



Date: Wednesday, 19 October 2022

Time: 10.30 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

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CABINET

TO FOLLOW REPORT (S)

17 **NHS Shropshire Telford and Wrekin Governance Arrangements (Pages 1 - 22)**

Lead Member – Councillor Cecilia Motley, Portfolio Holder for Health (Integrated Care System) and Communities – **TO FOLLOW**

Report of Rachel Robinson, Executive Director of Health, Wellbeing and Public Health

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| <u>Committee and Date</u> |
| Cabinet 19 th October 2022 |

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| <u>Item</u> |
| <u>Public</u> |

NHS STW Governance Arrangements

Responsible Officer: Rachel Robinson

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1. Synopsis

This report provides an overview of NHS governance changes establishing an Integrated Care System in Shropshire, Telford and Wrekin and seeks endorsement for the governance arrangements relating to the Integrated Care Partnerships.

2. Executive Summary

- 2.1 The Health and Care Act 2022 introduced statutory Integrated Care Systems (“ICS”) from 1 July 2022. A statutory ICS comprises an Integrated Care Partnership (“ICP”) and Integrated Care Board (“ICB”). ICBs replaced Clinical Commissioning Groups in the NHS and cover the whole of England. ICPs are joint committees including members of the local ICB and local authorities.

- 2.2 This report makes recommendations as to the steps Shropshire Council is required to take with regard to the ICS.

3. Recommendations

That Cabinet:

- 3.1 Endorse the nomination of Chief Executive of Shropshire Council as a voting member of the ICB.
- 3.2 Note that the Leader (or Cabinet Lead as Deputy) will be invited to ICB meetings as a non-voting participant member of the ICB.
- 3.3 Agree to the establishment of a joint committee known as the Shropshire, Telford and Wrekin Integrated Care Partnership and approve the Terms of Reference as set out in Appendix 1 to this Report.

Agree to the appointment of the Leader as the Co-chair and voting member of the ICP representing Shropshire Council.

3.4 Agree to the appointment of the Cabinet Lead as a voting member of the ICP representing Shropshire Council.

3.5 Notes that the interim ICP Terms of Reference currently provide that the ICP will appoint the following additional members from Shropshire Council as members of the ICP:

- Chief Executive of Shropshire Council
- Executive Director of Public Health for Shropshire
- Executive Director of Children's and Adult's Services for Shropshire
- Chair of the Health and Wellbeing Board for Shropshire.

REPORT

4 Risk Assessment and Opportunities Appraisal

4.1 Being a member of the ICB and the ICP provides the council with the opportunity to be involved in and inform the design, planning, commissioning and delivery of integrated health and care services in Shropshire.

4.2 The council will be best placed to realise the opportunities presented by the move to these new arrangements by having the right representation at the different levels of the ICS governance, and for those representatives to be supported and enabled in their roles. The same preparedness will also help to mitigate, tolerate or eradicate any risks that are identified through the course of service design and decision making.

5 Financial Implications

5.1 This paper does not include any direct plans or proposals that will have financial implications for the Council. However, it should be noted that the long term aims and outcomes of the ICS may have financial implications which will be brought to the agreed appropriate decision making forum and made explicit in that way.

6 Climate Change Appraisal

6.1 This paper does not include any specific proposals, policies or plans that will directly have impacts on the climate.

- 6.2 The ICS carry out Integrated Impact Assessments (IAAs) that include considering the impact of decisions on climate change as well as wider societal issues such as social inclusion and inequalities. These impact assessments should also provide recommendations on ways in which positive impacts can be maximised and ways in which to mitigate, or minimise, any adverse effects.

7 Background

Integrated Care Systems

8. An Integrated Care System (“ICS”) is an umbrella term for a partnership of health and care organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. They were introduced in our area (and in 41 other locations across England) from 1 July 2022 under the Health and Care Act 2022
9. An ICS includes an Integrated Care Board (“ICB”) and an Integrated Care Partnership (“ICP”). ICBs replaced Clinical Commissioning Groups in the NHS from 1 July 2022, and cover the whole of England. ICPs are joint committees including members of the local ICB and local authorities.
10. The ICB was established by an order made by NHS England from 1 July 2022.
11. An ICP can determine its own procedure including a quorum. The ICP Terms of Reference are shown at Appendix 1.

