever they receive a **new joint strategic needs assessment**

1. Responsibility for developing the strategy

- ICPs have responsibility for preparing the integrated care strategy but should encourage engagement, cooperation and seek resources from ICBs and partner local authorities
- Processes for finalising and signing off the strategy should be agreed at the same time as ICPs establish their procedures
- ICPs have a legal duty to ensure the strategy is prepared to meet the statutory requirements outlined above

2. Purpose of the Integrated Care Strategy

- Opportunity for joint working with a wide range of ICS partners to co-develop evidence-based, system-wide priorities
- Priorities should be aimed at improving the public’s health and wellbeing and reducing health inequalities
- Intended to address how assessed needs can be met within the ICS through commissioning and the provision of quality services by its statutory organisations.

3. Health and wellbeing boards and subsidiarity

- The strategy should complement the production of local strategic needs assessments and joint local health and wellbeing strategies, produced by the relevant health and wellbeing boards
- It should acknowledge where needs are best addressed at an ICS-level and complement but not replace/supersede priorities outlined at a local level
- The ICP should encourage partners to ensure decisions and delivery are occurring at the right level when producing the strategy
- Where an ICS has one joint local health and wellbeing strategy, the ICP and H&WB should determine how to best address assessed needs collectively across the two strategies



6. Evidence of need

- The integrated care strategy should address the physical and mental needs of local people of all ages identified in the joint strategic needs assessments, particularly focusing on where system-wide interventions would be the most effective.
- It should also acknowledge groups under-represented in assessments of need and support ICS statutory organisations to identify and meet the needs of all persons, in respect to accessing health services

5. Involving People and Organisations

- In order to draw upon best practice and guidance across the ICS, widespread stakeholder engagement and co-production will be essential
- Development of the strategy must involve local Healthwatch organisations and people living and working in the area covered by the ICP
- The organisations that should be involved and the nature and level of their involvement will be up to the individual ICPs

4. Approaches and mechanisms

- A set of shared priority outcomes in response to the assessed needs should be developed and agreed by all ICS organisations
- The ICP should consider whether needs could be better met through a section 75 arrangement e.g., pooling of budgets
- Approaches to continuous and sustainable improvement in care quality and outcomes should be a key consideration.

7. Publication and review

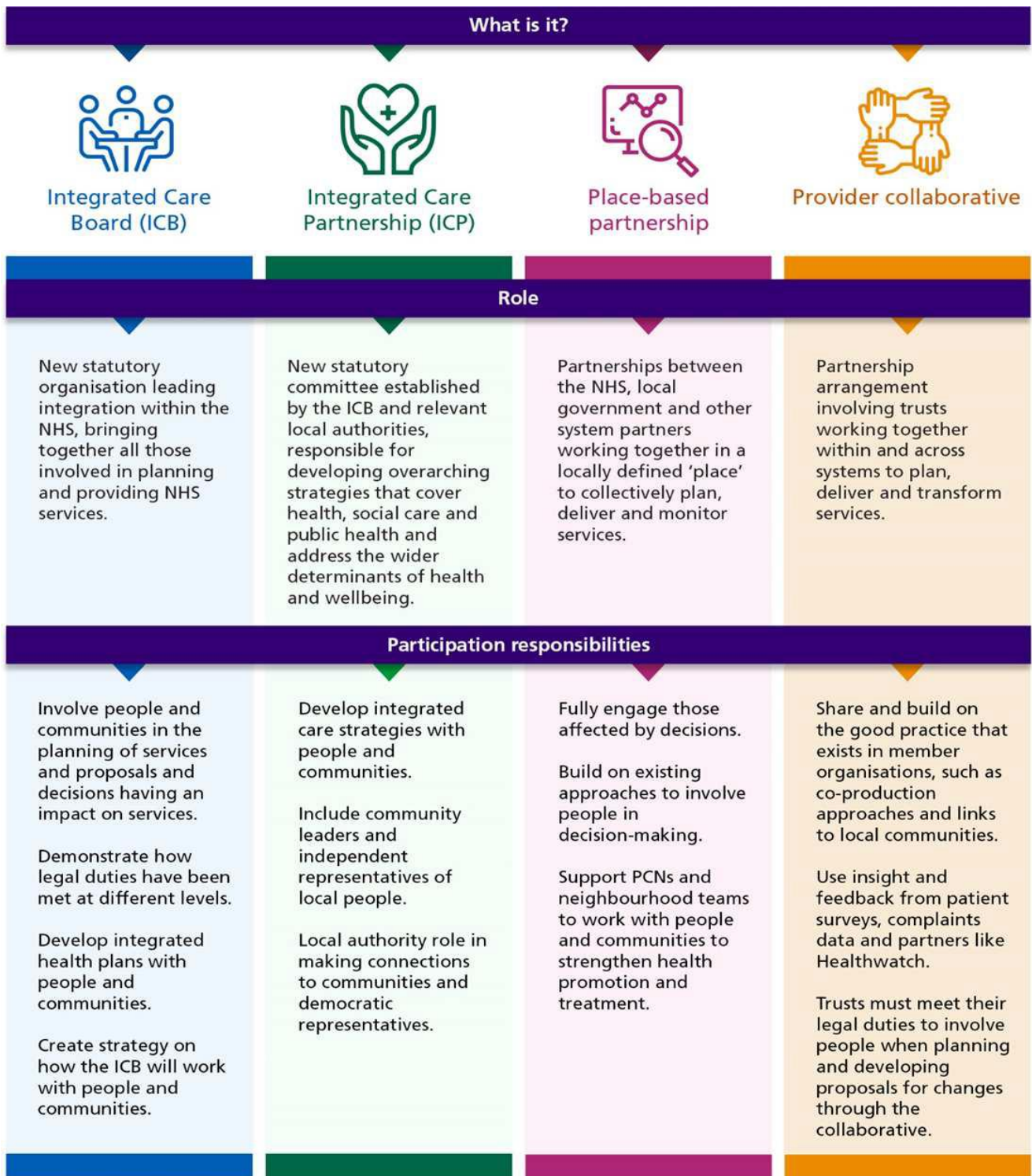
- ICPs are responsible for publishing the integrated care strategy and making it readily available and accessible across the ICS
- Refresh of the strategy will be required at intervals to ensure alignment with other policies / guidance e.g., joint strategic needs assessments
- The ICP should regularly review the impact of the strategy within the system and its delivery by the ICB, NHSE and local authorities

