

## Somerset Health and Wellbeing Board and ICP governance arrangements

Lead Officer: Professor Trudi Grant, Director of Public Health

Author: Professor Trudi Grant, Director of Public Health, Julia Jones, Service Manager – Democratic Services, Jade Renville, Associate Director of Partnership and Integration Somerset Integrated Care System

Contact Details: [tgrant@somerset.gov.uk](mailto:tgrant@somerset.gov.uk) and [jjones@Somerset.gov.uk](mailto:jjones@Somerset.gov.uk)

<p><b>Summary:</b></p>	<p>This report updates on the work being carried out and the discussion and the outcomes following an informal workshop of the Health and Wellbeing Board regarding the future governance arrangements for Health and Wellbeing in Somerset.</p>
<p><b>Recommendations:</b></p>	<p>The Somerset Health and Wellbeing Board notes the ongoing work and intentions from the workshop regarding the future governance arrangements:</p> <ul style="list-style-type: none"> <li>• To support system discussions in terms of the next steps in developing the ICP</li> <li>• To establish a close working relationship with the Integrated Care Partnership following its establishment on 1 April 2022:             <ul style="list-style-type: none"> <li>• To align work programmes, agendas, and have a common membership to avoid doubling discussions and workloads</li> <li>• To hold meetings in common although each committee makes its own decision and records its own minutes</li> </ul> </li> </ul> <p>Further work on this will be reported and brought back to future Health and Wellbeing Board meetings.</p>
<p><b>Reasons for recommendations:</b></p>	<p>To note the ongoing work for the future governance arrangements.</p>
<p><b>Links to The Improving Lives Strategy</b></p>	<p>As detailed in 2.1 of the report.</p>
<p><b>Financial, Legal, HR,</b></p>	

<b>Social value and partnership Implications:</b>	Not applicable
<b>Equalities Implications:</b>	Not applicable
<b>Risk Assessment:</b>	Not applicable

## 1. Background info

- 1.1.** Somerset is a low-complexity Integrated Care System with boundaries that are coterminous between health services and the new local authority arrangements.

The 2012 Health and Social Care Act brought in legislation for every upper tier local authority to have in place a Health and Wellbeing Board.

New legislation sees the introduction of Integrated Care Systems from 1 April 2022 which require the establishment of an Integrated Care Partnership (ICP), alongside an Integrated Care Board (ICB).

- 1.2.** The purpose of Health and Wellbeing Board is to provide shared leadership for the local Health and Wellbeing System, to improve health and reduce inequalities. The Board has responsibility over all influences of health and wellbeing including health and care services as well as the wider determinants of health.
- 1.3.** The Integrated Care Partnership is a statutory committee of the ICS, not a statutory body. As a statutory committee, ICPs will a) be required to be established in every system; b) have a minimum membership required in law (the ICB and Local Authorities); and c) will be tasked with producing an integrated care strategy for their areas. The ICP is expected to highlight where coordination is needed on health and care issues and challenge partners to deliver the action required. It will be established in April 2022.
- 1.4.** ICPs can be flexible in their membership. The only members specified are the ICB and Local Authorities (LA) in an ICS area, who must come together to establish the ICP. Wider membership can be locally determined. In smaller systems, where the majority of ICS governance will be conducted at the system level, it has been confirmed that partners can agree to common membership of the ICP and the Health and Wellbeing Board and streamline arrangements for holding meetings. This may allow different sets of business to proceed in a more coordinated way.

## 2. Improving Lives Priorities and Outcomes

- 2.1.** There is a strong local narrative in Somerset to 'Improve Lives'.
- 2.2.** There is senior-level agreement in the local system that the Improving Lives Vision needs to be maintained over time, with an ever-increasing focus on

prevention and addressing health and social inequalities. There is a desire for the system to remain uncomplicated, efficient and more integrated as it develops, united with single purpose to Improve Lives in Somerset. 'Keep it Simple'.

