

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health, KCC and Chair of Kent Health and Wellbeing Board

To: Kent Health and Wellbeing Board, 23 September 2022

Subject: Kent and Medway Integrated Care System, Integrated Care Partnership and Kent Health and Wellbeing Board update

Classification: Unrestricted

Summary

The Kent and Medway Integrated Care System become operational on 1 July 2022. This paper provides an update on the development of the system and its component parts. The introduction of Integrated Care Systems through the Health and Care Act 2022 has brought some minor changes that directly impact on the Kent Health and Wellbeing Board and will require some adjustments to its membership and responsibilities. There are also some wider issues for the Board to consider in the new ICS landscape, including its relationship with the developing place-level Health and Care Partnerships and a new expectation around engagement with adult social care providers. The paper suggests how these changes can best be managed and asks for the Board's approval of or initial thoughts on the proposals.

Recommendations

Kent Health and Wellbeing Board is asked to:

- 1) NOTE** the update on the development of the Kent and Medway Integrated Care System and Integrated Care Partnership.
- 2) NOTE** minor amendments to the role and membership of Health and Wellbeing Boards brought about through the Health and Care Act 2022 and draft guidance.
- 3) AGREE** that it will meet once per year and only additionally if required to fulfil its statutory purpose.
- 4) AGREE** the suggested arrangements set out in section 3.16 of this report for delegation of the responsibilities for Health and Wellbeing Boards to comment on specified plans and assessments.
- 5) AGREE** that the Kent and Medway Integrated Care Board will be asked to nominate up to two suitable representatives to join the Health and Wellbeing Board.
- 6) AGREE** that the invitation to NHS England to nominate a local representative to join the Health and Wellbeing Board will be renewed.
- 7) AGREE** that Kent Council Leaders will be asked to nominate a District Council representative to join the Health and Wellbeing Board.

8) AGREE that the Terms of Reference for the Health and Wellbeing Board will be refreshed and brought to the next meeting of the Health and Wellbeing Board for approval.

9) SHARE any initial views about the Board's future relationship and links with place-based Health and Care Partnerships covering the Kent area.

10) SHARE any initial views on the engagement of adult social care providers in the work of the Health and Wellbeing Board.

1. Background

1.1 Integrated Care Systems (ICSs) have been implemented across the country from 1 July 2022. ICSs were established by the Health and Care Act 2022 and are partnerships of health and care organisations that plan and deliver joined-up services to improve the health and wellbeing of people in their area.

1.2 The four core purposes of an ICS are:

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience, and access
- Enhancing productivity and value for money
- Supporting broader social economic development.

1.3 Kent and Medway ICS has been established, having been formally recognised as an ICS by NHS England in April 2021, building on the Kent and Medway Sustainability and Transformation Partnership which has brought together all the NHS organisations and the Kent and Medway councils since 2016.

1.4 Members of the Board will be familiar with the role and purpose of the ICS – a summary of the arrangements both nationally and for Kent and Medway is provided in Appendix 1 as a reference for the Board. This paper focuses on progress during the first few months of the ICS being established and discusses the impacts for the Health and Wellbeing Board (HWB) of the new system and its role within it.

2. Kent and Medway Integrated Care Partnership (ICP)

2.1 Kent and Medway ICS operates through two interrelated structures – the Integrated Care Board (ICB) and the Integrated Care Partnership (ICP). The place level arrangements for Kent and Medway are provided through four Health and Care Partnerships (HCPs). More information about the ICB and HCPs is included in Appendix 1. This paper focuses on the ICP as it has the closest relationship to the HWB.

2.2 Kent and Medway ICP held its first meeting as a formal ICP on 27 July 2022 and will meet monthly until December 2022 to support the development of the Integrated Care Strategy. The ICP Joint Committee is chaired by KCC's

Leader for the first two years. The ICP's Chair, Vice-chair (Leader of Medway Council) and the Chair of the ICB form a leadership group setting the vision and purpose for the ICP. The Terms of Reference for the ICP Joint Committee is attached as Appendix 2.

