APPENDIX A

GUIDANCE ROUND-UP

1. INTEGRATED CARE STRATEGY

National guidance was published at the end of July on developing Integrated Care Strategies along with additional documents on Health and Wellbeing Boards, Health Overview and Scrutiny Committees and working with Adult Social Care Provider. This includes:

a) **Integrated Care Strategy Guidance:** Statutory guidance for integrated care partnerships on the preparation of integrated care strategies https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies

b) **Expected Ways of Working between ICP and ASC providers:** Guidance on how integrated care providers and adult social care providers are expected to work together. https://www.gov.uk/government/publications/adult-social-care-principles-for-integrated-care-partnerships

c) **Health and Wellbeing Board Guidance – Engagement Document**: Guidance on the role of Health and Wellbeing Boards following the implementation of ICBs and ICPs, for further engagement https://www.gov.uk/government/publications/health-and-wellbeing-boards-draft-guidance-for-engagement

d) **HOSC Principles**: This sets out the expectations on how Health Overview and Scrutiny Committees should work with ICSs to ensure they are locally accountable to their communities. : https://www.gov.uk/government/publications/health-overview-and-scrutiny-committee-principles

In relation to the development of the Integrated Care Strategy, the guidance notes that the statutory requirements which must be undertaken in preparation of the strategy are:

- The integrated care strategy must set out how the ‘assessed needs’ from the joint strategic needs assessments in relation to its area are to be met by the functions of integrated care board for its area, NHSE, or partner local authorities
- Consider whether any of these needs could be met more effectively by establishing a section 75 arrangement, by combining funding streams to achieve best outcomes and value.
- Have regard to the NHS mandate
- Involve people who live and work in the Lancashire and South Cumbria area (as defined) and involve each of our local Healthwatch organisations; Blackburn with Darwen, Blackpool, Cumbria and Lancashire.
- Publish the strategy
- The strategy MAY also include:

- A statement which outlines the intention to better integrate health and or social care services with ‘health-related’ services.

2. SAFEGUARDING CHILDREN, YOUNG PEOPLE AND ADULTS AT RISK IN THE NHS: SAFEGUARDING ACCOUNTABILITY AND ASSURANCE FRAMEWORK

This framework builds on its predecessor, it continues to strengthen the NHS commitment to promoting the safety, protection and welfare of children, young people, and adults.

It clearly outlines the accountabilities of ICB (previously CCGs) and providers, stating roles and responsibilities of organisations, safeguarding professionals and key partner agencies to deliver improved outcomes for the most at-risk children, young people, and vulnerable adults across our communities. It promotes healthy behaviours to keep individuals and communities safe from harm. Reiterating that the safety and wellbeing of those vulnerable in our communities are at the forefront of our business.

ICB has many duties in legislation to deliver and/or co-operate for example Domestic Abuse Act, Serious Violence Duty, Liberty Protection Safeguards. This means the ICB must seek common solutions, develop a structured landscape, and work together with Providers and key stakeholders to deliver.

Our success and improvement continue to be monitored via the Integrated Care Safeguarding Governance arrangements which includes multi-disciplinary and multi-agency networks of professionals at system and Place. Additionally, as a minimum NHSE review ICBs quarterly across England. Regulators and partnership arrangement also influence and inform delivery.

The ICB Quality Committee will receive a written report at its September meeting. The report will outline several considerations including areas that the ICB need to fulfil and in which ICB can continue to strengthen its commitment to Safeguarding e.g., ICB Board member training and a proposal to set up a safeguarding subgroup of the ICB Surveillance Quality Group with an aim to engage, support intelligence sharing, learning and improvement.

3. INTEGRATED CARE BOARDS: COUNTER FRAUD STATUTORY GUIDANCE

NHS England (NHSE) has published statutory guidance outlining counter fraud requirements for ICBs and it describes the interaction and division of responsibilities between the counter fraud functions of ICBs and NHS England, in particular for primary care services delegated to ICBs. It clarifies that NHSE is responsible for ensuring that appropriate counter fraud arrangements are in place and retains the investigative responsibility regarding economic crime allegations in primary care services delegated to ICBs (relating to contractors) and that ICBs are responsible for ensuring that appropriate counter fraud arrangements are in place and will have investigative responsibility for areas not

delegated by NHS England, and commissioned directly by the ICB such as local enhanced services.

