

Committee report

Committee	CABINET
Date	9 JANUARY 2020
Title	FORMALISING THE ROLE AND GOVERNANCE OF THE LOCAL CARE BOARD
Report of	CABINET MEMBER FOR ADULT SOCIAL CARE, PUBLIC HEALTH AND HOUSING NEEDS

EXECUTIVE SUMMARY

1. This paper seeks approval for the establishment of an Island Integrated Care Partnership (ICP) as the basis for bringing together key stakeholders to collectively plan for and coordinate services and resources with the aim of to improving the overall health outcomes of the population of the Isle of Wight. This is an important step in the progression of the One Public Service agenda for the Island.
2. The Island Integrated Care Partnership will evolve from the existing Isle of Wight Local Care Board, which includes representatives from the Isle of Wight Council, Isle of Wight NHS Trust, Isle of Wight Clinical Commissioning Group (CCG) and the voluntary and community sector. It will have a revised simpler governance and leadership arrangements to ensure it maintains a focus on the key priorities for the Isle of Wight. The partnership sits within the overall architecture of the Hampshire and Isle of Wight Sustainability Transformation Partnership (HLOWSTP) and will look to influence that arrangement when it is considering issues that affect the Island.
3. The development of the Island Integrated Care Partnership is supported by the current membership of the Local Care Board. It will be led by either the leader of the council or the chair of the Isle of Wight NHS trust and the senior leaders of the three key public sector organisations responsible for the delivery of health and care services on the Isle of Wight.

BACKGROUND

4. The Isle of Wight Local Care Board (LCB) was established in 2016 to unite efforts to transform and improve the way health and care is provided on the Island. It is a voluntary, informal arrangement, which brings together representatives of the Isle of Wight Council, the NHS trust, the clinical commissioning group and the voluntary and community sector to coordinate joint working across the health and care sector in order to help the Island's community, stay well, live well and age well (as described in the Health and Wellbeing Strategy).

5. The Local Care Board has no formal decision-making powers, it works to achieve consensus on any given issue but requires the sovereign, accountable organisations to take formal public decisions in support of the direction agreed at the Local Care Board. Its voluntary nature allows for robust and detailed discussion about key topics that would be the usual basis of any report prepared for a sovereign body.
6. The performance of each of the sovereign organisations represented at the Local Care Board (council, trust, CCG) is also a matter for the individual organisations, in accordance with their own statutory requirements and the needs of their regulators. The LCB offers an opportunity to consider the impact of the performance of one organisation on the other and provides a space for discussion about how conflicting priorities may be resolved or shared opportunities exploited.
7. One of the drivers behind the creation of the LCB was the initiative of the NHS, to create sustainability and transformation partnerships (STPs) involving NHS organisations and local councils, as set out in its Five Year Forward View. These were originally intended to coordinate the delivery of services, agree system-wide priorities, and plan collectively how to improve residents' day-to-day health. The Isle of Wight is now part of the (HIOWSTP), which is one of 44 across the country.
8. There has been a considerable evolution of the role, function and reach of the HIOWSTP and also the LCB since their establishment, but the core premise of collaboration and prioritisation remains central to their activities. The NHS is now prompting each sustainability and transformation partnership to further transform into an integrated care system (ICS) for the whole of the geography; for the HIOWSTP transformation this will be underpinned by the creation of five sub-regional integrated care partnerships (ICP), one being for the Isle of Wight.
9. In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population served. An ICP is simply a subset of an ICS which brings together at a local level those who identify the services needed (commissioners) and those who provide them, in order that they can act collectively to improve the overall health and wellbeing of a defined population.
10. There is a requirement for NHS organisations to participate in sustainability and transformation partnerships and any architecture that may flow from them, such as HIOWSTP, Isle of Wight LCB and an Isle of Wight ICP. There is no similar requirement for other agencies such as local authorities and the voluntary and community sector to engage with the initiative. However, it is arguable that other partners would not be best meeting the needs of their community if they were not to engage with a 'project' which is intended to improve the overall health and well being of the local population. Notwithstanding the rise of both ICSs and ICPs the final accountability for an organisation's overall performance in this area still rests with the organisation itself and not the ICS or ICP.
11. There is no prescribed approach to the development and form of an integrated care partnership in any given locality. This is very much for the local partners and stakeholders to agree collectively. Therefore, against this emerging backdrop the Isle of Wight Local Care Board has reviewed its own arrangements in order to

simplify its operations, make the best use of the resources available across the health and care system and sharpen its focus on improving health outcomes for the population of the Isle of Wight.

