

## MSE Integrated Care Partnership, 28<sup>th</sup> September 2022

### Agenda Number: 08

### Population Health Improvement Board

### Summary Report

#### 1. Purpose of Report

To set out the remit for a Mid and South Essex system wide Population Health Improvement Board.

#### 2. Executive Lead

- Name: **Lucy Wightman**
- Job Title: **Director of Public Health, Essex County Council**

#### 3. Report Author

- Name: **Emma Timpson**
- Job Title: **Associate Director Health Inequalities and Prevention, Mid and South Essex ICB**

#### 4. Responsible Committees

Not applicable.

#### 5. Link to the ICP's Strategic Objectives

- Improve healthcare outcomes for residents in Mid and South Essex
- Tackle inequalities in access, experience and outcomes

#### 6. Financial Implications

Not applicable.

#### 7. Details of patient or public engagement or consultation

Not applicable.

#### 8. Conflicts of Interest

None identified.

#### 9. Recommendation/s

The Integrated Care Partnership is asked to endorse the establishment of a Population Health Improvement Board.

# Population Health Improvement Board

## 1. Introduction

Throughout the ICS there are many and varied programmes of work being undertaken with the overarching aim of improving population health outcomes and reducing health inequalities. Over time the ICS has developed functions in response to various internal and external influences and activities have evolved over time, often quite separately, leading to a lack of synergy, direction, and clear oversight and resulting in some duplication of effort and ineffective use of resources.

The establishment of the ICS on 1 July, with the associated arrangements for the new NHS Integrated Care Board, brings an opportunity to review and streamline activities to provide better direction, coordination and prioritisation across the ICS.

This paper proposes the establishment of a Population Health Improvement Board to fulfil that role.

## 2. Main Content of Report

The ICS 5-year Strategy and the strategies of our three upper tier local authority Health and Wellbeing Boards all have the reduction of health inequalities as a key ambition. It is proposed that a Population Health Improvement Board (PHIB) will enable prioritisation, coordination and oversight of ICS-wide activities to generate best impact for the population whilst taking into account the interplay with partner organisations related priorities and workplans. This includes:

- The overarching integrated care strategy for Mid & South Essex
- The ICS health inequalities strategy and core20+5 framework
- Population health management activities
- Prevention activities related to the wider determinants of health
- Personalised care arrangements
- Anchor charter activities

The PHIB links across the ICS and with enabling functions including:

- Data and BI
- Finance and Resources
- Communications and Engagement
- Stewardship

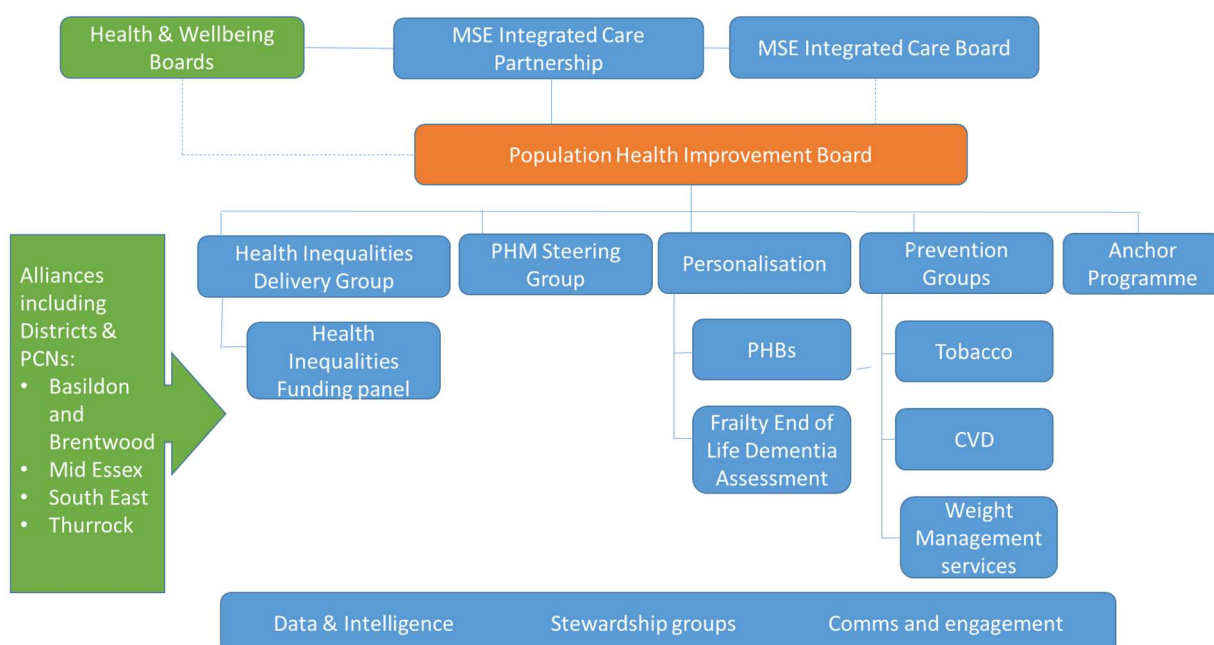
The principle of subsidiarity will underpin the work of the PHIB, it aims to coordinate system-wide activities (including finance, digital, data/BI and people functions around the health improvement agenda) to ensure our neighbourhoods, PCNs and Alliances and the ICS itself has the support required to reverse the inverse care law, and deliver short-, medium-, and long-term health inequality and prevention ambitions.

