Brent Health and Wellbeing Board 13 January 2022
Report from Chairs of Integrated Care Partnership Executive Committee

Brent Integrated Care Partnership Governance

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt:	Open
No. of Appendices:	Appendix 1– Governance Structure Appendix 2 - Draft BICPB terms of reference Appendix 3 – BHWB terms of reference
Background Papers	None
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1.0 Purpose of the Report

1.1 This report outlines the Brent Integrated Care Partnership (BICP) governance structures.

1.2 The report aims to engage Brent Health and Wellbeing Board (BHWB) input to future ways of working.

2.0 Recommendations

2.1 To note the Brent Integrated Care Partnership (BICP) structures and focus, and the governance structure (Appendix 1).

2.2 To note the new date of July 2022 for Integrated Care Systems (ICSs) to move to a statutory footing.

2.3 To discuss the arrangements and provide strategic direction to officers as required.

3.0 Detail

The Integrated Care System and local governance arrangements

3.1 The Health and Care Bill 2021 establishes Integrated Care Systems (ICS) as statutory bodies. The North West London ICS is already functioning in shadow form and many of the structures that have been set up under the single CCG arrangements will prepare the system well for the anticipated legislative changes. The NWL ICS is led by an independent Chair and a Chief Executive has been appointed. The ICS is likely to

be coterminous with the North West London borough boundaries currently in existence. Following an announcement in December 2021, ICSs are now expected to come into force in a statutory sense by July 2022.

3.2 The ICS health and care partnership will be responsible for developing and performance managing a plan to address the system's health, public health and social care needs, which the ICS NHS body and local authorities will be required to 'have regard to' when making decisions. ICSs will be expected to work closely with Health and Wellbeing Boards (HWBs) and required to 'have regard to' Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

3.3 The Health and Care Bill also recognises the importance of 'place', which is a smaller footprint than that of an ICS, often that of a local authority. The Integrated Care Partnership (ICP) level is not given a statutory underpinning in the Health and Care Bill. There is a clear expectation that ICS bodies will delegate 'significantly' to place level. The development of place-based partnerships has been left to local determination, building on existing arrangements where these work well. There have been a number of different approaches taken to developing the ICP structures.

ICP arrangements in Brent

3.4 Draft terms of reference for the Brent Integrated Care Partnership Board (BICPB), the Brent Integrated Care Partnership Executive Committee (BICPEC) and Brent Integrated Care Partnership Executive Groups are in development. The draft Terms of Reference for the BICPB are attached at Appendix 2.

3.5 Key in consideration in drafting the terms of reference has been:

- Health and Wellbeing Boards' role as confirmed within the Health and Care Bill, published in July 2021.
- Building on existing successful ways of working e.g. the effective links between the Mental Health and Wellbeing ICP Executive Group and the Brent Children's Trust (BCT).
- Creating clear space and areas of responsibilities and accountabilities across the integrated care partnership and other related structures.
- Ensuring democratic oversight and the effective linking of the BICP structures and the BHWB, with the Brent Integrated Care Partnership Board to become the 'PCG' to the BHWB's 'Cabinet'.
- Ensuring effective community voice and effective challenge and scrutiny e.g. Healthwatch is not involved in the BICPB in order to preserve their independence and ability to provide challenge and scrutiny at the BHWB, of which they are a statutory member. Community voice is represented robustly at the ICP Executive Group level.
- Connectivity between local ICP arrangements to local and sub-regional decision making bodies e.g. the NWL ICS.
- Best use of resources and officer time.

Brent Integrated Care Partnership Board (BICPB)

3.6 The **BICPB** will focus on Brent residents of all ages – adults, children, and young people - and will:

- Set the strategic direction, create system unity and clarity of purpose
- Provide the strategic leadership and drive partnership working for the benefit of our local population, including the delivery plans of the Joint Health and Wellbeing Strategy

- Ensure clear and robust partnership arrangements; minimising duplication with existing structures/governance and holding local leadership to account in the implementation of the BICP / NWL ICS
- Enable effective decision making through the Brent Health and Wellbeing Board (BHWB), by meeting six weeks in advance of the BHWB. A joint BICPB and BHWB work plan will be annually agreed and will ensure a coherent pathway through decision making structures
- Ensure structures manage thematic delivery effectively, within agreed performance management frameworks. Review the BICP's success in delivering the agreed strategy, outcomes and work programmes, intervening as required to address any concerns
- Respond to changes in the operating environment, such as national policy or regulatory requirements
- Act as champions for the BICP and its key strategies, both within and outside organisations

3.7 The draft terms of reference of the BICP are being developed (please see Appendix 2). Consideration as outlined above has been given to the membership, which has been based on the membership of the 'Septet', with some additions e.g. the Cabinet Member responsible for children and young people's health and wellbeing.