The Council’s obligations

12. The Council is obliged to establish an Integrated Care Partnership with the ICB by section 116ZA(1) of the Local Government and Public Involvement in Health Act 2007 (introduced from 1 July 2022 by the Health and Care Act 2022). Therefore, there is no alternative option other than to establish an ICP.
13. The Council must appoint a member to the ICP (section 116ZA(2)). The Council has discretion as to who this is. It is suggested for Shropshire that this would be the Leader due to the significance of

the health and social care system to the communities of Shropshire and Shropshire Council. The Council has been working with the relevant stakeholders and the Terms of Reference provide for the ICP to appoint additional Council representatives as specified at paragraph 3.6 of this Report.

14. The Council must nominate an ordinary (or 'partner') voting member of the ICB jointly with Telford and Wrekin (section 14Z25 and schedule 1B paragraph 8(2)(c) of the National Health Service Act 2006). A link to the ICB's constitution is shown at paragraph 7.17. This provides that the Council and Telford and Wrekin should be invited to make two nominations per vacant role. Under this process the Chief Executive has been duly appointed.
15. In addition, the ICB constitution provides for the Council's Leader to be invited to ICB meetings as a Regular Participant of the ICB under paragraph 2.3 of the Constitution. This is a non-voting role.
16. The relevant functions are executive and this is a key decision, to be endorsed by Cabinet.

The Shropshire, Telford and Wrekin ICS

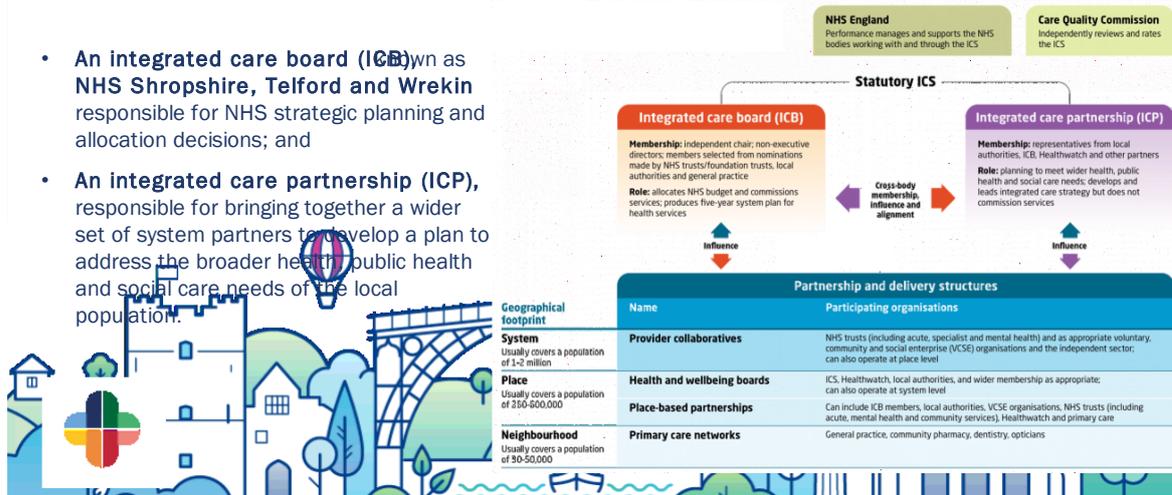
17. In Shropshire, Telford and Wrekin, the ICS is a partnership involving the local NHS, Local Government organisations, the third sector and other relevant bodies with an active interest in the health, care and wellbeing of the residents of the Shropshire, Telford and Wrekin. Together they will collaborate to address health and care inequalities, enhance integrated working, ensure optimal use of available resources and contribute to broader societal priorities.
18. The ICS footprint covers a population of around half a million people, over a total area of 3,487km². By 2043 there will be an estimated 0.6 million people in Shropshire, Telford, & Wrekin. It is structured in the following way using specific and consistent terminology:
 - **"System"** – this covers the whole population of an ICS, for NHS STW this is the whole of Shropshire, Telford & Wrekin.