The PHIB will have no formal delegated powers from the organisations in the Partnership. Its purpose will be to define priorities, ensure coordination and advise on available resources within the remit of the programme in relation to ICS-wide aspects of population health improvement. Where resources are not available, the PHIB will make recommendations to the Integrated Care Board or other statutory bodies.

The PHIB will be chaired by the Director of Public Health, ECC and have representation from:

- Directors of Public Health for Southend and Thurrock
- Clinical Senior Responsibilities Officers for Population Health Management, Health Inequalities and Prevention
- ICB Executive Directors
- Local Authority lead(s) for Adult and Children services
- NHS Provider Health Inequalities Lead
- Healthwatch

The PHIB will be accountable to the Integrated Care Partnership. In its role as a system-wide resource, the PHIB provides advice to the Integrated Care Board and other statutory organisations on population health improvement activities. An overview of the governance is set out below.



The PHIB will meet monthly and provide regular reports to the Integrated Care Partnership on progress.

Proposed terms of reference are attached at Appendix A.

### 3. Findings/Conclusion

To align populational health improvement and health inequalities activities, it is proposed that the above functions are placed under the jurisdiction of a new Population Health Improvement Board (PHIB).

### 4. Recommendation(s)

The Integrated Care Partnership is asked to endorse the establishment of a Population Health Improvement Board.

## 5. Appendices

Appendix A Population Health Improvement Board Terms of Reference



Mid and South Essex  
Health and Care  
Partnership

Appendix A

# Population Health Improvement Board

## Terms of Reference [approval date]

## 1. Purpose

These Terms of Reference describe the scope, function and ways of working for the ICS Population Health Improvement Board (PHIB).

The PHIB has no formal delegated powers from the organisations in the Partnership. Its purpose will be to define priorities, ensure coordination and advise on available resources within the remit of the programme in relation to ICS-wide aspects of population health improvement. Where resources are not available, the PHIB will make recommendations to the Integrated Care Board or other statutory bodies.

## 2. Preamble

The ICS 5-year Strategy and the strategies of our three upper tier local authority Health and Wellbeing Boards all have the reduction of health inequalities as a key ambition. The PHIB will enable prioritisation, coordination and oversight of ICS-wide activities to generate best impact for the population whilst taking into account the interplay with partner organisations related priorities and workplans. This includes:

- The overarching integrated care strategy for Mid & South Essex
- The ICS health inequalities strategy and core20+5 framework
- Population health management activities
- Prevention activities related to the wider determinants of health
- Personalised care arrangements
- Anchor charter activities

The PHIB links across the ICS and with enabling functions including:

- Data and BI
- Finance and Resources
- Communications and Engagement
- Stewardship

In creating the PHIB, all members are cognisant that the principle of subsidiarity is a key tenet of the ICS – the PHIB aims to coordinate system-wide activities (including finance, digital, data/BI and people functions around the health improvement agenda) to ensure our neighbourhoods, PCNs and Alliances and the ICS itself has the support required to reverse the inverse care law, and deliver short-, medium-, and long-term health inequality ambitions.

