HEALTH AND WELLBEING BOARD 26TH MAY 2022

JOINT REPORT FROM THE DIRECTORS OF PUBLIC HEALTH FOR LEICESTERSHIRE & LEICESTER CITY

PROPOSAL FOR THE ROLE AND FORMAT OF THE LEICESTER, LEICESTERSHIRE AND RUTLAND'S INTEGRATED CARE PARTNERSHIP

Purpose of report

1. The purpose of this report is to provide the Health and Wellbeing Board with information concerning the role, priorities, enablers and format of the Integrated Care Partnerships (ICP), to be locally known as the LLR Health and Wellbeing Partnership, in preparation for the integrated Care System (ICS) becoming statutory in July 2022.

2. The ICP is a 'Sponsor' area of work for the Health and Wellbeing Board and will be key area of focus to ensure system alignment with partners and sub-groups.

Recommendation

3. The Health and Wellbeing Board is asked to note the report.

Policy Framework and Previous Decision

4. As part of the preparation for moving towards a statutory NHS Integrated Care organisation (known as the Integrated Care Board or ICB) and the associated system wide Leicester, Leicestershire and Rutland (LLR) ICP, a working group has been meeting to develop the role of the ICP in LLR. The working group consists of senior officers from the three upper tier local authorities and from NHS commissioning and provider organisations. Until its formal establishment in July 2022, the ICP has been meeting in shadow form as the LLR Health and Care Partnership. Once formally established, the ICP will be known as the LLR Health and Wellbeing Partnership. For the remainder of this report, the Partnership will be referred to as the ICP.

5. It is acknowledged that there will be a need to review this new partnership as it evolves to consider what is working well, what could be improved, and what needs to change to enable the ICP to work well for LLR.

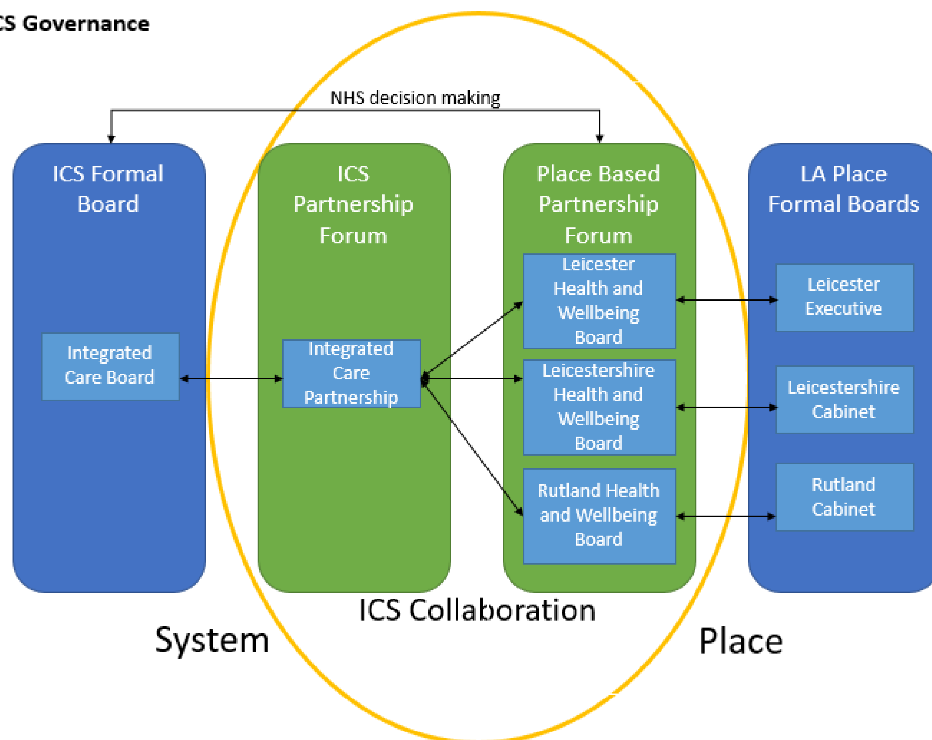
Background and Governance

6. The LLR ICS provides an excellent opportunity to further develop collaboration and joint working on health and care. Figure 1 below summarises the key decision-making boards and partnership forums at system and place across LLR.

7. The ICB will be the formal statutory NHS organisation and operational decision-making board for NHS resources across the system (including place and neighbourhood), whilst Cabinet/ Executive are the decision making boards for the respective local authority resource at place. There is an emerging consensus that the ICP locally should focus on the health, care and wellbeing of the LLR population overall and not be hierarchically 'above' the Health and Wellbeing Boards. Instead, the ICP should be the partnership board that operates on a system or LLR footprint.

8. The Health and Wellbeing Boards (HWBs) are the statutory partnership boards that operate on a place footprint and will have crucial role in bridging the collaborative work between system and place. The Health and Wellbeing Boards also have delegated authority to approve the Better Care Funds for each place.

Figure 1 LLR ICS Governance



9. The ICP is likely to have a statutory requirement to develop an ICS Strategy. It is proposed that the ICP should be a collaborative forum that meets to explore the breadth and depth of complex 'wicked' issues, formulating system action for improvement. Issues raised at the ICP will meet at least one of the following criteria:
   i. The issue can only be tackled at system level and in partnership between a wide range of LLR organisations.

ii. An issue where a system level discussion will add value to work at place level or elsewhere.

10. The ICP will avoid duplicating work that is appropriately being done elsewhere. For example, decisions that are the responsibility of the Integrated Care Board or respective local authority Cabinets/ Executive, or where effective collaborative work is happening through other boards and partnerships such as the Health and Wellbeing Boards at place level.

