

Somerset Health and Wellbeing Board

Monday 26 September 2022

**11.00 am Luttrell Room - County Hall,
Taunton**



SUPPLEMENT TO THE AGENDA

To: The Members of the Somerset Health and Wellbeing Board

We are now able to enclose the following information which was unavailable when the agenda was published:

Item 5	ICS Update (Pages 3 - 14) To receive the verbal update from the NHS ICB and to receive the report on proposed future Health and Wellbeing Board and Integrated Care Partnership arrangements (report to follow the agenda).
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Democratic Services, County Hall, Taunton, TA1 4DY

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Somerset Health and Wellbeing Board
15/09/2022
Report for decision



Title: Proposed Future Health and Wellbeing Board & Integrated Care Partnership Arrangements

Lead Officer: Professor Trudi Grant, Director of Public Health

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<p>Summary:</p>	<p>The Somerset Health and Wellbeing Board was established as a statutory Committee of Full Council under the requirements of the 2012 Health and Social Care Act.</p> <p>Statutory arrangements are also now set out for the establishment of Integrated Care Partnerships (ICP) as set out in the Health and Care Act 2022 (the Act). The act requires that all NHS Integrated Care Boards (ICB) and all upper-tier local authorities that fall within the area of the ICB must establish an ICP.</p> <p>Given that the Somerset Integrated Care System is co-terminus with the upper tier Local Authority, and the new Somerset unitary council when established in April 2023, it is proposed that the Somerset Health and Wellbeing Board (HWBB) and the Somerset ICP are aligned as Committees in Common.</p> <p>These aligned arrangements will foster greater integration across the system avoid duplication and confusion between the boards. The arrangement will enable co-production and oversight of the interlinked strategies: Improving Lives Strategy (owned by the HWBB) and Fit for My Future, the Integrated Care Strategy (owned by the ICP).</p> <p>This report puts forward proposals for the future arrangements for these boards for consideration by the Health and Wellbeing Board. The same proposal will also go to the ICB on 29th September.</p>
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Recommendations:	<ol style="list-style-type: none"> 1. That the Somerset Health and Wellbeing Board considers the proposals and endorses the approach to align the Health and Wellbeing Board and the ICP. 2. That the Board endorses the transition arrangements for the period October 2022 – March 2023, the appointment to the Board of additional members as identified in 2.5 of the report and revised quorum arrangements as detailed in 2.6. The Board agrees to recommend the proposed changes set out in the report to Full Council to consider and approve. 3. That the Board notes the timescales associated with the Integrated Care Strategy and agrees to set up a working group to support the ICP's refresh and further development of the strategy. 4. That the Board agrees a significant refresh of the needs assessment to support the strategy as the focus for the JSNA this year. 				
Reasons for recommendations:	<p>Somerset is a low-complexity system where the purpose of the ICP and the Health and Wellbeing Board are in accord and the strategic vision for the population are aligned. It would benefit Somerset residents to keep the system as simple and aligned as possible.</p> <p>There is a legal requirement to establish the ICP from October 2022; however, there is also a need to revise the constitution of the Health and Wellbeing Board when the new unitary council is established in April 2023. In order to accommodate these different timescales, there is a need to run transition arrangements between October 2022 and March 2023.</p> <p>There is also a national requirement to develop draft Integrated Care Strategies (based on the JSNA) by December 2022, this therefore needs to be progressed whilst still in transition arrangements.</p>				
Links to The Improving Lives Strategy	<p>Please tick the Improving Lives priorities influenced by the delivery of this work</p> <table border="1"> <tr> <td data-bbox="544 1944 1289 2069">A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</td><td data-bbox="1289 1944 1465 2069">X</td></tr> <tr> <td data-bbox="544 2069 1289 2112">Safe, vibrant and well-balanced communities</td><td data-bbox="1289 2069 1465 2112">X</td></tr> </table>	A County infrastructure that drives productivity, supports economic prosperity and sustainable public services	X	Safe, vibrant and well-balanced communities	X
A County infrastructure that drives productivity, supports economic prosperity and sustainable public services	X				
Safe, vibrant and well-balanced communities	X				