- **“Place”** – this is broken down into different localities within the system. There are two defined and agreed “Places” within STW – Telford & Wrekin Integrated Place Partnership (TWIPP) and Shropshire Integrated Place Partnership (ShIPP). Both are co-terminus with the two Local Authority Boundaries
 - **“Neighbourhoods”** – this footprint covers the communities within each Place. There are 8 neighbourhoods, with 4 in each Place. These neighbourhoods include communities such as Ludlow, Shrewsbury and Whitchurch
19. The four key aims of any ICS, including Shropshire’s, are to:
- improve quality of services and 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.
20. Collaborating as partners in an ICS is designed to help health and care organisations tackle complex challenges, including:
- improving the health of children and young people
 - supporting people to stay well and independent
 - acting sooner to help those with preventable conditions
 - supporting those with long-term conditions or mental health issues
 - caring for those with multiple needs as populations age
 - getting the best from collective resources so people get care as quickly as possible.
21. The full Constitution of the NHS STW (which is a standard NHS constitution) can be found using this link [Our Constitution - NHS Shropshire, Telford and Wrekin \(shropshiretelfordandwrekin.nhs.uk\)](https://www.shropshiretelfordandwrekin.nhs.uk/our-constitution)
22. The following diagrams shows the way in which the ICS has been organised together with its governance arrangements:

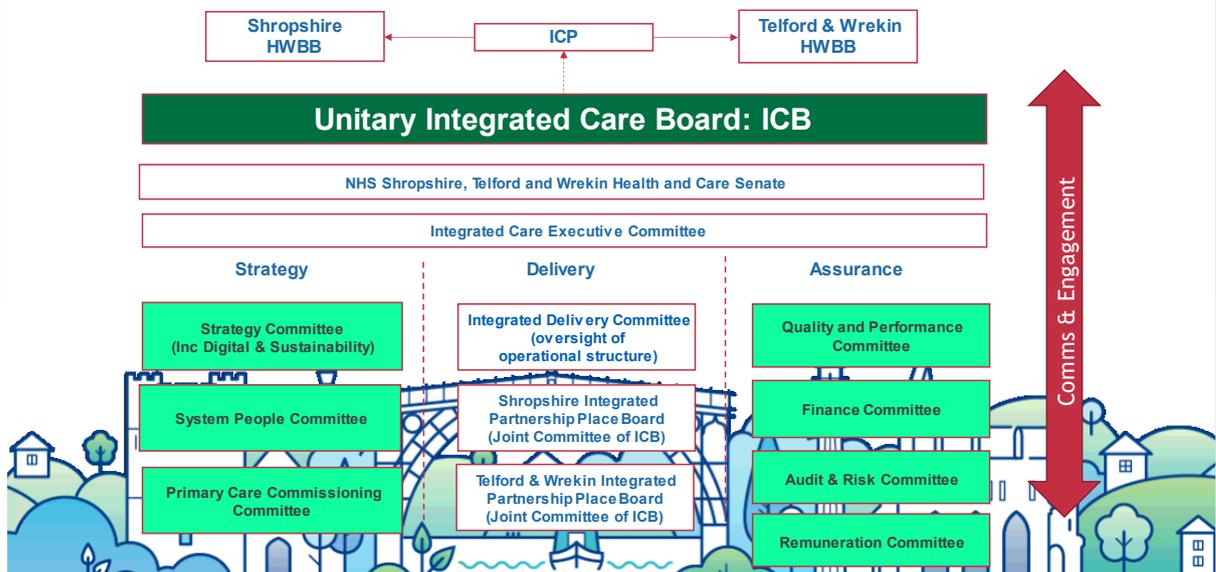
What the new system looks like

Two-part statutory integrated care systems (ICSs) comprised of:

- An **integrated care board (ICB)**, known as **NHS Shropshire, Telford and Wrekin** responsible for NHS strategic planning and allocation decisions; and
- An **integrated care partnership (ICP)**, responsible for bringing together a wider set of system partners to develop a plan to address the broader health, public health and social care needs of the local population.



Our ICB Governance



23. This report is primarily concerned with the most significant aspects of the ICS which have been established at this stage. The intention is to provide an overview of the arrangements as context while seeking specific endorsement of the governance arrangements for the ICP.
24. The role of the NHS STW is to produce a five-year plan regarding meeting the health and healthcare needs of the population. It allocates resources to deliver this plan, establishes joint working arrangements to embed collaboration in the plan, establish governance arrangements to support collective accountability and drive joint working. It has effectively taken on the functions of the

former CCGs and has delegated responsibility for certain health services such as dental, general ophthalmic and pharmaceutical services

