

15 June 2022		ITEM: 11 Decision: 110611
Cabinet		
Integrated Care Partnership (ICP)		
Wards and communities affected: All	Key Decision: Key Decision	
Report of: Councillor Deborah Huelin, Cabinet Member for Adults and Health		
Accountable Assistant Director: Not Applicable		
Accountable Director: Ian Wake, Corporate Director of Adults, Housing and Health		
This report is public		

Executive Summary

This report sets out the new legislative requirements within the Health and Care Act 2022 relating to Integrated Care Partnerships and for the Council to nominate and become a founding member of the Integrated Care Partnership (ICP).

1. Recommendation(s)

- 1.1 To note the key elements of the Health and Care Act 2022 as set out in Section 2 of this report.**
- 1.2 Agree to delegate authority to the Director of Public Health to act as the Council's founding representative to the Mid and South Essex ICP in order to establish the proposed governance arrangements with health and local authority partners.**
- 1.3 Agree the draft Terms of Reference attached at Appendix 2 and delegate authority to the Monitoring Officer to make minor changes to these terms to ensure appropriate governance requirements are met.**
- 1.4 To note that the Corporate Director of Adults, Housing and Health will sit on the shadow NHS Mid and South Essex Integrated Care Board (ICB) to represent the Council's views and interests and shall continue to sit on the Board as the Council's representative when the Board is formally established as statutory body.**

2. Introduction and Background

- 2.1 On 6 July 2021, the Health and Care Bill was published, setting out key legislative proposals to reform the delivery and organisation of health services in England, to promote more joined-up services and to ensure more of a focus on improving health rather than simply providing health care services. The Bill has completed the final stages of its passage through parliament and received Royal Assent on 28 April 2022. The bill is now an Act of Parliament.
- 2.2 The purpose of the Act is to establish a legislative framework that supports collaboration rather than competition within health and care systems, and many of its proposals have been informed by NHS recommendations.
- 2.3 Integrated Care Systems (ICSs) are partnerships that bring providers and commissioners of NHS services across a geographical area together with local authorities and other local partners to plan health and care services collectively to meet the needs of their local population. Our local ICS covers the geographical area of Mid and South Essex.
- 2.4 The Health and Care Act introduces two part-statutory boards for each ICS: an Integrated Care Board (ICB), 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 public health, health and social care needs of the local population.
- 2.5 The ICS will be strategically informed by the Mid and South Essex ICB. The eligibility criteria for nominees to the ICB, as outlined in Appendix C of the NHS issued Nominations and Selection Pack, restricts nominations to the Chief Executive or a relevant Executive level role in the participating local authorities. The Corporate Director of Adults, Housing and Health has the relevant seniority and expertise to fulfil the nomination criteria.
- 2.6 Our local ICP will link existing health partnerships and collaboration across the region, involving Thurrock, Southend and Essex County Councils. The ICP will be established with four founding members (one representative each from Thurrock, Southend and Essex County Council and the fourth member being a representative from the Integrated Care Board). These will be statutory members who will work together to expand the membership to relevant people and set the aims of the ICP, including developing the integrated care strategy.
- 2.7 The ICP is formed on the principle of equal partnership between the NHS and local government in delivering services. It is expected that each ICP will adopt a model of representation which reflects the diversity of the local provider sector and ensures meaningful engagement with providers of all shapes and sizes.
- 2.8 It is expected that ICPs will complement the activities of established Health and Well-being Boards (HWB) by providing knowledge at a local level. The Health and Care Act requires ICSs to give due regard to Health and

Wellbeing Boards and Health and Wellbeing Strategies when making decisions about the planning of health, care and wellbeing services.

- 2.9 The founding members nominated to the ICP will meet from July 2022 to establish further membership and governance arrangements.
- 2.10 Appendix 1 contains the white paper relating to the Act and is included here so that Members have access to an overview of the proposals in context.

3. Issues, Options and Analysis of Options

- 3.1 The Council has a choice of whom it nominates as its founding member to the ICP. The recommendation of the Director of Public Health allows for a representative with extensive professional and Health knowledge to represent Thurrock at this specialist level and nominates the Chief Officer who has led on Thurrock's Health and Wellbeing Strategy refresh.

4. Reasons for Recommendation

- 4.1 The recommendations fulfil the legislative requirements of the Council to nominate to and engage with the formation of the ICP.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 The Council, through its Monitoring Officer, has been consulted on the formation and terms of the ICP in collaboration with colleagues at Essex County and Southend councils. There has been consensus on how the nomination process will progress and each council will be pursuing a similar process to gain nominations.
- 5.2 The portfolio holders for Health & Air Quality and Adult Social Care & Communities have been consulted on the content of this report and the issue of the ICP.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 Thurrock's Health & Wellbeing Board has a statutory duty to publish a Health & Wellbeing Strategy for the local community and has recently refreshed its Strategy for 2022-26. The Board's Vision of Levelling the Playing Field aims to tackle the many causes of poor health that are not level across Thurrock, and embed action across key strategies in Thurrock, including NHS plans, the Local Plan and the Backing Thurrock Economic Growth Strategy. It will drive ambitious collective action across every Council department and through the NHS and other key system partners to address the causes of unlevel playing fields in Thurrock. These include individual health risk behaviours such as smoking but also the quality of clinical care that people receive – making alignment with the ICP's priorities key in delivery of the Vision. The Director of

Public Health led on the HWB Strategy refresh and so is ideally placed to ensure this alignment.