	able to enjoy and benefit from the natural environment	
	Fairer life chances and opportunity for all	<i>X</i>
	Improved health and wellbeing and more people living healthy and independent lives for longer	<i>X</i>
Financial, Legal, HR, Social value and partnership Implications:	<p>There are no specific social value or partnership implications for these proposals.</p> <p>The new arrangements will require support. It has been agreed that this will be a shared responsibility between the council and the Integrated Care Board. The detail of this will be agreed within the transition period.</p> <p>Legal advice has been taken in the development of these proposals to ensure that the two boards can be run in line with the appropriate legal frameworks for each. Legal advice will continue to be considered during the transition arrangement period.</p>	
Equalities Implications:	<p>This proposal aims to bring boards together and will enable the Somerset system to work together productively to promote and have due regard to equality and diversity. The approach will ensure our strategies and activity joins together our work as a system to address inequalities in health.</p> <p>The Terms of Reference for the ICP includes the requirement to have regard to the Public Sector Equality Duty which applies both to the council and ICB</p>	
Risk Assessment:	<p>No risks have been identified for the proposed way forward. There are risks of duplication, wasted capacity and disjointed approaches if the boards are developed separately.</p>	

1. BACKGROUND INFORMATION

- 1.1 The Somerset Health and Wellbeing Board was established as a statutory Committee of Full Council under the requirements of the 2012 Health and Social Care Act. Statutory arrangements are also now set out for the establishment of Integrated Care Partnerships (ICP) as set out in the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Care Act 2022) (the Act). The act requires that all NHS Integrated Care Boards (ICB) and all upper-

tier local authorities that fall within the area of the ICB must together establish an ICP.

Integrated Care Partnerships

- 1.2 Somerset ICP aims to convene stakeholders across health, care, public health, the voluntary, community and social enterprise sector, together with other public sector partners and public voices to facilitate cooperation and collaboration with the aim of improving health and care across the population of Somerset. The Terms of Reference for the Somerset ICP can be seen below.
- 1.3 The primary purpose of the ICP is to prepare, maintain and publish a strategy (an "Integrated Care Strategy") setting out how the assessed health and care needs for the population of Somerset are to be met by the functions of the partner organisations in the Somerset ICS. In Somerset, Fit for My Future is the Integrated Care Strategy.
- 1.4 In addition to the Integrated Care Strategy, the NHS is required to develop a five-year Joint Forward Plan (JFP) and a two-year operational plan. The Health and Wellbeing Board is to be consulted on these and provide an opinion on whether they take proper account of the Improving Lives Strategy and JSNA.
- 1.5 There is a need to progress work on the Integrated Care Strategy between October 2022 and March 2023. It is therefore proposed that a working group will be established to support the ICPs work to refresh and further develop this strategy.

Health and Wellbeing Boards

- 1.6 The Health and Wellbeing Board has responsibility for assessing the needs & assets of the population through the Joint Strategic Needs Assessment (JSNA), development of a Joint Health & Wellbeing Strategy (HWBS) and a Pharmaceutical Needs Assessment. The board also has other responsibilities including:
 - Oversight of Better Care Fund
 - Advocate for the integration of services where beneficial to do so
 - To hold partners to account and ensure local strategy and commissioning is aligned to JSNA and HWBS
 - Oversight of Quality reports from NHS providers
 - Ensuring local services are fulfilling their role for children and young people with special educational needs and disabilities (SEND)
- 1.7 The remit of the Board totally encompasses the remit of the ICP and therefore, for Somerset, it makes sense that the two boards are operated together. This is not the case in other ICSs where the ICP covers several local authority areas and therefore several Health and Wellbeing Boards.