25. A non-legally binding Memorandum of Understanding has been entered into by the NHS STW and NHS Midlands region, on behalf of NHS England (NHSE). This sets out (amongst other things):
 - the principles that underpin how the NHS STW 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 delivery and governance arrangements across the NHS STW and its partner organisations
26. NHSE remains statutorily responsible for NHS performance with ICBs accountable for the oversight of NHS performance.
27. Sitting alongside the ICB is the ICP which is a statutory joint committee of the NHS STW and the two local authorities. It will provide a public forum for leaders from the two local authorities, health and stakeholders from across the health and social care system (including the voluntary and community sector) to develop an Integrated Care Strategy for the whole population using the best available evidence and data, covering health and social care and addressing health inequalities and wider determinants.
28. The ICP will ensure that an Integrated Care Strategy is developed that is evidence based, focused on local needs at a "Place" and "Neighbourhood" level informed by the Health and Wellbeing Strategies created by the two Health and Wellbeing Boards of Shropshire and Telford & Wrekin, which are in turn informed by Joint Strategic Needs Assessments.
29. The Strategy's priorities should be focused on improving the public's health and wellbeing and reducing health inequalities. It will explain how it is intended to address needs within the ICS through commissioning and the provision of quality services by its statutory organisations. Critically it should complement the local HWB Strategies and consider where needs are best addressed at an ICS level. Guidance on the strategy is in Appendix 2. Initially an "interim" Strategy needs to be produced by December but the intention is to then to update it following wider engagement.

30. The ICP will ensure that the Integrated Care Strategy is developed, focused on local needs at a place and neighbourhood level and informed by the Health and Wellbeing Strategies created by the two Health and Wellbeing Boards (HWBB) of Shropshire and Telford & Wrekin. Whilst ensuring that the Integrated Care Strategy is focused on local needs, the ICP will seek commitment from the ICS to work collaboratively across partners and other ICSs to deliver wider social and economic opportunities and benefits for residents and patients at a local level across the health and care system. The ICP will support the work of the HWBBs and Place boards across Shropshire and Telford & Wrekin and Take account of the Health and Wellbeing Strategies and health inequality strategies created by the HWBBs.
31. As can be seen from the diagram above the Shropshire Integrated Place Partnership ("ShIPP") is a committee of NHS STW. Partners on the ShIPP are expected to collaborate in the arrangement and delivery of health and care services in the community in accordance with the outcomes set by the ICS. Where possible service integration options will be considered and health and social inequalities addressed.

ICP procedures

32. The ICP will meet three times in its first year of operation and then decide on the frequency of meetings in subsequent years. It be co-chaired by the Leader/Cabinet Member of the Telford & Wrekin Council and the Leader of Shropshire Council with the role of Chair alternating after each meeting. Where the nominated Chair is unable to attend a meeting, the attending Vice Chair will act as Chair for that meeting.
33. Telford and Wrekin Council and Shropshire Council will be responsible, on an alternate basis, for producing the agenda and preparing minutes of each meeting. Members of the ICP may vote to exclude press and public at any point during a meeting so that consideration may be given to an item or items that may involve the disclosure of confidential or exempt information.
34. The ICS including NHS STW and the two local authorities will be required to take account of the ICP's strategy when making decisions, commissioning and delivering services.

35. The terms of reference for the ICP (attached as Appendix 1) were approved by NHS STW at its meeting on 27 July 2022. They have also been adopted in principle by the ICP at its inaugural meeting on 5th October 2022.

36. To be quorate the ICP must have representatives in attendance from both local authorities and NHS STW. All members are entitled to an equal vote in matters under consideration which will generally be determined by a majority vote. However, should the decision relate to the exercise of one or more of NHS STW and/or either local authority's statutory functions, a dispute resolution procedure (attached at Appendix 3) has been incorporated into the procedure if consensus can't be reached in the meeting.

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

Cabinet Member (Portfolio Holder)

Leader Councillor Lezley Picton

Portfolio Holder – Health (Integrated Care System) and Communities

Local Member

All Members

Appendices

Appendix 1: Terms of Reference for the Integrated Care Partnership

Appendix 2: ICS Strategy Overview

Appendix 3: ICP Dispute resolution process

Shropshire Telford and Wrekin Integrated Care Partnership (ICP)