11. Further work needs to take place to consider how the ICP will link with the County Council's Health Overview and Scrutiny Committee (HOSC) and the LLR Joint Health Overview and Scrutiny Committee and processes across LLR. It is envisaged that the system level work of the ICP will be reviewed and scrutinised by Joint HOSC (which has member representation for all three upper tier local authorities), while place specific issues will remain at the respective place scrutiny committees.

12. Although the Joint HOSC is likely to be the primary committee that the ICS will serve, it is important to remember that the work of the ICS also comes under the remit of other scrutiny committees particularly in relation to adult and children's social care and wider determinants of health (including climate change).

Proposals/Options

13. It is proposed that the ICP has two main priorities for the next 1-2 years. These are:

    i. The role of LLR anchor institutions including workforce.
    ii. Health and wellbeing equity (reducing health and wellbeing inequalities) including equitable access to health and care services and the wider determinants of health at system level. (Acknowledging that health inequalities may be seen across specific vulnerable groups of the population and not just through geographical deprivation, and that much of this work will be driven through the Health and Wellbeing Boards [HWB] at place level.)

14. Anchor institutions are large organisations that have a significant stake in their local area. They are large employers and have sizeable assets that can be used to have a positive effect on their local communities' health and wellbeing. Anchor institutions can contribute to reducing health and wellbeing inequalities and to improving the wider determinants of health such as through meaningful employment and workforce, land use, and procurement processes to name three. Developing the work of collective organisations in this area is likely to have greater impact at system level and fulfils criteria 2 and 3 above.

15. System level approaches to health, care and wellbeing equity and embedding prevention in all we do are crucial for future health and care demand. LLR has a system wide health inequalities framework with sets of principles and actions, which has been approved by the upper tier local authorities and clinical commissioning groups. Action is being taken at a number of levels, but a system partnership approach to support the implementation of the health inequalities framework will improve health and wellbeing equity and therefore health and wellbeing outcomes. Examples include developing a LLR health inequalities/ Population Health Management Unit to understand the impact of the Covid pandemic on LLR health inequalities, improving data quality for protected characteristics, developing inequalities training for senior leaders etc. Other wider examples may be further development of Home First model or development of the LLR health and care workforce. Work in this area is likely to have greater impact when tackled at system level as well as work being done at place. It therefore meets criteria 2.

16. It is recognised that further development work will be required to link in the role and activities of neighbourhoods into the ICP through place governance, to ensure a golden thread between all three levels of the LLR system.

Enablers or underpinning principles of the ICP

17. It is proposed that the following tools or approaches should underpin the work that is undertaken by the ICP to enable the priorities to be achieved:
    - Health and wellbeing equity in all we do
    - Co-production of services and pathways with service users and their families as the norm in all we do
    - Embedding prevention in all we do by implementing Making Every Contact Count Plus (known locally as Healthy Conversations Skills) and upscaling prevention in system level services
    - Utilising a population health management approach
    - Adopting a trauma informed approach
    - A partnership of equals
    - Recognition and appreciation of the primacy of place in an ICS

How the ICP will work

18. The ICP will be a strategic collaborative forum meeting four times a year. Most of its work will in practice be done through system wide development sessions. This discursive approach means that a larger or wider membership is possible compared with the current health and care partnership membership. Therefore, the ICP will be a meeting of the members of the three Health and Wellbeing Boards in LLR. As the NHS structures evolve into an Integrated Care Organisation, the NHS membership of the ICP will be refined and streamlined. It is recognised that membership of the Health and Wellbeing Boards may also need updating to reflect other recent changes. The appendix to this report list the names of members of the shadow ICP and members of upper tier local authority HWBs.

19. Once each year, the ICP will hold an extended formal public meeting, in the form of an AGM. This will review and accept the terms of reference, sign off the annual strategy and other relevant documents, and review progress.

20. In order to remain transparent and accountable, meetings will be held in public, and will be supplemented with development sessions held in private to allow for a space where partners can consider key wicked issues. However, once these development sessions have taken place, a summary of discussions will be received at the next formal meeting of the ICP. It is intended that there will be four meetings held in public and two development sessions per year. The meetings in public will complete formal business of the partnership.

21. Outputs or system solutions from these development sessions would be delegated to time limited task and finish groups or current LLR design groups or workstreams. ICP members will also be expected to gain formal organisational agreement as appropriate for proposed actions developed within the ICP.

22. The three HWB chairs, the ICB/ICP chair and System Executive will meet on a quarterly basis to gain assurance and hold the system to account on agreed LLR system actions and consider the content of future ICP agendas.

Resource Implications

23. The paper highlights the need for the ICP to have dedicated secretariat and officer time which will be supplied through ICS budgets.

Relevant Impact Assessments

Equality and Human Rights Implications

24. The work of the ICP will ensure it gives regards to the Equality Duty through it's enabler regarding 'Heath and Equity' in all policies. Equality Impact Assessments will also be completed on specific pieces of work as necessary.

Partnership Working and associated issues

25. The role of the ICP within the developing ICS, will be dependent on high quality, trusted partnership working and ownership. It is acknowledged that there will be a need to review this new partnership as it evolves to consider what is working well, what could be improved, and what needs to change to enable the ICP to work well for LLR.

Appendix

A Summary of current membership of the shadow ICP (to be known as the LLR Health and Wellbeing Partnership) and members of upper tier local authority HWBs

Officers to contact

(On behalf of the ICP Working Group, March 2022)

Vivienne Robbins
Public Health Consultant
Leicestershire County Council
0116 3055384
Vivienne.robbins@leics.gov.uk

Dr Katherine Packham,
Public Health Consultant
Leicester City
Katherine.packham@leics.gov.uk