2. PROPOSAL

- 2.1 It is proposed that Somerset establishes *The Somerset Board* in April 2023. This would be established as *the* single high-level strategic partnership board for the county. Its purpose would be to understand the needs of the population and, collaboratively, with the community and all sectors in the county, determine and agree the longer term (at least 10 year) strategic vision for the county, pushing forward agreed priorities to improve the lives of the Somerset population.
- 2.2 From April 2023, it is proposed that The Somerset Board will comprise the Health and Wellbeing Board and the Integrated Care Partnership. If required to fulfil the statutory duties of either boards, The Somerset Board will split the agenda and show distinct agenda items for each board. In order to operate in this way, it is important that the membership of The Somerset Board encompasses the membership of both the Health and Wellbeing Board and the ICP. The required membership of both is very similar and therefore this would not be a limiting issue.
- 2.3 The establishment of this arrangement will require a new Constitution to be written for The Somerset Board that will need to be agreed by Full Council and the Integrated Care Board. In line with the requirements of the Health and Social Care Act 2013, it would still need to be set up as a Committee of Full Council.

Transition Arrangements

- 2.4 There is a legal need to establish the ICP from October 2022. However, given Somerset Council is not established until April 2023, there is therefore a need to put in transition arrangements between October 2022 and March 2023.
- 2.5 During this time, the existing Health and Wellbeing Board will comprise the Health and Wellbeing Board and the ICP, operating as Committees in Common unless there is a need for the boards to be held apart at which time the agenda will be split as set out in 2.2 above and the boards will operate consecutively. To achieve these transition arrangements there will need to be some additions to the membership during this time as seen below. The additions will need to be full voting members:
- Representative for the VCSE Sector
 - CEO, Somerset Foundation Trust
 - ICB, Chief Medical Officer
- 2.6 The current quorum arrangements would also need to be changed as part of the transition arrangements. Currently the Health and Wellbeing board requires two council and one ICB member to be present, this would need to be changed to two council and two ICB members.

- 2.7 This transition period would commence a building of commonality for the two boards prior to shared commitments as part of an overarching Somerset Board (which would comprise the ICP and HWBB under a revised and shared membership) from April 2023.

3. CONSULTATIONS UNDERTAKEN

- 3.1 The Health and Wellbeing Board members discussed the development of the ICP and the future vision for the Health and Wellbeing Board at a members workshop on 8th October 2021. Members stated the preference to keep the Somerset system as simple as possible. Members concluded the two boards had significant overlap and to operate them separately would be a waste of resources and confusing for members of the public and people working within the system. They were supportive of the two boards being brought together.

4. REQUEST OF THE BOARD AND BOARD MEMBERS

- 4.1 **That the Somerset Health and Wellbeing Board considers the proposals and endorses the approach to align the Health and Wellbeing Board and the ICP.**
- 4.2 **That the Board endorses the transition arrangements for the period October 2022 – March 2023, the appointment to the Board of additional members as identified in 2.5 of the report and revised quorum arrangements as detailed in 2.6. The Board agrees to recommend the proposed changes set out in the report to Full Council to consider and approve.**
- 4.3 **That the Board notes the timescales associated with the Integrated Care Strategy, agrees to set up a working group to support the ICP's refresh and further development of the strategy.**
- 4.4 **That the Board agrees a significant refresh of the needs assessment under the JSNA to support the development of the strategy.**

5. BACKGROUND PAPERS

- 5.1 [Adult social care principles for integrated care partnerships](#)
- 5.2 [Guidance on the preparation of integrated care strategies](#)
- 5.3 [Health overview and scrutiny committee principles](#)
- 5.4 ICP Draft Terms of Reference attached in appendix 1

6. REPORT SIGN-OFF

Report Sign off	Seen by:	Name	Date
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	Relevant Senior Manager / Lead Officer (Director Level)	Prof. Trudi Grant	16/09/22
	Cabinet Member / Portfolio Holder (if applicable)	Cllr Adam Dance	16/09/22
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	21/09/22

Appendix 1

SOMERSET INTEGRATED CARE PARTNERSHIP (ICP) TERMS OF REFERENCE

1. Constitution

Statutory arrangements for Integrated Care Partnerships (ICP) are set out in the Health and Care Act 2022 (the Act), which amends the Local Government and Public Involvement in Health Act 2007 so that ICBs and all upper-tier local authorities that fall within the area of the ICB must establish an ICP.

