

Health and Well-Being Board



Report subject	Development of the BCP Council area and Dorset Integrated Care System Strategic Partnership Framework
Meeting date	17 June 2021
Status	Public
Executive summary	<p>The report provides information on the development of local strategic partnerships and outlines the national requirements for new partnership arrangements being introduced in April 2022 as part of legislation and guidance related to formation of Integrated Care Systems (ICS). All relevant partners and stakeholders will be working over the coming months to ensure that the future framework of partnerships brings best value and impact in terms of improving outcomes for local communities and residents, particularly those who experience inequality and/ or who have additional or complex needs. The report makes recommendations to strengthen relationships between the Health and Well-Being Board and relevant other partnerships and recommends that prior to the end of 2021, the Health and Well-Being Board considers and approves a document which sets out the framework within which all relevant strategic partnerships will work within the BCP Council and the Dorset ICS areas.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <ul style="list-style-type: none"> a) The Chairs of i) the Pan-Dorset Safeguarding Children Partnership; ii) the Children and Young People's Partnership iii) the BCP Safeguarding Adults Board and iv) the BCP Community Safety Board are given an open invitation to attend Health and Well-Being Board meetings and can make requests to the Chair of the Health and Well-Being Board to put items on the Board's agenda. b) The Health and Well-Being Board holds a development session to consider the new requirements in relation to partnerships as part of Integrated Care Systems and develops recommendations as to how the BCP Health and Well-Being Board can work most effectively in the context of Dorset ICS from April 2022.

	<p>c) The Health and Well-Being Board considers and approves a document which sets out a framework for the future working arrangements between relevant strategic partnerships across the BCP Council and the Dorset ICS areas before 31st December 2021.</p>
Reason for recommendations	<p>The Health and Well-Being Board operates in the context of a range of statutory strategic partnerships which all play key roles in ensuring the health and well-being, safety and positive outcomes for local communities and residents of all ages. It is important that appropriate communication and joint working takes place between these other statutory partnerships and the Health and Well-Being Board. As a way of strengthening the current joint working, it is recommended the Chairs of the relevant bodies (Pan-Dorset Children's Safeguarding Partnership; the BCP Children's and Young People's Partnership; the BCP Community Safety Partnership and the BCP Safeguarding Adults Board) have an open invitation to attend and participate in Health and Well-Being Board meetings and are able to request items are placed on the agenda of Health and Well-Being Board. In addition, the statutory partnership landscape is changing with new legislation and guidance in relation to Integrated Care Systems which will be implemented by April 2022. The guidance enables local systems to develop partnership arrangements which best suit local circumstances. In this context the Health and Well-Being Board is recommended to give specific consideration to the role it wishes to play within the Dorset ICS. It is important that all partners and the public understand the role and remit of individual partnerships and how they discharge their functions in a coherent framework with relevant joint working between partnerships. It is therefore further proposed that the Health and Well-Being Board works with the other strategic partnerships to develop and agree a Strategic Partnership Framework document which sets out the role and remit of each partnership and the working relationships between them.</p>

Portfolio Holder(s):	Cllr Nicola Greene, Portfolio Holder for COVID Resilience, Schools and Skills
Corporate Director	Jan Thurgood Corporate Director Adult Social Care, BCP Council Elaine Redding Corporate Director, Children's Services (Interim), BCP Council Kate Ryan, Chief Operating Officer, BCP Council Sam Crowe, Director of Public Health, BCP Council Tim Goodson, Chief Officer, Dorset Clinical Commissioning Group
Contributors	Kelly Ansell, Director of Communities, BCP Council Rachel Gravett, Children's Commissioner, BCP Council
Wards	All
Classification	Decision