3.8 Officers are also exploring options to develop an 'alliance agreement', for members to sign up to and activity will be reported back to the BHWB.

The Children's Trust

3.9 The **Brent Children's Trust** (BCT) is a statutory strategic partnership body made up of commissioners and key partners. The primary functions of the BCT include commissioning, joint planning and collaborative working to ensure that resources are allocated and utilised to deliver maximum benefits for children and young people in Brent

3.10 The BCT meets every two months to review progress against the priority areas of focus and address any emerging local and national issues. The BCT, through its Joint Commissioning Group (JCG), oversees five groups tasked with implementing specific priorities across the partnership.

3.11 The BCT, JCG and transformation groups have consistent attendance with representation from Brent Council and Brent Clinical Commissioning Group (CCG). Other key stakeholders also attend the JCG, which includes three school head teachers who have been active members since September 2017.

3.12 The BCT has identified a number of priority areas of focus for April 2021 to March 2022 as a result of emerging issues supported by local and national data:

a. Working with parents and carers to positively impact on children's health and wellbeing with specific focus on:
    1. Healthy weight in childhood
    2. Oral health
    3. Childhood immunisation
b. Special Educational Needs and Disabilities (SEND) – with a focus on early intervention and prevention.
c. Children and Young People's Mental Health and Wellbeing – with a continued focus on the delivery of the transformation plan.
d. Integrated Disabled Children and Young People Service 0-25 - with a focus on Stage 2, the integration of health and local authority provision, which was paused in 2020 due to Covid-19 Pandemic.

e. Transitional safeguarding between CYP and Adult Services - with a focus on adolescent safeguarding.
f. Young Carers - with a renewed focus on raising awareness of young carers across the partnership.

Brent Integrated Care Partnership Executive Committee (BICPEC)

3.13 The **BICPEC** meets fortnightly and:

- Leads on the integration and systems working in order to improve delivery, ensures effective strategic and operational planning and use of resource.
- Oversees and drive the delivery programmes of the four BICP executive groups, ensuring a reduction in health and wider determinant of health inequalities.
- Ensures engagement and involvement with key stakeholders and partners outside of the BICP structures, including local communities, service users and carers.
- Develops and maintain trust, healthy and constructive challenge, and collective accountability.
- Aligns budgets where possible to ensure money is spent wisely to ensure the best outcome from resources. Oversees the development and deployment of relevant pooled funds, ensuring they are aligned to priorities.

Brent Integrated Care Partnership Executive Groups

3.14 The priorities of the BICPEC have been set, with four executive groups established to deliver them as follows:

- Health Inequalities and Vaccination Executive (HIVE)
- Primary Care Network Development Executive (PCNDE)
- Community and Intermediate Health and Care Services Executive (CIHCSE)
- Mental Health and Wellbeing Executive (MHWE)

3.15 The ICP executive groups oversee the integration of the health and care systems their area of focus, with the following aims:

- System recovery post Covid19
- To provide senior operational oversight over key programmes relating to joint programmes of work between the council and NHS partners
- To monitor the progress of key milestones and actions across joint programmes
- To oversee the allocation of resources for joint programmes, and advise when reallocation is required.
- To provide a key point of escalation for joint programmes, and escalate risks and issues to the IPCEC if required.
- To assimilate and appraise proposed interventions for joint programmes.
- To manage the brokerage of dependencies for joint programmes when escalated.

3.16 The **Health Inequalities and Vaccination Executive** (HIVE) will initially focus on the following priorities:

- Increasing the take up of vaccination and testing amongst BAME and disadvantaged communities.
- Increasing engagement, utilisation and awareness of services in communities.
- Reducing variation of impact from long term conditions between communities.

3.17 The **PCN Development Executive** (PCNDE) has as its priorities as the following:

- Supporting development and maturity of PCNs and empowering them to innovate and be proactive in delivering services to meet population health needs.
- Ensuring variations in care are highlighted and addressed at the earliest opportunity with relevant infrastructure to improve health outcomes.
- Support PCN leadership development.