Draft Terms of Reference

1. Introduction

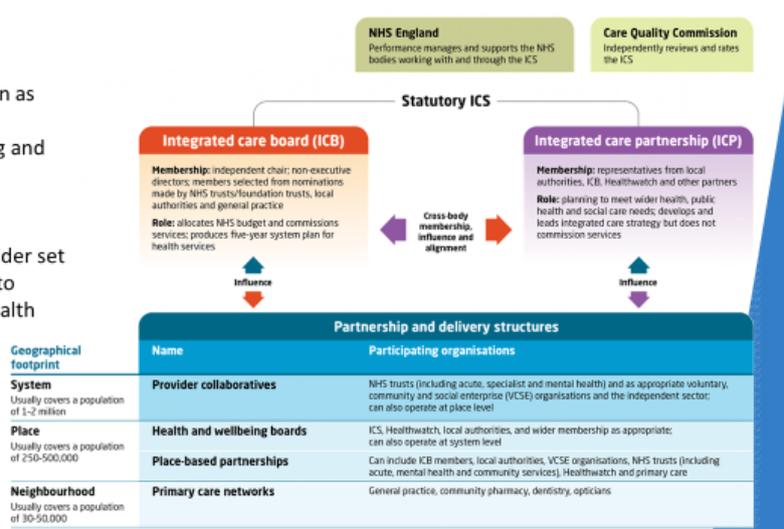
- 1.1 The Integrated Care Partnership (ICP) is a critical part of Integrated Care Systems and the ambition to achieve better health and care outcomes for the residents of Shropshire Telford and Wrekin. The ICP will provide a forum for leaders from the two local authorities, health (including NHS) and social care, and public health to come together with stakeholders from across the health system and community. The ICP will be a meeting held in public.
- 1.2 In accordance with the Health and Care Act 2022, the ICP will be required to develop an integrated care strategy to address the broad health and social care needs of the population within Shropshire Telford and Wrekin, including over time, determinants of health such as employment, environment, and housing issues. The Integrated Care Board and the two local authorities will be required to take account of the ICP's strategy when making decisions, commissioning and delivering services.
- 1.3 The ICP is expected to highlight where coordination is needed on health and care issues and challenge partners to deliver the action required.
- 1.4 The ICP will be a joint committee of the Integrated Care Board.

The diagram below shows the place the ICP holds in the new system.

What will the new system look like?

The Health and Care Bill introduces two-part statutory **integrated care systems (ICSs)** comprised of:

- An **integrated care board (ICB)**, known as **NHS Shropshire, Telford and Wrekin** responsible for NHS strategic planning and allocation decisions; and
- An **integrated care partnership (ICP)**, responsible for bringing together a wider set of system partners to develop a plan to address the broader health, public health and social care needs of the local population.



2. Purpose and Function

- 2.1 The primary focus of the ICP is to support the integration of the health and care system through equal partnership across health and local government to deliver improved health and care outcomes and experiences. The ICP will provide a system wide forum

for stakeholders to agree collective objectives, and address population health challenges and inequalities.

- 2.2 The ICP will have responsibility for the development of a System wide Integrated Care Strategy and to support broad and inclusive integration and improvement across the health and care systems within Shropshire, Telford and Wrekin. In doing so, the ICP will ensure that it acts in the best interest of people, patients and the system rather than representing individual interests of any one constituent partner.
- 2.3 The ICP will ensure that the Integrated Care Strategy is developed, focused on local needs at a place and neighbourhood level informed by the Health and Wellbeing Strategies created by the two Health and Wellbeing Boards (HWBB) of Shropshire and Telford & Wrekin, in turn informed by Joint Strategic Needs Assessments (JSNAs). Whilst ensuring that the Integrated Care Strategy is focused on local needs, the ICP will seek commitment from the ICS to work collaboratively across partners and other ICSs to deliver wider social and economic opportunities and benefits for residents and patients at a local level across the health and care system.
- 2.4 To support the development of the ICP in readiness for the 1st July 2022 and beyond, the following core principles are adopted to ensure that the ICP and development of the Integrated Care Strategy maximises the opportunities of system wide/ cross system working whilst delivering outcomes for residents at a place, neighbourhood, and multiple ICS level:
- The ICP will work, first and foremost, on the principle of equal partnership between the NHS and local government to work with and for their partners and communities;
 - The ICP will operate a collective model of accountability, where partners hold each other mutually accountable, including to residents;
 - The Integrated Care Strategy will be developed with full engagement / consultation with all stakeholders and drive direction and priorities;
 - The ICP will support the work of the HWBBs and Place boards across Shropshire and Telford & Wrekin;
 - The ICP will continue joined up inclusive working relationships across partners as demonstrated by the Covid-19 pandemic, targeting collective action and resources at the areas which will have the greatest impact on outcomes and inequalities as England recovers from the pandemic; and
 - The ICP will operate as a joint committee.
- 2.5 In preparing the Integrated Care Strategy, the ICP will ensure that the Strategy will:-
- Focus on improving health outcomes and experiences for the population of Shropshire, Telford and Wrekin
 - Maximise the opportunities of system wide and place level working and support subsidiarity;
 - Be focused on the whole population of Shropshire, Telford and Wrekin using best available evidence and data to address the wider determinants of health and wellbeing.
 - Be based upon assessments of needs and assets identified at place level, based on JSNAs;
 - Take account of the Health and Wellbeing Strategies and health inequality strategies created by the HWBBs;

- Take account of the NHS mandate;
- Have regard to any guidance published by the Secretary of State;
- Be prepared with involvement from Healthwatch and people who live or work in the ICP's area;
- To work proactively with the Shropshire Telford and Wrekin Joint Health Overview and Scrutiny Committee, being open to critical friend challenge and receiving evidence-based recommendations
- Proactively drive upstream prevention activities and ensure place-based partnership arrangements are respected and supported; and
- Be published and shared with the ICB and the member Local Authorities.

The ICP will consider revising the Integrated Care Strategy in response to refreshes of the JSNAs and Health & Wellbeing Strategies.

2.6 The members of the ICP recognise that collaborative working and collective accountability will provide a foundation for delivering the functions of the ICP and, in particular agree that they will:-

- Come together under a distributed leadership model and commit to working together equally;
- Be accountable to each other and the public through transparency and building trust;
- Promote co-production and inclusiveness;
- Make use of the combined experience of clinical, political, and communal leadership;
- Work through difficult issues by using collective decision making and consensus where appropriate; and
- Create a system which is willing to innovate and open to new ideas but is also willing to learn from mistakes

3. **Statutory Considerations**

3.1 Integrated Care Boards (ICBs) and Local Authorities will be required by law to have regard to the ICPs strategy when making decisions, commissioning, and delivering services.

PROCEDURE

4. **General**

4.1 The Procedure Rules attached at **Appendix 2** will apply to meetings of the ICP. These can be varied or suspended by agreement with at least 50% of the members present at the meeting in the interests of efficient and effective management of the meeting. Any such variation or suspension shall apply for the duration of that meeting only.

5. **Membership**

5.1 At present it is agreed that the partner organisations will be represented by the following individuals or representatives:

- Leader or Cabinet lead of Telford & Wrekin Council (co-Chair)
- Leader or Cabinet lead of Shropshire Council (co-Chair)
- Chair of Telford & Wrekin's Health and Wellbeing Board
- Chair of Shropshire Health and Wellbeing Board
- Chair of the Integrated Care Board
- Chief Executive of the Integrated Care Board
- Primary Care representatives from the Place Based Partnerships
- Chief Executive of Telford & Wrekin Council
- Chief Executive of Shropshire Council
- Director of Public Health of Telford & Wrekin
- Director of Public Health of Shropshire
- Directors of Children's and Adult services for both Councils
- VCS Alliance representatives
- Healthwatch Telford and Wrekin representative
- Healthwatch Shropshire representative

Other partners from the system may be asked to attend meetings to give their expert view on issues. These could include representatives from housing, education, health providers, children's services providers as an example. This is not an exhaustive list.

5.3 Membership of the ICP will be kept under review to ensure that it is able to best meet the needs of the residents of Shropshire, Telford and Wrekin.

5.4 Where the business of the ICP requires it, other organisations and individuals will be invited to attend. For the avoidance of doubt, these invited attendees will not be entitled to vote on any matters considered by the ICP.

5.5 In the event that any member of the constituent bodies is not able to attend a meeting, they are able to nominate a substitute. For the avoidance of doubt, the Chair of the meeting may also nominate a substitute to act in their absence, such Chair being the relevant local authority Cabinet Member with responsibility for public health.

6. Quorum

Quorum of one quarter (rounded up to the nearest whole number) is required. *There must be at least one representative from each local authority and the ICB, as statutory partners in the ICP.*

7. Voting Rights

7.1 All representatives and members of the ICP will be entitled to one vote each on any matters which require a decision.

7.2 Subject to paragraph 7.4, the general rule about decision making by the ICP is that any decision of the ICP must be taken by a majority of the members present]. In the event of a deadlock, the Chair of the relevant meeting shall have a casting vote

subject to any disputes in relation to the same being managed through the dispute resolution procedure set out in **Appendix 5**.

- 7.3 For the avoidance of any doubt, the Chair is entitled to, and should, vote in any decision before being asked to exercise a casting vote. There is no requirement for the Chair to use the casting vote in the same direction as his/her original vote.
- 7.4 Should the decision being taken by the ICP relate to the exercise of one or more of the ICB and/or either local authority member statutory functions, either the ICB and/or each local authority members may direct the ICP to take, or refrain from taking, specified action until such time as the matter has been managed through the dispute resolution procedure set out in **Appendix 5**. No such direction invalidates anything which the ICP has done before the making of the direction.