Any suspicion of economic crime in relation to Primary Care contractors must be reported immediately to NHS England Counter Fraud team.

The guidance also clarifies that NHSE commission provider assurance services nationally for NHS Business Services Authority.

The ICBs Primary Care Leadership Team are aware that this guidance has been published, and our Local Anti-Fraud, Bribery and Corruption Policy and Response Plan has been updated to include reference to this guidance. The revised policy will be presented to the Audit Committee at its next meeting on 29 September for ratification.

4. GUIDANCE ON INTEGRATED CARE BOARDS ON APPLYING TO NHS ENGLAND TO AMEND THEIR CONSTITUTIONS

NHS England (NHSE) has issued statutory guidance that sets out the procedure for ICBs to apply to amend their constitutions. NHSE will consider applications throughout the year, and the guidance also includes the timeliness standards for NHSE to consider and respond to applications.

- NHSE will consider the proposed amendments, taking a range of factors into consideration. Applications will be acknowledged within two weeks and typically, ICBs will notified of a decision on the application within four weeks of receipt. There is no appeal or review process for any decision.

Any application should consist of:

- The reason for change
- Assurance there has been meaningful engagement with relevant stakeholders and views of the public sought where appropriate and how they would be informed of any changes and what this means to them
- Confirmation of Board Level approval
- Assurance that legal advice has been considered
- An impact assessment of the proposed change

The ICB is also required to confirm or review the organisations eligible to nomination the partner members of the board in two circumstances:

- Annually for Trusts, prior to initiating updates to the joint forward plan for the following financial year; and
- All nominating organisations prior to initiating the nominations process for the relevant partner member(s).

As Trusts and Local Authorities eligible to nominate are named in the constitution, any changes would require an application to amend it. Such changes are expected to be infrequent and for LSC there will be the need to review the Constitution in preparation for when the Westmorland and Furness Shadow Authority becomes a new unitary council on 1 April 2023.

GP Providers eligible to nominate are held in the Governance Handbook rather than the constitution, so amendments do not require NHSE approval.

5. NEXT STEPS IN INCREASING CAPACITY AND OPERATIONAL RESILIENCE IN URGENT AND EMERGENCY CARE (UEC) AHEAD OF WINTER

NHS England (NHSE) published guidance outlining the next steps in plans to rapidly increase capacity and resilience, recognising that pressure on the NHS this winter is likely to be substantial, particularly in UEC, combined with potential pressures from Covid and flu. B1929_Next-steps-in-increasing-capacity-and-operational-resilience-in-urgent-and-emergency-care-ahead-of-winte.pdf (england.nhs.uk)

The collective core objectives and actions in the guidance are to:

- **Prepare for variants of COVID-19 and respiratory challenges**
- **Increase capacity outside acute trusts**, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter.
- **Increase resilience in NHS 111 and 999 services**
- **Target Category 2 response times and ambulance handover delays**, including improved utilisation of urgent community response and rapid response services & the new digital intelligent routing platform
- **Reduce crowding in A&E departments and target the longest waits in ED**
- **Reduce hospital occupancy**, through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway.
- **Ensure timely discharge**, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the '100 day challenge'
- **Provide better support for people at home**, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.

The guidance also identifies six specific metrics, key to the provision of safe and effective urgent and emergency care, that NHS England and ICBs will use to monitor performance in each system through a Board Assurance Framework, working with each ICB to develop local performance trajectories to sit alongside these measures.

- 111 call abandonment.
- Mean 999 call answering times.
- Category 2 ambulance response times.
- Average hours lost to ambulance handover delays per day.
- Adult general and acute type 1 bed occupancy (adjusted for void beds).
- Percentage of beds occupied by patients who no longer meet the criteria to reside.

6. EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR)

This is a strategic national framework containing principles for health emergency preparedness, resilience, and response for NHS-funded organisations in England including but not limited to NHS Trusts, Foundation Trusts, Care Trusts, providers of NHS-funded primary care, NHS commissioning organisations including NHS England and integrated care boards.

All NHS-funded organisations must meet the requirements of the Civil Contingencies Act 2004, the NHS Act 2006, the Health and Care Act 2022, the NHS standard contract, the NHS Core Standards for EPRR and NHS England business continuity management framework. B0900_emergency-preparedness-resilience-and-response-framework.pdf (england.nhs.uk)