For Somerset, the ICP is established jointly by the Integrated Care Board (the ICB) and Somerset County Council (SCC).

These terms of reference set out the membership, purpose, responsibilities and reporting arrangements of the Somerset ICP.

2. Purpose, Duties and Responsibilities

Somerset ICP convenes stakeholders across health, care, public health, the voluntary, community and social enterprise sector, together with other public sector partners and public voices to facilitate cooperation and collaboration with the aim of improving health and care across the population of Somerset.

The Somerset ICP will seek to act in the best interests of the population of Somerset and the wider Integrated Care System (ICS) rather than representing the individual interests of any one constituent organisation.

As set out in the Health and Social Care Act 2022, the primary purpose of the ICP is to prepare, maintain and publish a strategy (an "integrated care strategy") setting out how the assessed health and care needs for the population of Somerset are to be met by the functions of the partner organisations in the Somerset ICS.

In doing so the ICP will:

- Consider the extent to which the needs could be met more effectively by the making of arrangements under section 75 of the National Health Service Act 2006 (rather than in any other way).
- Involve Healthwatch Somerset.
- Involve the people who live or work in Somerset.

And have regard to:

- The NHS Mandate
- Any guidance issued by the Secretary of State.
- The Somerset Joint Strategic Needs Assessment.
- Somerset's Health and Wellbeing Strategy, Improving Lives.

To deliver its primary purpose, the expectations of the ICP are:

- 1) To be a core part of the Somerset Integrated Care System (ICS), driving their direction and priorities.
- 2) Be rooted in the needs of people, communities and places.
- 3) Create a space to develop and oversee population health strategies to improve health outcomes and experiences.
- 4) Support integrated approaches and subsidiarity.
- 5) Be open and inclusive in strategy development and leadership, involving people, communities and partners to utilise local data and insights.

The integrated care strategy will set out how commissioners in the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative, and person-centred care for the whole Somerset population, across the course of their life.

The strategy will complement the Somerset Health and Wellbeing Strategy and will build on existing work with regard strategies that support integrated approaches to health and care.

The integrated care strategy presents an opportunity to do things differently, such as reaching beyond 'traditional' health and social care services to consider the wider determinants of health or joining-up health, social care and wider services.

3. Authority, Accountability and Reporting Arrangements

Statutory arrangements for ICPs are set out in the Health and Care Act 2022, which amends the Local Government and Public Involvement in Health Act 2007 so that ICBs and all upper-tier local authorities that fall within the area of the ICB must establish an ICP.

ICBs and local authorities are statutory members of the ICP and form an equal partnership. As statutory members, they are required to set up and run the ICP.

The Somerset ICP has no power to exercise other functions outside of its core purpose as set out in section 2. The Somerset ICP has no other delegation to make decisions on behalf of SCC, the Somerset ICB or any other partner bodies. Issues requiring decision outside the remit of these terms of reference must be referred to the constituent bodies.

The Somerset ICP will function as a committee in common with the Somerset Health and Wellbeing Board (HWBB).

The ICP will provide the ICB Board and SCC with an Annual Report. summarising its conclusions from the work it has done during the year.

Establishment of Sub-Groups

The ICP may establish working groups or task and finish groups to undertake work in line with its core purpose and responsibilities. The ICP shall determine the membership and terms of reference of any such groups but may not delegate any decisions to such groups.

The ICP may not formally establish sub-committees with delegated authority as there is no legislative provision to do so.

4. Membership

As outlined in the 2022 Act, the Somerset ICP is to consist of:

- One member appointed by the Somerset Integrated Care Board.
- One member appointed by Somerset County Council.
- Any members appointed by the Somerset Integrated Care Partnership.