Background

1. The Health and Well-Being Board works in a context of a range of statutory partnerships all of which have a key contribution to make to the health and well-being and safety of local communities and to good quality outcomes for local residents of all ages. It is important these partnerships work in a coherent framework so that the remit of each partnership is clear and that there is appropriate communication and joint working between them.
2. Since Local Government Reorganisation in the BCP and Dorset Council areas, partners have been working to develop strong and effective statutory partnerships. Information is provided in Appendices 1 to 4 in this report on how each relevant key statutory partnership has been developed. The Health and Well-Being Strategy, which was agreed by the Board on 3rd September 2020, has "Support and Challenge" one of three priorities. This priority is described as "provide governance and support to our partners, prioritising the delivery of key partnership outcomes". One of the four areas for focus under this priority was identified as "Ensure that safeguarding arrangements for children and vulnerable adults are effective". This report provides the Health and Well-Being Board with updated information on the development of the three key partnerships which are relevant to safeguarding and resident safety which are the Pan-Dorset Safeguarding Children Partnership Board, the BCP Safeguarding Adults Board and the Community Safety Partnership. Information is also provided on the development of the Children and Young People's Partnership which leads on delivering good and improving outcomes with and for children, young people and their families which includes health and well-being. Information on each partnership is provided in Appendices 1 to 4.

3. As a means to strengthen joint working between the four partnerships above and the Health and Well-Being Board, it is proposed that the Independent Chair of each partnership is given an open invitation to attend Health and Well-Being Board meetings and also is able to request items are placed on the agenda of the Health and Well-Being Board. The Independent Chair of the BCP Safeguarding Adults Board, who took up the post in April 2021, has already indicated that she would wish to ensure that she fulfils the statutory duty to report to the Health and Well-Being Board on an annual basis.
4. The national framework for partnership working in relation to health, care, public health and well-being is changing with the formation of statutory Integrated Care Systems through the provisions of the Health and Care Bill and its attendant guidance. The Bill is still going through the legislative process and so the proposals as set out below may well be subject to further changes.
5. The proposals set out the ambition for how all parts of the health and care system can work together as ICSs, involving
 - stronger partnerships in local places between the NHS, local government and others with a more central role for primary care in providing joined-up care;
 - provider organisations being asked to step forward in formal collaborative arrangements that allow them to operate at scale;
 - developing strategic commissioning through systems with a focus on population health outcomes;
 - using digital and data to drive system working, connect health and care providers, improve outcomes and putting the citizen at the heart of their own care
6. The proposed legislative changes would see the introduction of a statutory corporate NHS Body that brings the CCG statutory functions into the ICS, therefore:
 - CCGs will be abolished and replaced with:

ICS NHS Body - Integrated Care Board (ICB), consist of representatives from NHS Providers, primary care and local government, alongside a Chair and a Chief Executive. The ICS will be able to appoint any other members as it deems appropriate.

Responsible for developing a plan to meet population health needs; capital plan for NHS providers; and securing provision of health services. They have no power to direct NHS providers.
7. There are also proposals to introduce **Statutory Health and Care Partnerships** which will bring together a wider group of partners to confirm their shared ambition for the health of their population and develop overarching plans across health, social care and public health. These are expected to build on systems'

existing partnership boards, bringing together those parties that can address the wider determinants of population health and wellbeing.

8. To support systems to better achieved their objectives, they should establish:
 - Place Based Partnerships who will be responsible for services to meet the day to day care needs of their population for example:
 - Staying well and preventative services
 - Integrated care and treatment
 - Digital services (non-digital alternative)
 - Proactive support to keep people as well as possible where they are vulnerable or at high risk
 - Provider Collaboratives- providing a formal arrangement to bring together providers to maximise the delivery of services at scale, where appropriate.

Appendix 5 provides a diagrammatic representation of the national board and partnership proposals.

9. More detailed national guidance is being developed about how partnership arrangements may work best, which will include how Health and Well-Being Boards can best play a key role in this new partnership landscape. Given the different geography and local context for each statutory ICS, each ICS will develop arrangements which best suit its local context.
10. Given the significance of these national changes, it is recommended that the BCP Council Health and Well-Being Board holds a development session to discuss the new ICS partnership landscape in the BCP and Dorset Council areas and future role of the Health and Well-Being Board in these new arrangements.
11. It is important that everyone working in the relevant strategic partnerships and local people understand the role and remit of each partnership and how strategic partnerships work in a coherent context. It is therefore proposed that representatives of all the major partnerships work together to produce a Framework document which sets out the remit of each partnership and how these partnerships work together across the BCP and Dorset ICS areas. It is proposed that this Framework is considered and approved by all relevant local partnerships including the Health and Well-Being Board no later than 31st December 2021.