At the July Integrated Care Board meeting for Shropshire, Telford and Wrekin, it was proposed and agreed that Sir Neil McKay was appointed as the founder member. The founder member will work with the ICB Chief Executive, Partnership Board Chairs, local authority elected members and Chief Executives to formally establish the Partnership Board as a statutory committee.

The terms of reference agreed by the ICP Steering group are attached to this paper as Appendix A. These will be updated and agreed at the inaugural Partnership Board that is planned for September to reflect the Partnerships Board’s status as a statutory committee. Discussions remain ongoing with local partners to progress the working arrangements for the first meetings for STW. However, the principles of working are agreed and in line with the legislative requirements. The ICP will be chaired by both local authorities – the chair arrangements rotating between the two.

The agreement to start the ICP as a small meeting including statutory partners, Healthwatch and the VCSE sector as members was confirmed at the July meeting of the Integrated Care Board. This was based on the requirements of the 2022 Health and Care Act, the needs of the residents of Shropshire, Telford and Wrekin, the current challenges in the system and the fact that this is a new part of the system architecture. In order to evolve and learn from the initial meetings and to allow for any amendments, the operation of the ICP will be reviewed after 6 months.

The statutory guidance [“Working in Partnership with People and Communities”](#) states that ICPs, place-based partnerships and provider collaboratives have specific responsibilities towards participation, summarised below. As described, there are statutory requirements for strategy, alongside minimum requirements for how people and communities should be involved. The ICP will work in partnership with the two Health and Wellbeing Boards and both Place Based Partnerships (ShIPP and TWIPP) whilst complementing their work. There will need to be effective collaborative working to maximise the value and effectiveness of the groups, and to ensure that there are clear mechanisms to enable clarity of decision making.



The Department of Health and Social Care published statutory guidance on the integrated care strategy in July 2022, with the expectation that by the end of September the ICPs will be able to build on their membership and agenda so that by December 2022 each ICP will be able to publish an interim Integrated Care Strategy.

ICPs will play a crucial role within the system to bring together partners and look beyond traditional organisational boundaries to address population health, health inequalities and the wider determinants of health. ICPs will also need to set out how they will involve, engage, and listen to local people. This is the most important aspect of the ICS in terms of the difference that this can make for local people.

The development of the Memorandum of Understanding (MoU) between NHS STW ICB and NHSE is a key step in supporting the development of the Integrated Care System in Shropshire, Telford and Wrekin. It sets out the principles that underpin how the ICB and NHSE will work together to discharge their duties to ensure that people across the system have access to high quality, equitable health and care services. The MoU also outlines detailed delivery and governance arrangements across the ICB and partner organisations.

The MoU was signed and agreed between the NHS STW ICB and NHSE and is effective from 1st September with a 3-month review built into the agreement. It supports the key work being undertaken by the system regarding Health Inequalities and partnership working. In addition, it confirms the ICB obligations regarding escalation and assurance processes, and further supports the 10 pledges made by NHS STW.

Conclusion

The Board is asked:

- to note the detail contained in the report
- to note the statutory requirements for ICBs and ICPs to develop an Integrated Care Strategy informed by the work of the HWBs and engagement with local partners and communities.
- to note the proposed Terms of Reference of the Shropshire, Telford and Wrekin ICP (attached as an appendix to this report)
- to note the agreement of the MoU for NHS STW ICB and NHSE

Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)	None identified	
Financial implications (Any financial implications of note)	None identified	
Climate Change Appraisal as applicable	None identified	
Where else has the paper been presented?	System Partnership Boards	
	Voluntary Sector	
	Other	

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Report included and attachments

Cabinet Member (Portfolio Holder) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead (List of Council Portfolio holders can be found at this link: <https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130>)

Nicola Dymond – Executive Director of Strategy and Integration – NHS STW

Appendices

Appendix 1 – Draft terms of reference for the ICP