8. Meetings

- 8.1 The ICP will meet three times in its first year of operation and then decide on the frequency of meetings in subsequent years.
- 8.2 The ICP will be co-chaired by the Leader / Cabinet Member of the Telford & Wrekin Council and the Leader of Shropshire Council with the role of Chair alternating after each meeting. The Chair of the first meeting will be the Leader of **Telford & Wrekin** Council with the Leader of **Shropshire** Council being nominated as the Chair for the second meeting.
- 8.3 Where the nominated Chair is unable to attend a meeting, the attending Vice Chair will act as Chair for that meeting. This will not affect the rotation of the Chair for subsequent meetings.
- 8.4 Where neither the Chair or Vice Chair are in attendance at a meeting, the members of the ICP that are in attendance will elect a Chair from those present. The person duly-elected will take the Chair for the duration of that meeting only and will be able to exercise all rights of the Chair during this time.
- 8.6 Meetings shall be conducted in accordance with the rules of debate which are set out at **Appendix 2**.

9. Access to meetings and agendas

- 9.1 Meetings of the ICP will be held in public in line with the requirements of the Local Government Act 1972. Dates and times of meetings will be agreed and published in advance.
- 9.2 Agendas and supporting papers will be issued at least five clear working days before each meeting. The agenda will be agreed with the Chair and Vice-Chair in advance of the meeting. Members of the ICP will be able to submit items for consideration on the

agenda of any meeting. Any suggestions must be submitted at least 15 working days in advance of the meeting date.

- 9.3 There may be occasions when documents falling to be discussed at a meeting of the ICP contain confidential or sensitive information. Where this is the case, such information will not be published provided that the withholding of such information is justified by Schedule 12A Local Government Act 1972. Where any such information is withheld, the reason will be stated on the agenda and within the relevant minutes.
- 9.4 Telford and Wrekin Council and Shropshire Council will be responsible, on an alternate basis, for producing the agenda and preparing minutes of each meeting. The agendas and minutes will be hosted on the ICB website. An action tracker will also be hosted on the ICB website with oversight of these actions being undertaken at ICB meetings. The draft minutes and the action tracker will be presented to the next meeting of the ICP for approval and will then be shared on the ICB website no later than 10 working days following approval by the ICP.
- 9.5 Members of the public may speak at any public meeting of the ICP and Public Participation Guidelines are available at **Appendix 3**. Any request to speak should be sent no later than 5pm on the 8th working day prior to the meeting date. This request should be sent to **the ICB Director of Corporate Affairs**.
- 9.6 Members of the ICP may vote to exclude press and public at any point during a meeting so that consideration may be given to an item or items that may involve the disclosure of confidential or exempt information in accordance with Schedule 12A of the Local Government Act 1972.

10. Code of Conduct and Declaration of Interest

- 10.1 The ICP will adopt the attached Code of Conduct attached at **Appendix 4**. Any interests in items on the agenda should be declared at the start of the meeting.
- 10.2 In case of a conflict of interest the conflicted representative member of the ICP will declare an interest and, if required by the Code of Conduct, leave the meeting whilst the item that the member has an interest in is discussed.

11. Reporting and Accountability

- 11.1 The ICP is a Committee of the ICB and will report directly to the board to ensure that the Integrated Care Strategy is developed within required timescales.
- 11.2 The ICP will ensure that the ICB and Telford & Wrekin Council and Shropshire Council have regard to the Integrated Care Strategy when planning for the delivery of services.

12. Date of Review

- 12.1 These Terms of Reference will be reviewed no later than 6 months after the first meeting of the ICP and every 12 months thereafter. This does not prevent an earlier review should this be necessary.

Version Control

| Date | Version Number | Actions |
|---------------------------|-----------------------|---------------------------------------|
| 25 May 2022 | 1.1 | Updated by Telford and Wrekin Council |
| 1 st June 2022 | 1.2 | Updated by Nicky OConnor ICS |
| 30 June 2022 | 1.4 | Updated by Nicky OConnor ICS |
| 01 July 2022 | 1.5 | Updated by Telford and Wrekin Council |
| 13/07/2022 | 1.6 | Updated by Telford and Wrekin Council |
| 18/07/2022 | 1.7 | Updated by Telford and Wrekin Council |
| 21/07/2022 | 1.8 | Updated by Shropshire Council |
| 21/07/2022 | 1.9 | Updated by Telford and Wrekin Council |

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Guidance on the preparation of Integrated Care Strategies

Integrated Care Partnerships (ICPs) are required to publish an initial strategy by December 2022.