## 3. Responsibilities of the PHIB

The PHIB will:

- Take responsibility for the development of the ICS Health Inequality Strategy and oversee its implementation.
- Provide leadership and direction in setting priorities for the aforementioned activities to ensure that these are aligned and mutually supportive, wherever possible.
- Advise on the apportionment of transformation monies from national bodies in relation to activities outlined above.
- Provide effective liaison with enabling functions to prioritise appropriate resource to support partners to enable them to deliver their health inequality objectives.

- Build leadership and collective responsibility for shared objectives at system, alliance and neighbourhood level.
- Act as an interface with regulators on ICS performance in relation to health inequalities.
- Hold an overarching health inequality programme plan for the ICS, and regularly report on progress to the System Oversight & Assurance Group (SOAG).
- Build in evaluation mechanisms to the work of the Board to enable assessment of progress.
- Provide regular reports to the Integrated Care Partnership on progress.
- Make recommendations to the ICB and ICP on matters relating to population health improvement.
- Link across directorates within the ICB and the wider partnership in pursuit of maximising impact for our population.

#### 4. Membership

Although the issues under consideration are wide ranging and interface with many aspects of the ICS, the intention is that the PHIB membership is contained to the following:

- Director of Public Health, ECC (Chair)
- Director of Public Health, Southend
- Director of Public Health, Thurrock
- Other Local Authority representative(s) for Adult and Children Services
- NHS Alliance Director representative
- ICS Medical Director
- Clinical SRO for Health Inequalities
- PHM Executive Lead
- ICS SRO for Prevention
- ICS Chief Digital & Information Officer
- NHS Provider Health Inequalities Lead
- Healthwatch representative
- ICB Executive Director of Strategy & Partnerships
- ICB Director of Communications & Engagement
- ICB Director of Strategic Partnerships
- ICB Associate Director, Health Inequalities and Prevention
- ICB Health Inequality Finance Lead

The Deputy Chair will be agreed by members.

If a member is unable to attend a meeting of the PHIB, they will identify a suitable deputy to attend on their behalf. Such a deputy must have sufficient seniority and understanding of the issues to be considered.

At the discretion of the Chair, additional colleagues may be requested to attend meetings from time to time to participate in discussions or report on particular issues. Such additional representatives may include Senior Responsible Officers and programme leads for agreed programmes and/or representatives of partner organisations, who are not part of the core membership.

## 5. Quoracy and voting

The PHIB will operate on the basis of forming a consensus on issues considered, taking account of the views expressed by members. It will look to make any decisions on a “Best for Mid & South Essex” basis. The Chair will seek to ensure that any lack of consensus is resolved amongst members. Where this is not possible, the Chair will make a decision, in consultation with the ICB CEO.

## 6. Accountability and reporting

The PHIB is accountable to the Integrated Care Partnership. In its role as a system-wide resource, the PHIB provides advice to the Integrated Care Board and other statutory organisations on population health improvement activities. It has no formal powers delegated by Partner organisations.

Notes from the PHIB meeting will be available on request to the Integrated Care Partnership and other statutory Boards, for information.

## 7. Conduct and Operation

The PHIB will normally meet monthly.

Extraordinary meetings may be called for a specific purpose at the discretion of the Chair. A minimum of two working days’ notice will be given when calling an extraordinary meeting.

The agenda and supporting papers will be sent to members and attendees no less than four working days before the meeting. Urgent papers will be permitted in exceptional circumstances at the discretion of the Chair.

Notes will be issued to members within 10 working days of each meeting.

## 8. Managing Conflicts of Interest

Each member must abide by all policies of the organisation they represent in relation to conflicts of interest.

Where any PHIB member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (at their discretion) shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that member may participate and/or vote in meetings (or parts of meetings) in which the relevant matter is discussed.

Where the Chair decides to exclude a member, the relevant organisation represented by that member may send a deputy to take the place of the conflicted member in relation to that matter.

## 9. Secretariat

The secretariat function for the PHIB will be provided by the ICB core team. A member of the team will be responsible for arranging meetings, recording notes and actions from each meeting, preparing agendas, and agreeing these with the Chair.



## 10. Review

These terms of reference and the membership of the PHIB will be reviewed at least annually. Further reviews will be undertaken in response to any material developments or changes in the wider governance arrangements of the ICS.