- Ensure resilience and self-sustainability of PCNs and PCN practices in delivering primary care services in line with national and local directives.

3.18 The **Community and Intermediate Health and Care Services Executive** (CIHCSE) is focused on the following priorities:

- Improving the coordination and alignment of community and intermediate health and care services.
- Establish clear interface between PCNs, community services and council services, including addressing the challenges of cross border service provision in North West London.
- Evaluate impact of Covid19 on community health and intermediate care services, and establish joint programme of work to improve services and pathways in response.
- Establish and embed a core minimum standard and offer to care homes, including sufficient care home capacity and infrastructure.

3.19 The **Mental Health and Wellbeing Executive** (MHWE) current priorities are:

- Increase engagement, utilisation and awareness of mental health support services in communities.
- Reduce variation in mental health care and support for the local Brent communities
- Support people with mental illness to access employment opportunities.
- Ensure housing and accommodation provision is accessible and reflects identified needs locally.
- CYP/Transitions – ensure the additional needs and identified gaps as a direct result of the pandemic are addressed and aligned to the Children’s Trust Board priorities.
- Align identified areas of mental health inequalities from this work stream to HI&VE.

The Brent Health and Wellbeing Board

3.20 Health and Wellbeing Boards (HWBs) are a statutory forum where political, clinical, professional and community leaders come together to improve the health and wellbeing of their local population. HWBs have a statutory duty to produce a Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy for their local population. As well as its statutory role, the Brent Health and Wellbeing Board (BHWB) ensures system leadership across commissioners and providers working in Brent. The current terms of reference as outlined in the council’s constitution is attached as Appendix 3.

3.21 Health and Wellbeing Boards were enshrined in the Health and Care Bill, published in July 2021. HWBs are given a number of new responsibilities in the Bill, including the review of Integrated Care Board joint forward plans, which outline how they will deliver duties including improving quality of services, reducing inequalities, public involvement and consultation, and financial duties.

3.22 There will be a need to review the terms of reference and membership once the ICS is formalised in July 2022, to reflect the changed health and care landscape and the BICP structures.

4.0 Financial Implications

4.1 There are no financial implications within this report.

5.0 Legal Implications

5.1 Health and Wellbeing Boards (HWBs) were formed under the Health and Social Care Act 2012. Their original purpose was to improve the health and wellbeing of the local population by providing a forum for health leaders (including those from NHS, local government and public health) to come together and agree health priorities and actions for the area. HWBs have a statutory duty to work alongside the Clinical Commissioning Group (CCG) to produce a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS) for the local population.

5.2 More recently there has been a growing movement towards more integrated care. The Department of Health and Social Care (DHSC) published the legislative proposals (White Paper) for a Health and Care Bill in February 2021. The proposals in the White Paper were a combination of: Proposals developed by NHS England (NHSE) to support the implementation of the NHS Long Term Plan. They form the main essence of the document as the NHS England/ Improvement engagement paper 'Integrating Care' proposes significant changes for both regional 'Integrated Care Systems' (ICS) and local place based partnerships for health and care 'Integrated Care Partnerships' (ICP). The central theme in the NHS's Long Term Plan is the importance of joint working with colleagues in local government and elsewhere, on the basis that neither the NHS nor local government can address all the challenges facing whole population health on their own. Additional proposals in the white paper relate to public health, social care, and quality and safety matters, which are dependent on legislative change.

5.3 A number of policy changes requiring action are set out with a timetable, which includes key milestones at April 2021 (shadow arrangements) and July 2022 (implementation).

5.4 As the proposals and governance structures develop and legislative changes are implemented, guidance from legal services will be sought.

6.0 Equality Implications

6.1 Health and Wellbeing Boards must also meet the Public Sector Equality Duty under the Equality Act 2010. S149 of the Equality Act 2010 provides that the Health and Wellbeing Board must, in the exercise of its functions, have due regard to the need to:

a) Eliminate discrimination, harassment and victimisation
b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

6.2 The Public Sector Equality Duty covers the following nine protected characteristics: age, disability, marriage and civil partnership, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

6.3 The Statutory Guidance states "*this is not just about how the community is involved but includes consideration of the experiences and the needs of people with relevant protected equality characteristics (as well as considering other groups identified as vulnerable in JSNAs) and the effects decisions have, or are likely to have on their health and wellbeing*".

Related documents:
Brent Health and Wellbeing Board Governance, ICP delivery vehicles and highlights update 14 July 2021

Report sign off:

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