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

4. 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

6. 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 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



Areas to consider in the Integrated Care Strategy:

| | | |
|--|---|--|
| <p>Personalised Care</p> <p>Integration of services to create a more flexible and personalised service for people who draw on health and adult social care services</p> | <p>Health protection</p> <p>Allocating health protection responsibilities to system partners to deliver improved outcomes to communities e.g. infection prevention measures, immunisation, emergency preparedness</p> | <p>Research and innovation</p> <p>Utilising research and practice-based evidence to effectively assess population needs, explore the most effective ways to address these needs, and support the reduction of health inequalities</p> |
| <p>Disparities in health and social care</p> <p>Outlining ways to address unwarranted variations in population health, access, outcomes and experiences</p> | <p>Babies, children, young people, their families and healthy ageing</p> <p>Responding to the needs of the whole population of all ages E.g. family hubs with a whole-family approach through integration with wider health-related services</p> | <p>'Health-related' services</p> <p>Encouraging closer integration with non-health or social care services that could affect the wider determinants of health e.g. housing / employment</p> |
| <p>Population health and prevention</p> <p>Exploring opportunities to work jointly and use collective resources across partners to support prevention of physical and mental ill-health, and health and wellbeing across the population</p> | <p>Workforce</p> <p>Outlining the next steps to achieving an integrated / 'one workforce' approach across health and adults social care, designed to support improved ways of working and patient-focused care</p> | <p>Data and information sharing</p> <p>Developing digital and data infrastructure, building data quality and digital capability to inform decision making, and improving compliance with confidentiality laws and data protection obligations</p> |

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1 DISPUTE RESOLUTION

- 1.1 The general rule about decision making by the ICP is that any decision of the ICP must be taken by a majority of the eligible members present. In the event of a deadlock, the Chair of the relevant meeting shall have a casting vote subject to any disputes in relation to the same being managed through the dispute resolution set out below.
- 1.2 Should the decision being taken by the ICP relate to the exercise of one or more of the ICB and/or either local authority member statutory functions, either the ICB and/or each local authority member may direct the ICP from taking, or refrain from taking, specified action until such time as the matter has been managed through the dispute resolution procedure set out below. No such direction invalidates anything which the ICP has done before the making of the direction.
- 1.3 In the event of a dispute arising out of the decisions taken within the ICP concerning the exercise of either local authority member and/or the ICB's statutory functions, each of the partner organisations concerned with the dispute may serve written notice of the dispute on the other partner organisation, setting out full details of the dispute.
- 1.4 Upon service, the Director of Adult Social Care of each local authority partner organisation shall meet with Director of Strategy and Integration of the ICB in good faith as soon as possible and in any event within seven (7) days of notice of the dispute being served pursuant to Clause 1.3, at a meeting convened for the purpose of resolving the dispute.
- 1.5 If the dispute remains after the meeting detailed in Clause 1.4 above has taken place, the partner organisations' respective chief executives shall meet in good faith as soon as possible after the relevant meeting and in any event with fourteen (14) days of the date of the meeting, for the purpose of resolving the dispute.
- 1.6 If the dispute remains after the meeting detailed in Clause 1.4 has taken place, then the partner organisations will attempt to settle such dispute by mediation in accordance with the CEDR Model Mediation Procedure or any other model mediation procedure as agreed by the partner organisations. To initiate a mediation, either partner organisation involved in the dispute may give notice in writing (a "**Mediation Notice**") to the other requesting mediation of the dispute and shall send a copy thereof to CEDR or an equivalent mediation organisation as agreed by the partner organisations asking them to nominate a mediator. The mediation shall commence within twenty (20) Working Days of the Mediation Notice being served. Neither partner organisation will terminate such mediation until each of them has made its opening presentation and the mediator has met each of them separately for at least one (1) hour. Thereafter, paragraph 14 of the Model Mediation Procedure will apply (or the equivalent paragraph of any other model mediation procedure agreed by the partner organisations). The partner organisations will co-operate with any person appointed as mediator, providing him with such information and other assistance as he shall require and will pay his costs as he shall determine or in the absence of such determination such costs will be shared equally.

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