- 2.3 Kent and Medway has a strong foundation of partnership working to build the ICP on, further strengthened by examples of collaboration to achieve shared objectives during the Covid pandemic. ICPs are expected to highlight where coordination is needed on health and care issues and challenge partners to deliver the action required, which will require a culture of trust, collaboration and a willingness to innovate and explore new opportunities for integration.
- 2.4 Alongside the NHS and lead Local Authorities, membership of the Kent and Medway ICP also includes the Chairs of the four place-based HCPs and an elected District Council representative from within the geographies of each of the Health and Care Partnerships.
- 2.5 ICPs are encouraged to form relationships with a range of other stakeholders appropriate to the places they cover, by either inviting them to be members of the ICP committee or engaging with them in other ways, reflecting the importance of the wider determinants of health in achieving its objectives.
- 2.6 To achieve representation from wider stakeholders, some partners have joined the ICP as non-voting Participants, including representatives from both Kent and Medway Healthwatch, a representative from the Kent and Medway Voluntary, Community and Social Enterprise Steering Group and a representative from Kent Integrated Care Alliance.
- 2.7 All ICPs have been asked by NHS England to produce an interim Integrated Care Strategy by December 2022 to set out how the identified needs of the population will be met through the exercise of functions by the ICB, NHS England and the upper tier local authorities. Integrated Care Strategies need to be informed by Joint Strategic Needs Assessments and Joint Local Health and Wellbeing Strategies for their area and will in turn inform the 5-year joint forward plan that ICBs will produce.
- 2.8 At its meeting in July, the ICP identified the need for a mapping exercise to understand the range of activity going on across the system and with wider partners on social and economic development, which is one of the four core purposes of an ICS. This will support the ICP to identify how it can best engage with partners on these wider determinants of health without creating any duplication of existing work.
- 2.9 **Kent Health and Wellbeing Board is asked to NOTE the update on the development of the Kent and Medway Integrated Care System and Integrated Care Partnership.**

3. Health and Wellbeing Board update

- 3.1 The introduction of ICSs through the Health and Care Act 2022 brings some changes that directly impact on HWBs. [Draft guidance](#) was issued by DHSC at the end of July on the role of HWBs within the new system arrangements and their relationship with ICPs and ICBs. DHSC intends to use feedback from engagement on this draft guidance to update the guidance on the general duties and powers of HWBs later in the year.
- 3.2 The Act and the draft guidance bring relatively minor changes for the formal responsibilities and membership of HWBs. The responsibilities of HWBs outlined in the Health and Social Care Act 2012 still stand:
 - assessing the health and wellbeing needs of their local population
 - publishing a joint strategic needs assessment (JSNA) and joint local health and wellbeing strategy (JLHWS)
 - promoting greater integration and partnership working.
- 3.3 The core statutory membership of HWBs is unchanged, other than requiring representation from the ICB to replace the previous clinical commissioning group representation.
- 3.4 The guidance recommends that ICSs build on the work of HWBs to ensure that action at a system-wide level adds value to what is being done at place. ICPs should identify priorities that can best be addressed at system level, while HWBs will continue to provide leadership across place level. The guidance suggests five principles for partners to adopt when developing relationships:
 - building from the bottom up
 - following the principles of subsidiarity
 - having clear governance
 - ensuring that leadership is collaborative
 - avoiding duplication of existing governance mechanisms.
- 3.5 The guidance acknowledges that the relationship between an ICP and HWBs will vary depending on the number of HWBs in the system, their maturity and the existing partnership arrangements. It also says that in the small number of coterminous areas, local authorities and ICBs may choose to bring their HWB and ICP together if many of the same parties are involved.
- 3.6 HWBs and ICPs are expected to work collaboratively in the preparation of the integrated care strategy, having regard to the JSNA and JLHWS. The ambition is that ICPs should ensure their strategies only address the priorities that are best managed at system level, and not replace or duplicate the priorities that are best set locally. The NHS Confederation has commented that duplication between the two strategies may be inevitable in conterminous areas.