12. This paper takes account of that review in making proposals to transition the LCB to an ICP, making changes to its membership and governance in order further improve the joint and integrated work of local health and care partners to improve the Island's population health outcomes.
13. The current arrangements and terms of reference for the Isle of Wight LCB are shown in appendix 1. The proposed arrangements for the ICP are shown in appendix 2.
14. The Isle of Wight is well placed for partners to build on the current health and care sustainability plan, for improving population health, securing improvements in financial and clinical outcomes over the medium term and health promotion and protection over the longer term. The health and care sustainability plan was a requirement of NHS England and NHS Improvement (NHSE/I) in response to the improvement directions previously issued to the Isle of Wight Clinical Commissioning Group and the Isle of Wight NHS Trust.
15. Work to produce the health and care sustainability plan required its own unique governance structure and programme management office. In order to avoid duplication of effort the LCB was effectively suspended to allow a system wide focus on the development and implementation of the plan. The plan satisfies the 'directions' of the health regulators and provides a road map for the development of sustainable patient services for the Island in the short to medium term, and the creation of an ICP in shadow form to oversee the delivery and governance of the health and care plan.
16. Attached at appendix 3 is a slide deck summarising the main aspects of the health and care sustainability plan.
17. One of the recommendations from the council's corporate peer challenge in 2017 was to, "form an Island Partnership that brings together all of the partners who can help you deliver success". To date, this has been approached through the development of the LCB; the further transformation of the LCB to an ICP as a pillar of the One Public Service agenda is broadly consistent with this recommendation and is an area where the council has been focusing in order to make the most of its limited resources.

STRATEGIC CONTEXT

18. The council's Corporate Plan 2019-22 establishes 12 outcomes as measures of success in achieving the overall ten-year vision for the Isle of Wight to be 'an inspiring place in which to grow up, work, live and visit'. At the heart of this vision is the stated outcome that community needs will be met by the best possible public services possible; people to take responsibility for their own health and wellbeing; as well as vulnerable people are supported and protected.

19. The proposal to form an ICP in shadow form would also build on the value themes of engaging with partners to maximise integrated working and working as a team for the Isle of Wight to help our communities to help themselves.
20. The development of the health and care sustainability strategy is consistent with the latter part of the Island's health and wellbeing vision, as it supports the provision of, "timely and easy access to high-quality and integrated public services when they [people] need them". It is therefore essential that there continues to be robust arrangements in place for the strategic delivery of the health and care sustainability plan so that continued and sustained improvements can be maintained.
21. The NHS 10 Year Forward Plan is prompting sustainability and transformation partnerships to further transform into an integrated care system (ICS) for the whole of the geography. Locally, the HIOW STP is developing its role as a regional integrated care system (ICS) underpinned by five sub-regional integrated care partnerships (ICP), one being for the Isle of Wight.

CONSULTATION

22. The ICP proposals have been shared and discussed with LCB members for consideration, which they have agreed. NHS England/Improvement have been informed about the proposals, and the views of the Health and Wellbeing Board, the HIOW STP and the Isle of Wight Council's Policy and Scrutiny Committee for Health and Social Care will be sought to inform the development of the new terms of reference for the ICP.
23. Any individual service changes proposed as part of the health and care sustainability plan will continue be subject to the statutory consultation processes of the organisation with the legal responsibility for the delivery of the services. In the majority of cases this is likely to be health partners.

FINANCIAL / BUDGET IMPLICATIONS

24. The transformation of the LCB to an ICP will in itself not add an extra cost burden to the council and the council's involvement should therefore be possible within the current budgets. The ICP itself may unlock funds from the HIOWSTP to be used to improve local services or exploit opportunities for overall collaboration and integration which may bring improved financial performance across all of the partners in the health and care system.
25. The health and care sustainability plan identifies activities and processes which allows the release of some funds from low priority areas for investment in some of the most pressing demands on the health and care system.
26. None of the sovereign bodies (council, CCG, trust), can delegate their statutory duties and responsibilities to the ICP so the responsibility for the services covered by the ICP must remain with these bodies. However, all can delegate funds to the ICP for it to manage in pursuit of their and the system's objectives. Funding can be delegated through section 75 agreements (as is already the case for the Better Care Fund) or other pooling arrangements in which one of the partners acts as the 'accountable body for the pooled funds on behalf of the ICP.