7. Implications

7.1 Financial

Implications verified by: **Mike Jones**
Strategic Lead Finance

There are no direct financial implications from this nomination. Responsibility for ICS financial allocation and management rests with the ICB not the ICP.

7.2 Legal

Implications verified by: **Gina Clarke**
Corporate Governance Lawyer and Deputy Monitoring Officer

The Health and Care Act 2022 was enacted on 28 April 2022. The Act reforms how health and care services work together, putting integrated care systems on a statutory footing. The purpose of the legislation is to remove the barriers that prevent the NHS, Public Health, and Social Care services from being fully integrated. It creates the opportunity to plan and deliver services that are focused on the needs of local communities.

Following the enactment of the 2022 Act, statutory instruments will be made to formally establish each Integrated Care System for each area in England. However, the local NHS and responsible local authorities will need to prepare for the new arrangements, expected to commence in July.

Two of the new key arrangements that have been introduced by the Act is the establishment of:

- (i) An Integrated Care Board (ICB) for areas in England
- (ii) An Integrated Care Partnership (ICP) for areas in England

The ICB, an NHS body, will replace the Clinical Commissioning Group. The CCG's statutory duties and functions, and its staff will transfer to the ICB. The ICB will be responsible for implementing local NHS priorities and allocating resources and ensuring that the right activities are focused on securing the best outcomes for local communities.

The ICP will bring together the local NHS, the relevant local authorities, and other partners to develop a plan to address the broader health, public health and social care needs of the population. The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007 so

that the ICB and all upper-tier local authorities that fall within the area of the ICB must establish an ICP. This will be a statutory joint committee of these bodies made under the new section 116ZA inserted in the 2007 Act. The ICP must include members appointed by the ICB and each responsible local authority and any members appointed by the ICP.

The ICP may determine its own procedures and arrangements including appointing the Chair and further members. The 2022 Act gives freedom and flexibility for local areas to make arrangements that are most appropriate for their circumstances and is conducive to collaborative working.

Membership of the ICP varies across areas, but commonly membership includes the ICB CEO, representatives from LAs, NHS healthcare providers, voluntary, community and social enterprise (VCSE) representatives, Healthwatch and public representatives. Many ICPs have also planned to have place representatives, and others are planning to draw representation from other partners including higher education and further education, social care providers, housing, police, justice, and Local Enterprise Partnerships.

The ICP when formally established will have a statutory duty to prepare an integrated care strategy on how to meet the needs of the population as identified in the joint strategic needs assessment from the health and wellbeing board/s that fall within the area of the ICB through the exercise of functions by either the ICB, NHS England and the upper tier local authorities.

The strategy must address whether the needs could be met more effectively using NHS/local authority section 75 agreements, using agreements to pool budgets or lead commissioning arrangements between local authorities and NHS bodies. It may also include a view on how health and social care could be more closely integrated with health-related services.

The ICP is required to have regard to the Secretary of State's mandate to NHS England (national NHS priorities) and the statutory guidance on the ICS; and the ICP must involve Healthwatch and local people and communities in preparing the strategy.

The integrated care strategy must be published and shared with each responsible local authority, and the relevant integrated care board in that area.

Health and wellbeing boards in response to an integrated care strategy, must prepare a 'joint local health and wellbeing strategy' that sets out how the local authorities, integrated care board and NHS England will meet population needs in that area. An ICB, in the preparation of its joint-forward plan must also reference how the plan implements any relevant joint local health and wellbeing strategies to which the ICB is required to have regard.

Local authorities and integrated care boards have a statutory duty to have regard to the joint strategic needs assessment, the integrated care strategy, and the joint local health and wellbeing strategy when exercising their functions and NHS England must have also regard to them when exercising their functions related to the provision of health services in the area.

There may be further legal implications associated with the formal establishment of the ICB and ICP, which can be addressed in a future report.

7.3 **Diversity and Equality**

Implications verified by: **Roxanne Scanlon**
**Community Engagement and Project
Monitoring Officer**

The establishment of the ICP will equally represent the interests of the three participating councils and NHS partners. The wider membership of the ICP will represent the wider relevant interests of health services in the region and will directly tackle health inequalities.

7.4 **Other implications** (where significant) – i.e. Staff, Health Inequalities, Sustainability, Crime and Disorder, or Impact on Looked After Children

The ICP will directly link into the tackling of health inequalities as outlined in the report.

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- [Integrated care partnership \(ICP\) engagement document - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

9. **Appendices to the report**

- Appendix 1: Health and Social Care White Paper
- Appendix 2: The Draft Terms of Reference for the Mid and South Essex ICP.

Report Author:

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