- 3.7 HWBs will need to consider the integrated care strategy when preparing their own JLHWS to ensure that they are complementary. HWBs will now be required to consider revising their JLHWS following the development of the integrated care strategy for their area, although there is no requirement to revise if it is sufficient. Conversely, HWBs should be active participants in the development of the integrated care strategy.
- 3.8 HWBs will continue to have a role in reviewing health and care commissioning plans. This means HWBs will continue to be engaged on the ICB's:
- joint forward plan (formerly clinical commissioning group (CCG) commissioning plan, which will be prepared before the start of each new financial year)
 - annual report
 - performance assessments.
- 3.9 Regarding the forward plan, the HWB must be provided with a draft and consult with the ICB on whether the draft takes proper account of the JLHWS. Following consultation, the ICB has the right to respond to the ICB and may give its opinion to NHS England. The forward plan must include a statement from the HWB as to whether the JLHWS has been taken into proper account. These duties do not change how HWBs previously engaged with CCGs on their commissioning plans – the change is from CCG to ICB and commissioning plan to forward plan.
- 3.10 There is a new requirement for ICBs to send HWBs a copy of their joint capital resource plan, outlining their planned capital resource use. It is intended that, in sharing these with HWBs, there will be opportunity to align local priorities, and provide consistency with strategic aims and plans.
- 3.11 **Kent Health and Wellbeing Board is asked to NOTE minor amendments to the role and membership of Health and Wellbeing Boards brought about through the Health and Care Act 2022 and draft guidance.**
- 3.12 System arrangements in Kent and Medway are in place, and the HWBs for Kent and Medway have already adapted to the new arrangements by closing down the Joint Health and Wellbeing Board and transferring the work of the Joint Board to the ICP. The Kent HWB works across three and a small section of the fourth HCPs, and there will be some duplication of membership of the Kent HWB and the ICP. To minimise duplication with the ICP and the risk of stretching resources that are also supporting the developing system, it is suggested that the HWB continues to meet under the same arrangements it had in place when the Joint HWB was operating; that is to meet once a year and only additionally if required to fulfil its' statutory purpose. As the ICS continues to develop, the HWB can review these arrangements and make changes if necessary.
- 3.13 **Kent Health and Wellbeing Board is asked to AGREE that it will meet once per year and only additionally if required to fulfil its statutory purpose.**

- 3.14 The changes brought about through the Act require (or give the opportunity for) the HWB to comment on several plans and assessments as set out above. This is a continuation of the role that is already in the HWB's Terms of Reference to review the commissioning plans for healthcare, social care and public health to ensure that they have due regard to the JSNA and JLHWS, and to take appropriate action if it considers that they do not.
- 3.15 Subject to approval of the previous recommendation that the HWB will usually meet only once per year, it is likely that the time period for responding to the plans and assessments set out above will sometimes fall between HWB meetings and there will not always be an opportunity to collectively agree the response at a Board meeting.
- 3.16 It is suggested that the Chair of the HWB is given delegated authority to respond on behalf of the Board where timescales mean it is not possible to bring a draft response to a meeting. It is suggested that where possible the Chair would email the draft response and any relevant background information to the members of the HWB and ask for comments before a final response is sent. If necessary, the Terms of Reference of the HWB allow the Chair to convene a special meeting of the Board at short notice to consider matters of urgency if requested by three or more members of the Board. This could provide a process to agree the response if agreement by correspondence cannot be reached.
- 3.17 **Kent Health and Wellbeing Board is asked to AGREE the suggested arrangements set out in section 3.16 of this report for delegation of the responsibilities for Health and Wellbeing Boards to comment on specified plans and assessments.**
- 3.18 The other change brought about by the Act is to the HWB's membership. The current membership of the HWB includes up to two representatives from the CCG. These members now need to be replaced with appropriate representation from the ICB. The new ICB representative(s) should be invited to join the HWB ahead of the next meeting so they can be in place from that meeting onwards. It should be noted that some senior roles within the ICB are still being appointed to, so it may not be possible for the ICB to identify the individual(s) that will join the HWB immediately.
- 3.19 **Kent Health and Wellbeing Board is asked to AGREE that the Kent and Medway Integrated Care Board will be asked to nominate up to two suitable representatives to join the Health and Wellbeing Board.**
- 3.20 It is also best practice for a local representative of NHS England to be a member of the HWB. An invitation has previously been sent but a representative has not been nominated so far. It is suggested that this update to the Board's membership provides a good opportunity to renew this invitation to NHS England.