LEGAL IMPLICATIONS

27. It is not possible to create an ICP as a separate free-standing corporate body to be responsible for the delivery and improvement of health and care services. There is currently no legal provision for the key NHS stakeholders in health and care to transfer their responsibilities in whole or part to a third party organisation. All stakeholders can however work jointly together on the delivery of these responsibilities under formal framework agreement or memorandum of understanding (MOU). Any such agreements can be developed for individual activities or groups of activities as the key stakeholders become more confident with the effectiveness and development of the ICP.
28. The purpose of the ICP will be to make joint decisions 'in principle' overseeing the specific challenges and needs as a coalition partnership representing the health and care system for the Island, thereby seeking to make the best use of the resources available across the health and care system, and its focus on improving health outcomes for the population of the Isle of Wight. Decisions the ICP makes will continue to be ratified through the sovereign boards and committees, where required, in accordance with each organisation's standing orders and constitutions.
29. Each of the key sovereign organisations involved with the ICP will continue to retain responsibility for its own statutory responsibilities. Therefore, it remains important that each organisation should formally approve the proposals for the ICP before they are implemented in full.
30. Under section 75 of the National Health Service Act 2006 local authorities and NHS bodies can enter into partnership arrangements to provide a more streamlined service and to pool resources, if such arrangements are likely to lead to an improvement in the way their functions are exercised in order to act collectively to improve the overall health and wellbeing of a defined population. The powers permit the following:
 - (i) The formation of a fund (pooled budget) made up of contributions by both parties out of which payments may be made towards expenditure incurred in the exercise of both prescribed functions of the NHS body or bodies and prescribed health-related functions of the authority or authorities.
 - (ii) The exercise by an NHS body of a local authority's prescribed health related functions in conjunction with the exercise of the NHS body of its prescribed functions.
 - (iii) The exercise by a local authority of an NHS body's prescribed functions in conjunction with the exercise by the local authority of its prescribed health-related functions.
 - (iv) The provision of staff, goods or services, or the making of payments between the two partners, in connection with the above arrangements.

EQUALITY AND DIVERSITY

31. Public bodies are required to meet statutory obligations under the Equality Act 2010 to have due regard to eliminate unlawful discrimination, promote equal opportunities

between people from different groups and to foster good relations between people who share a protected characteristic and people who do not share it.

32. Under the Equality Act 2010 it is necessary to have due regard to the public sector equality duties when making decisions, reviewing services, undertaking projects, developing and reviewing policies. It will be necessary to complete individual equality impact assessments for any service changes to be undertaken through the health and care plan but is not considered necessary for the creation of the ICP in shadow form to oversee the governance of the delivery of the health and care plan.

OPTIONS

33. The options available to members are as follows:
- (i) To agree that the pursuit of an Integrated Care Partnership satisfies the recommendation of the corporate peer challenge to develop an 'all Island' partnership.
 - (ii) To approve the transformation of the Local Care Board to an Isle of Wight Integrated Care Partnership as set out in appendix 2, by April 2020 and that the final terms of reference for the partnership are agreed by Cabinet.
 - (iii) Not approve the transformation of the Local Care Board to an Isle of Wight Integrated Care Partnership, and to continue to support the Local Care Board in its current form.
 - (iv) Not approve the transformation of the Local Care Board to an Isle of Wight Integrated Care Partnership and cease any structured joint working arrangements with health and care partners on the Island.
 - (v) To approve the transformation of the Local Care Board to an Isle of Wight Integrated Care Partnership as set out in appendix 2, as amended by Cabinet, by April 2020 and that the final terms of reference for the partnership are agreed by Cabinet.

RISK MANAGEMENT

34. The Local Care Board has acted as an important mechanism for bringing together the key partners in the health and care system in order to improve the collaboration and coordination of services and activities for the benefit of the local community. However, it was created at a time when the role of the then emerging sustainability transformation partnerships (STPs) was unclear. As there has come to be greater clarity around the role, function and financing of STPs it is important that the Isle of Wight health and care system responds accordingly; this requires a transformation in the shape and form of the Local Care Board into a recognisable ICP.
35. The existence of the health and care sustainability plan and in turn the Integrated Care Partnership to oversee its delivery is an important element in reducing the level of national oversight to the Isle of Wight NHS Trust and the Isle of Wight Clinical Commissioning Group. This is different to any requirements under the auspices of the Care Quality Commission (CQC). Shifting a focus from preparing a plan as the basis for planning improvements in financial and clinical outcomes over the medium

term, to delivering a plan and overseeing its effective delivery, is a key first step on the journey to improving the health outcomes for Island residents.

36. There is risk to the health and care system for the island if an ICP is not developed against this emerging backdrop, as the LCB governance arrangements and decision making requires updating if it is to support effective health and care system-wide governance and decision making for its population. The LCB has reviewed and proposed changes to its own arrangements in order to simplify its operations, make the best use of the resources available across the health and care system and sharpen its focus on improving health outcomes for the population of the Isle of Wight.
37. Given the aspirations of the NHS 'Ten Year Forward Plan' and the wider development of an ICS at regional level, it is essential that the Island explores its locality ICP functions and provides confidence to stakeholders (including regulators) and the community in its ability to provide and deliver services for the Island and oversee the delivery of the Island's health and care sustainability plan.
38. The development of an integrated care partnership will be an important contributory step to the One Public Service (OPS) agenda for the Island. The integration of health and care will form an embryonic arrangement of sufficient mass to stand alone, but which will be added to as the OPS agenda is rolled out.
39. The Isle of Wight Council is not obligated to work with or be part of an Isle of Wight Integrated Care Partnership. However, the benefits to the community of collaborating with all of the key stakeholders with an interest in the health and care of the population should not be understated. The LCB has previously provided a good basis for planning and discussion across the sector and entering into a new framework, with revised governance and links to regional and national frameworks can only enhance the impact of the partners locally.

The ICP notwithstanding, the council is not delegating any of its statutory responsibilities to the ICP therefore, it will still need to comply with its own governance arrangements when making 'key decisions'.

40. Equally, the risk of entering an ICP is that if the sovereign organisations involved (council, CCG and trust) are not obliged to transfer obligations (statutory or not) to the ICP, then each separate organisation could act in its own interest to the detriment of one or other of the partners. Even though each organisation's regard to the consequences to each other has improved significantly over the recent years, it may still be a risk.

EVALUATION

41. The work of the Local Care Board is a good precursor to the development of an integrated care partnership (ICP), but the Local Care Board recognises that it needs to further evolve its role, membership, governance and function in its response to the improvement directions issued to the Isle of Wight Clinical Commissioning Group, and Isle of Wight NHS Trust, for overseeing the health and care delivery plan for the Island.

42. The proposition in this paper is that the ICP has the potential to function in much the same way as a local authority and be concerned with both the commissioning and provision of services.
43. Work has already started regionally within the HIOW STP to determine its future strategy and governance arrangements to develop an ICS in the coming months, for the regional population needs. While the ICS will focus on the 'health and care system' regionally, there is the need to further develop 'place' level approaches to define a local population's health and care needs.
44. The Isle of Wight is seen as containing a natural boundary for the local health and care economy 'place' level that contains a single CCG; local authority and NHS acute, community, ambulance and mental health trust. The work to date to structure the LCB has developed many of the essential building blocks going forward for a 'place' based ICP but there is a need to review and further formalise the approach going forward to operating as an ICP.
45. The creation of an ICP can be achieved by April 2020 and in doing so would form the basis of coordinating and managing the Island's health and care strategies to support the community's health needs. In doing so it would develop and set out the necessary steps, operating agreements and mechanisms to begin to operate as a collective organisation making collective decision and having oversight of delivery plans, budgets and investment/disinvestment decisions.
46. While the legal gateways are still not defined an 'alliance' approach to developing an ICP will help it to achieve its aspirations by the simplest of forms. Part of the approach needs to begin to reconcile behavioural changes to allow joint accountability through an ICP for the Island and address/share the problems collectively across the system to explore the opportunities available.
47. The LCB membership supports the approach and direction of moving towards an ICP by April 2020. The ICP would facilitate the development of its own governance arrangements and decision making processes to support effective health and care system-wide governance and decision making for its population.
48. The support of NHSE/I to the ICP development is of utmost importance to its future success. NHSE/I has stated it is fully supportive of the Island's direction and approach to developing an ICP in shadow form to oversee the governance and decision making for meeting the Island population's health and care needs. It is therefore possible to withdraw the action associated with the Corporate Peer Challenge Action Plan in relation to the 'all Island' partnership in favour of pursuing the ICP.

RECOMMENDATION

49. On the basis of the information set out in this paper it is recommended that options (i) and (ii) are adopted
- (i) To agree that the pursuit of an Integrated Care Partnership satisfies the recommendation of the corporate peer challenge to develop an 'all Island' partnership.
 - (ii) To approve the transformation of the Local Care Board to an Isle of Wight Integrated Care Partnership as set out in appendix 2, by April 2020 and that the final terms of reference for the partnership are agreed by Cabinet.

APPENDICES ATTACHED

50. [Appendix 1](#): Current arrangements and terms of reference for Isle of Wight LCB
51. [Appendix 2](#): The proposed governance structure arrangements for the ICP and proposed membership agreed with amends by LCB 23 October 2019
52. [Appendix 3](#): IW Health & Care Sustainability Plan and actions

BACKGROUND PAPERS

- (A) Making sense of integrated care systems, integrated care partnerships and accountable care organisations in the NHS in England”, The Kings Fund, February 2018.
- (B) “Responding to the Long Term Plan”, Hampshire and Isle of Wight Sustainability Transformation Partnership”, at www.hiowhealthandcare.org/work/ltp

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