Membership:

- Up to 5 County Councillors
- 3 x Integrated Care Board (including Primary Care)
- 4 x District Councillors (1 from each District)
- Director of Public Health
- Director for Adult Social Services
- Director for Children's Services
- NHS England representative

- Healthwatch Somerset nominated volunteer representative
- Avon and Somerset Police representative
- VCSE Representative
- 1 x Chief Executive of the NHS Provider Trust(s)
- Chief Medical Officer from the ICB

Chairing Arrangements

The Chair will be the Chair of the HWBB.

The Chair of the HWBB shall appoint up to two vice-Chairs, one of which shall be the Chair of the Somerset ICB.

5. Quorum

To ensure that sufficient members are present at all meetings for the effective conduct of business the quorum will comprise nine members (over 50%), and must include at least two voting members from the Council and two voting member from the ICB.

If the quorum is not reached, matters may be discussed and recommendations made but no decisions taken.

6. Decision Making and Voting

It is expected that members will have delegated authority from their organisations to take a full part in the business of the ICP.

It is expected that decisions or recommendations shall be reached by consensus. In exceptional circumstances where consensus cannot be achieved and a formal vote is required, the matter shall be decided by a simple majority of those members voting and present in the room at the time the proposal is considered. The vote shall be by a show of hands and each member is allowed one vote. If there are equal votes for and against, the Chair will have a second or casting vote.

There will be no restriction on how the Chairman chooses to exercise a casting vote.

Decisions within the terms of reference will be taken at Board meetings. The Somerset ICP has no power to make decisions outside its defined area of responsibility. Any issues requiring decision outside the remit of these terms of reference must be referred to the constituent bodies.

7. Procedural Rules and Administration of Meetings

Detailed procedural rules will follow those laid out for the HWBB.

An administering authority and Secretariat function will be appointed to support the ICP, aligned to the HWBB.

8. Standards of Business Conduct and Managing Conflicts of Interest

To ensure the best outcomes, the development of clear channels of communication and mutual respect for the roles and responsibilities of each party is essential. ICP members will act in good faith and follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles).

ICP members will follow principles of good decision-making, including:

- Giving consideration to all options available.
- Having regard to due consultation.
- Giving consideration to professional advice from officers and executives.
- Having clarity of aims and desired outcomes and that the action proposed is proportionate to the desired outcome.
- Having respect and regard for human rights Public Sector Equality Duties.
- A presumption in favour of openness, transparency and accountability.
- Only relevant matters being taken into account.
- Due weight being given to all material considerations (including opportunities and risks).

The ICP recognises and acknowledges that its members from partner organisations have legal responsibilities to the organisations which they represent and that this may give rise to conflicts of interest being present. However, discussions at the meetings are to be focussed on the needs of the Somerset population and health and care and members will not be excluded from engaging in discussions that will benefit the system as a whole.

The ICP shall adopt the following approach for managing any actual or potential material conflicts of interest.

- All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest, which will be recorded in a register presented at each meeting, in accordance with SCC and ICB policies and codes of conduct.

- Those present at ICP meetings must declare interests relating to items on the agenda which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Chair.
- For the Chair to take overall responsibility for managing conflicts of interest within meetings as they arise.
- If the Chair has a conflict of interest, then the Vice-Chair or, if necessary, another member of the ICP will be responsible for deciding the appropriate course of action.
- In advance of every meeting consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This action will be led by the Chair with support from the Secretary.
- Members from partner organisations to operate in line with their organisational governance framework for managing conflicts of interest, probity and decision making.

9. Monitoring of Effectiveness

The effectiveness of the ICP shall be monitored at least annually through a review process. The ICP will utilise a continuous improvement approach and will be encouraged to review the effectiveness of the meeting at each sitting.

10. Review

These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the ICB Board and SCC for approval.

Date of approval:

Date of review: