

WEST NORTHAMPTONSHIRE HEALTH AND WELLBEING BOARD

Report Title	NHCP Place, Communities and Neighbourhoods Proposal
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1. Purpose of Report

1.1. For Board members to review and formally endorse the West boundary and governance proposals for 'Place' within Northamptonshire's Integrated Care System.

2. Executive Summary

1.2. The report contains background and context to Place within the ICS, an outline of the approach undertaken to define Place and the evidence base used to inform decision-making. It establishes design principles for place levels, neighbourhood and community options for analysis and shares the output of stakeholder engagement to inform recommendations. Formal community and neighbourhood boundary and governance proposals are made for review and endorsement, with proposed next steps.

3. Recommendations

3.1 It is recommended that the Board:

- a) Formally endorse the development of two communities- Northampton, and Towcester, South Northants & Daventry- as the boundaries for communities in the West.
- b) Formally endorse the plans to design neighbourhoods through clusters of wards with approximately 30-50k population size.
- c) Endorse governance recommendations to widen HWBB remit and membership, establish Community Wellbeing Forums, and utilise existing governance forums for neighbourhoods.

3.2 Reason for Recommendations:

- The proposed structure for communities offers sensible planning and delivery geographies, and is broadly grouped by commonalities of need; aligning most closely with the principles agreed with system stakeholders.
- Wards are sensible and useful structures for grouping similar populations, engaging with local people at the most localised level and are recognisable to local people, aligning with the agreed design principles. However, grouping in clusters is required in order to ensure efficient planning and service delivery.
- Broadening the remit and membership of the Health and Wellbeing Boards will ensure that they are fully addressing the wider determinants of health in their activities.
- A level of governance is required at community level to ensure that there is the membership and capacity to plan in accordance with specific, targeted population needs and in line with the agreed Outcomes Framework / JSNA and Local Area Plans.
- Utilising existing governance forums for neighbourhoods will ensure that services are co-produced with local people and feedback from the most local levels are built into the approach.

4. Report Background

- 4.1 We are working towards establishing Northamptonshire as a ‘thriving ICS’ by April 2022, which, subject to legislation, is the point when Integrated Care Systems are expected to become established in law. This means that care between NHS, local authorities and others will be integrated, with local partners responsible for managing resources and improving health outcomes through a range of ICS organisations. We developed our case for change for integrated care in Northamptonshire through our System Development Plan in December 2020. This described how our NHS and social care system is not currently able to meet the level and complexity of demand and need within our population. Collective responsibility in managing our available resources across the entire health and care system will provide the best way of addressing health inequalities and improving the health outcomes for the population of Northamptonshire.
- 4.2 We are in the process of defining our plans for ‘Place’. This is an important building block for developing an ICS capable of supporting meaningful service improvement to deliver on the long-term health and wellbeing outcomes that we have agreed need to improve. This contributes to NHCP’s mission to empower positive futures; choose well, stay well and live well, empowering healthy lifestyles and ultimately preventing ill health across Northamptonshire.
- 4.3 It is also a key requirement to meet ICS statutory guidance. Outline plans must be developed by December 2021 and ‘place’ arrangements must be in place by April 2022. Plans will evolve and continually develop beyond April 2022.
- 4.4 The role and function of communities and neighbourhoods within Northamptonshire has been developing as part of ongoing ICS development work. The Partnership has already identified a number of core features and aspirations for Place to deliver on the agreed Outcomes Framework. Arrangements for integrated care at community and neighbourhood level will:

- Define boundaries in order to plan and align the commissioning of NHS and local government services around shared objectives and outcomes.
- Support our emerging 'collaboratives' to work at a system level, operating services which are tailored to meet needs at local 'neighbourhood' level. Sub-place and neighbourhood boundaries & arrangements inform where and how Collaboratives deliver – and vice versa.
- Draw on population health intelligence to support care redesign locally, e.g. Joint Strategic Needs Assessments (JSNA). Feed into: quality improvement strategy, prevention and approach to address health inequalities.
- Enable two way communication and coordinate strategy and programmes for neighbourhoods.
- Support development of more local arrangements delivering health, social care and public health services around the needs of the population and promote self-help/preventative measures.

5. Issues and Choices

- 5.1 We have engaged over 50 stakeholders to define draft proposals for communities and neighbourhoods so far, through two rounds of HWBB forum engagements in September and November, one-to-one discussions as well as review through the NHCP governance forums. Thinking will continue to evolve over the coming months.
- 5.2 The consensus from engagement to date is that places need to support the targeting of commonalities of need within particular populations, ensuring that services are localised to the greatest extent possible (where required) and facilitate co-production through providing forums for engagement for local people and organisations. In addition to this, places should be designed so that where economies of scale and planning and delivering efficiencies are possible, these are maximised. Existing governance forums can be utilised, and existing structures or geographical boundaries should be used where practicable so that places are recognisable to local people. There is agreement from stakeholders engaged that there should be two levels below 'Place' in order to support principles around ensuring economies of scale, localisation of services, effective and proportionate governance structures, equity of service delivery and widespread engagement / local voice. It is therefore recommended that 'communities' are a formal level of planning below place, with communities being constituted of 'neighbourhoods' at the lowest local level.
- 5.3 In both the West and North, several options of structures for both community and neighbourhood were considered. Included in this were Northamptonshire's 16 Primary Care Networks. However, there was consensus that these are not viable structures for planning or delivery at any level of place, due to their overlapping geographies, varying population sizes and lack of recognisability to local people.
- 5.4 In the West stakeholders felt that two communities made sense as structures (based on current NHS locality boundaries) due to their broadly rural/urban split and similar population sizes, allowing for targeting of commonalities of need. In the North, stakeholders fed back that at the community level, four communities would make sensible planning and delivery geographies (based on former district boundaries) due to the commonalities of need within those populations (four distinct areas with different needs), the urban/rural mix of each of the four areas and their recognisability to local people.

- 5.5 In both the North and West, ward boundaries were agreed to be useful structures for grouping similar populations and are recognisable to local people. However, there was also consensus that, as individual units, wards are too small for both efficient planning and service delivery.
- 5.6 Therefore, in the West, 'community' recommendations are that there are of two communities- Northampton, and Towcester, South Northants & Daventry- based around the footprint of the NHS GP localities.
- 5.7 At neighbourhood level in both North and West it is recommended that neighbourhoods should be comprised of 'clusters' of local government wards aligning broadly to urban and rural areas, with populations of approximately 30,000-50,000 people.
- 5.8 It is recommended that governance structures follow broadly the same structure in the North as in the West. Recommendations to the Board are as follows:
- Widen HWBB remit and membership to include liaison with other parts of ICS governance, clinical leadership and members from organisations to ensure that all wider determinants of health are considered
 - Establishment of Community Locality Wellbeing Forums (one per locality), with responsibility for joint planning of local services across the health and care system
 - Use of existing governance forums for neighbourhoods to engage with local people and ensure feedback from local service delivery

6. Implications (including financial implications)

6.1 Resources and Financial

- 6.1.1 There are no resources and / or financial implications arising from the proposals at this stage. More detailed plans will be determined through following stages. Resource implications may include additional system-wide resources to attend and participate in HWBBs, and development of informal forum structures at Community level (although these will likely replace existing structures).

6.2 Legal

- 6.2.1 Recommendations in the paper include some suggested changes to the remit and membership of statutory functions in the HWBB.

6.3 Risk

- 6.3.1 There are no significant risks arising from the proposed recommendations in this report.
- 6.3.2 The risk of not making a decision is that the Council will not be complying with national legislation as part of the Health and Care Bill July 2021. Also, the ICS will not be moving forward on agreed plans to implement a place-based approach to delivering on agreed ICS outcomes.

6.4 Consultation

6.4.1 Informal consultation has taken place through this process (see detailed report) and formal consultation is taking place at HWBB, through NHCP wider system governance and through sovereign organisational boards.

6.5 Consideration by Overview and Scrutiny

6.5.1 Not applicable.

6.6 Climate Impact

6.6.1 Not applicable.

6.7 Community Impact

6.7.1 Proposals within this paper support development of greater community involvement in health and care decision-making, local service planning and delivery. This is described in the detailed paper.

7. Background Papers

7.1 LGA/ NHS Guidance- Thriving Places: Guidance on the development of place-based partnerships as part of statutory integrated care systems: <https://www.england.nhs.uk/wp-content/uploads/2021/06/B0660-ics-implementation-guidance-on-thriving-places.pdf>

7.2 NHS Guidance- Interim guidance on the functions and governance of the integrated care board: <https://www.england.nhs.uk/wp-content/uploads/2021/06/B0886-Interim-guidance-on-the-functions-and-governance-of-the-integrated-care-board-August-2021.pdf>