### **3. Discussions and workshop outcomes**

- 3.1.** Recognising the requirement to establish the Somerset Integrated Care Partnership by 1 April 2022, a workshop was held on 8 October to discuss options in terms of its governance arrangements, and any opportunities for alignment with the Health and Wellbeing Board.
- 3.2.** In doing so it was noted that the purpose and responsibilities between the ICP and the Health and Wellbeing Board were very similar and had duties covering certain issues such as the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.
- 3.3.** Membership requirements of the ICP were also flexible and covered very similar arrangements as the current membership of the Health and Wellbeing Board. The intention is for this to be adapted to suit local circumstances and to be complementary to one another.
- 3.4.** Governance arrangements for the ICP were also close to those of the existing HWBB in that it would be a statutory committee, established locally and jointly by the relevant local authority and the ICB, evolve existing arrangements with mutually agreed TOR, membership, ways of operating and administrations and meetings should be held in public.
- 3.5.** There was discussion on the current Health and Wellbeing system and how this looked and worked in the county and the need for a longer-term vision and joined up strategy to achieve the vision.
- 3.6.** This was then followed by a discussion on the benefits and challenges of future possible governance options which covered the following: Having one meeting – split approach HWBB followed by ICP Committee (or vice versa) would be separate meetings in terms of governance; both Boards meet separately and then bring them together at defined periods; ICP Committee has responsibility for all and HWBB meets twice a year as a visionary board; and frequency of meetings.
- 3.7.** There was a good debate on these matters and the consensus of the discussion was:
  - Legally we are required to maintain separation of the ICP and HWBB, although there can be alignment, so there needs to be clarity about responsibilities, coordination, and avoiding duplication/overlap
  - The structure needs to be simple in order that these entities can function efficiently/effectively and the public is not confused.

- The membership needs to be broad-reaching and from a variety of sectors but not overly large in number.
- The Improving Lives Strategy will play a part in the activities of both Boards, and the community should have input.

**3.8.** Discussions regarding the development of the ICP are ongoing across our system. In line with national guidance, the required next steps, and our progress to date, are:

1. Recognise that it is for the NHS and LAs – as the statutory partners in each ICS – to start the process jointly of creating an ICP in preparation for legislation (September 2021) (Addressed by the recommendations in this report)
2. Reach agreement between NHS and local authority leaders as to how the ICP will be established and a secretariat resourced, at least during the 2021/22 transition year (October 2022) (Under consideration)
3. Ensure that the statutory ICP partners come together as required to oversee ICP set up, including engagement with stakeholders (November 2022) (Ongoing discussions with stakeholders)
4. Appoint an ICP chair designate, taking account of national guidance on functions and ensuring there is a transparent and jointly supported decision-making process (February 2022)
5. Determine key questions to be resolved for that particular system including but not limited to the following (April 2022):
  - What kind of chair would best galvanise the system behind its common aims and what is the process for appointment?
  - Who might constitute an ICP committee that might galvanise the ICS and how should those individuals be chosen?
  - What would be required to deliver an inclusive approach to engagement, in terms of methods, resourcing, and public reporting?
  - To what extent can existing structures be used or adapted to create the ICP so as to build on what happens already?
  - To what extent do existing ICS plans meet the requirement for a health and care strategy and how might they be refreshed?
  - How might the ICP meet the ten principles described in NHSEI's ICS Design Framework to set the culture of the system?

#### **4. Request of the Board and Board members**

**4.1.** The Somerset Health and Wellbeing Board notes the ongoing work and intentions from the workshop regarding the future governance arrangements:

- To support system discussions in terms of the next steps in

developing the ICP

- To establish a close working relationship with the Integrated Care Partnership following its establishment on 1 April 2022:
  - To align work programmes, agendas, and have a common membership to avoid doubling discussions and workloads
  - To hold meetings in common although each committee makes its own decision and records its own minutes

Further work on this will be reported and brought back to future Health and Wellbeing Board meetings.

## 5. Background papers

- 5.1.** Somerset Integrated Care System report and Governance Arrangements for Health and Wellbeing in Somerset presentation for the [Somerset Health and Wellbeing Board agenda 27 September 2021](#)

## 6. Report Sign-Off

### 6.1

	<b>Seen by:</b>	<b>Name</b>	<b>Date</b>
<b>Report Sign off</b>	Relevant Senior Manager / Lead Officer (Director Level)	Trudi Grant	Click or tap to enter a date.
	Cabinet Member / Portfolio Holder (if applicable)	Clare Paul	Click or tap to enter a date.
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	Click or tap to enter a date.