- 3.21 **Kent Health and Wellbeing Board is asked to AGREE that the invitation to NHS England to nominate a local representative to join the Health and Wellbeing Board will be renewed.**
- 3.22 The HWB has a current vacancy in its representation from District Councils. Three elected Members representing the Kent District/Borough/City Councils are required, and these are nominated through Kent Council Leaders. One of the previous District representatives has left the HWB, so it is recommended that Kent Council Leaders is asked to nominate a replacement member.
- 3.23 **Kent Health and Wellbeing Board is asked to AGREE that Kent Council Leaders will be asked to nominate a District Council representative to join the Health and Wellbeing Board.**
- 3.24 Given the necessary changes to the responsibilities and membership of the HWB, it is suggested that the HWB's Terms of Reference is refreshed to reflect these changes. It is suggested that the Terms of Reference is revised over the autumn / winter as more understanding of the new arrangements emerges nationally and locally, and brought back to the next meeting of the HWB for approval.
- 3.25 Changes to the HWB's Terms of Reference would then need to be approved by Selection and Member Services Committee and County Council.
- 3.26 **Kent Health and Wellbeing Board is asked to AGREE that the Terms of Reference for the Health and Wellbeing Board will be refreshed and brought to the next meeting of the Health and Wellbeing Board for approval.**
- 3.27 While refreshing its Terms of Reference and membership, the HWB may also wish to consider the relationship and links it needs to form with the four Health and Care Partnerships (HCPs). In the Kent and Medway ICS, the HCPs are the place-level for the system. They will be the engine rooms of delivery in local areas and over time are expected to take on more autonomy for decision making and resource allocation. The 2022 Act and draft guidance makes clear that HWBs should provide leadership at place level, while ICPs focus on issues that require a system-wide focus. It will therefore be important that the HWB is well connected to the work of the HCPs that cover the Kent area. As part of this role, it is suggested that the HWB should review the draft local plans that HCPs will produce that cover the Kent area before they are signed off by the ICP.
- 3.28 It will be necessary to engage with the HCPs about how they could best link in with the HWB as their structures and governance develop. This could be incorporated into the work to refresh the HWB's Terms of Reference over the autumn / winter. At this stage, the HWB is asked to share any initial views on its future relationship with HCPs to guide these discussions.

- 3.29 **Kent Health and Wellbeing Board is asked to SHARE any initial views about the Board's future relationship and links with place-based Health and Care Partnerships covering the Kent area.**
- 3.30 In addition, another non-statutory guidance document issued by DHSC at the end of July on [the engagement of adult social care providers in ICPs](#) sets an expectation that adult social care providers from the independent, VCSE and public sectors should be represented at HWBs through provider forums. The guidance states that Care Associations and other provider organisations should be supported, encouraged and where appropriate, resourced to work closely with their local HWB to improve service delivery at place level. The involvement of directors of adult social services in HWBs and ICPs is not an adequate proxy for the voice of adult social care providers.
- 3.31 The Kent Integrated Care Alliance, which is an independent body supporting some local care providers, has become a member of the ICP. There is therefore a risk of duplication if the Alliance were also to be invited to join the HWB to help fulfil the expectation in the new guidance. Other guidance on the arrangements between HWBs and ICPs allows for local discretion, acknowledging that the arrangements will vary considerably from place to place, particularly in areas like Kent which is (nearly) coterminous with the ICP. This could be an example where a different approach is taken in Kent to avoid duplication.
- 3.32 The refresh of the HWB's Terms of Reference could consider whether / how the voice of adult social care providers needs to be more strongly included in the work of the HWB, engaging with Kent Integrated Care Alliance and other stakeholders to ask their views on this. As above, the HWB is asked to share any initial views on the engagement of adult social care providers in the work of the HWB to guide these initial discussions.
- 3.33 **Kent Health and Wellbeing Board is asked to SHARE any initial views on the engagement of adult social care providers in the work of the Health and Wellbeing Board.**

4. Conclusion

- 4.1 Kent and Medway ICS has been operational for two months. It has a strong foundation of partnership working to build on, but it is early days and structures and relationships are still developing. Further updates can be brought back to the HWB as necessary as the system continues to develop.
- 4.2 The changes brought about by the Health and Care Act and subsequent guidance that relate to HWBs require some minor amendments to be made to the Board's membership and Terms of Reference, as suggested in this paper.
- 4.3 It is a statutory requirement for an upper tier authority to maintain a HWB and for it to have the correct membership and fulfil its duties as outlined in the report. However, given Kent's coterminousity with a significant area of the

Kent and Medway ICS, a pragmatic approach is required. The guidance allows for local discretion in creating arrangements that will fulfil the system's purpose rather than creating layers of governance that duplicate or dilute efforts to improve the health of the local population.

- 4.4 This paper presents the HWB with a measured solution, to update membership as required and maintain meetings as necessary for business going forward. Wider thinking about the future relationship between the HWB and place-level HCPs, and on the engagement of adult social care providers in the work of the HWB, can be initiated as part of the proposed work to refresh the HWB's Terms of Reference.

5. Recommendations

Kent Health and Wellbeing Board is asked to:

1) NOTE the update on the development of the Kent and Medway Integrated Care System and Integrated Care Partnership.

2) NOTE minor amendments to the role and membership of Health and Wellbeing Boards brought about through the Health and Care Act 2022 and draft guidance.

3) AGREE that it will meet once per year and only additionally if required to fulfil its statutory purpose.

4) AGREE the suggested arrangements set out in section 3.16 of this report for delegation of the responsibilities for Health and Wellbeing Boards to comment on specified plans and assessments.

5) AGREE that the Kent and Medway Integrated Care Board will be asked to nominate up to two suitable representatives to join the Health and Wellbeing Board.

6) AGREE that the invitation to NHS England to nominate a local representative to join the Health and Wellbeing Board will be renewed.

7) AGREE that Kent Council Leaders will be asked to nominate a District Council representative to join the Health and Wellbeing Board.

8) AGREE that the Terms of Reference for the Health and Wellbeing Board will be refreshed and brought to the next meeting of the Health and Wellbeing Board for approval.

9) SHARE any initial views about the Board's future relationship and links with place-based Health and Care Partnerships covering the Kent area.

10) SHARE any initial views on the engagement of adult social care providers in the work of the Health and Wellbeing Board.

6. Background documents

Health and Wellbeing Board Guidance – Engagement Document: Draft guidance on the role of Health and wellbeing boards following the implementation of ICBs and ICPs

<https://www.gov.uk/government/publications/health-and-wellbeing-boards-draft-guidance-for-engagement>

Expected Ways of Working between ICPs and ASC providers: Provides guidance on how integrated care partnerships and adult social care providers are expected to work together.

<https://www.gov.uk/government/publications/adult-social-care-principles-for-integrated-care-partnerships>

7. Appendices

Appendix 1: Overview of the national context for Integrated Care Systems and the arrangements for the Kent and Medway Integrated Care System

Appendix 2: Kent and Medway Integrated Care Partnership Joint Committee Terms of Reference

8. Contact details

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