Summary of financial implications

12. Partners to the Health and Well-Being Board and other statutory partnerships work in a collaborative way both to support the partnership itself and the delivery of key strategies which are agreed by the Boards. On some occasions, this may mean that partners have clearly aligned or pooled budget arrangements. In the case of the Health and Well-Being Board it has a specific remit to approve and monitor the outcomes of the Better Care Fund where NHS and Council budgets

come together in an aligned and in some circumstances pooled budget arrangements to deliver agreed health and care outcomes.

13. A key aim of the most effective partnership working is to ensure that partners use public, private, community and voluntary sector funding and resources to make the most positive impact on health and well-being, safety and resident outcomes for local communities.

Summary of legal implications

14. Each of the statutory partnerships referred to in this report undertakes its work within the context of legislation and its attendant guidance. Health and Well-Being Boards were established under the Health and Social Care Act 2012.
15. As outlined in this report, the Health and Care Bill 2021, which is progressing through Parliament, will place Integrated Care Systems on a statutory footing and introduce new partnerships requirements as set out in paragraphs 5 to 7 and Appendix 5.

Summary of human resources implications

16. The delivery of all statutory partnership strategies require a skilled and motivated workforce across the public, independent, business and community and voluntary sectors. It should also be noted that many members of the public will also be critical to the development and delivery of these strategies and that co-production with residents of all ages, local communities and people who use specific services are critical to the success of all statutory partnerships.

Summary of environmental impact

17. All statutory partnerships need to ensure that environmental impact and the requirement to address issues of climate change are central to their work.

Summary of public health implications

18. All of the statutory partnerships referred to in this report have a key role to play in improving public health outcomes and health and well-being. It is essential that partnerships worked in a co-ordinated way to ensure that priority issues are both identified and addressed in the most effective way and that there is not inappropriate duplication of activity between partnerships.
19. The Health and Well-Being Strategy sets out a key priority of “Empowering Communities – engaging with communities of highest need to improve healthy life expectancy”. This priority will have relevance to all key statutory partnerships and the Health and Well-Being Board is well placed to ensure that a coherent and impactful approach is taken to this priority across all partners and partnerships.

Summary of equality implications

20. Addressing issues of inequality and deprivation and ensuring equality duties are fully enacted are core to all statutory partnerships and all partner agencies must fulfil the requirements of the Equality Act 2010.

Summary of risk assessment

21. It is important that over the coming months that all partners and partnerships work together to further develop a coherent and impactful framework of statutory partnerships across the BCP and Dorset ICS areas. The risks of not developing this framework are as follows:

- i) Partners do not make best use of resources and public sector funding
- ii) Work on key issues for local communities and residents is fragmented or inappropriately duplicated and therefore desired outcomes are not achieved or there is a lack of pace in their achievement
- iii) Local communities, residents and the community and voluntary sector are not engaged in meaningful and coherent co-production.

Background papers

BCP Council Health and Well-Being Strategy 2020 to 2023

List details of any documents used to a material extent in drafting the report and where these documents are located. If those papers are readily available to the public through the Council's web site or elsewhere on the internet or a publication available to the public then please state 'Published works'. Only if there are absolutely no other documents used to assist with the production of the report should the report author state 'None'. All background papers must be made available for public inspection for a period of 4 years from the date of the meeting. If the background papers contain exempt information then this should be clearly indicated and the exemption category clearly identified.]

Appendices

- 1) Pan-Dorset Safeguarding Children's Partnership
- 2) BCP Children and Young People's Partnership
- 3) BCP CSP
- 4) BCP Safeguarding Adults Board.
- 5) Our Dorset ICS Next Steps – The Proposal