

WEST NORTHAMPTONSHIRE COUNCIL FULL COUNCIL

Thursday 30th June 2022

Cllr Matt Golby – Portfolio holder Adult Social Care

Report Title	Northamptonshire’s Integrated Care System
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List of Appendices

- 1. Appendix A – Northamptonshire’s Integrated Care Structure**
- 2. Appendix B – Proposed Health and Wellbeing Board Terms of Reference**
- 3. Appendix C – Proposed West Integrated Care Partnership Structure**
- 4. Appendix D – Proposed West Northants Local Area Partnership structure**

1. Purpose of Report

- 1.1.1 To provide an update to Council on progress toward the Northamptonshire Integrated Care System (ICS) and gain Council's support for its planned implementation as described within this report.
- 1.1.2 Council to note the nomination process for West Northamptonshire Council's representative on the Integrated Care Board (ICB) as approved by Cabinet on 14th June 2022
- 1.1.3 Council to approve the West Health and Wellbeing Board Terms of Reference for the Integrated Care System (ICS) from the 1st July 2022
- 1.1.4 Council to note the charring arrangements for the Integrated Care Partnership Board.
- 1.1.5 Council to note the proposed governance structure for the Integrated Care Partnership (West Place) which were approved at the West Health and Wellbeing Board on the 7th June 2022
- 1.1.6 Council to note the proposed Local Area Partnerships (LAP's) for the West Place as part of the ICP following consultation with stakeholders.
- 1.1.7 Council to note the proposal for one elected member per unitary ward to sit on Local Area Partnerships.

2 Executive Summary

2.1 Integrated Care System

The Health and Care Act 2022 (the Act) sets out plans for the future of health and care, including the statutory creation of Integrated Care Systems. The Act also sets out Government plans to improve collaborative working, empower local leaders, address health inequalities, and focus on population health management. The Act has now received Royal Assent and the new requirements arrangements will come into force on 1st July 2022. For West Northamptonshire, the Integrated Care System will exist at county (Northamptonshire) level. Reforms will mean changes to governance and decision making through the Integrated Care Board and Integrated Care Partnership both at county and place (West Northants) level; to locality leadership and day-to-day officer roles and to mechanisms to support enhanced provider collaboration. This report updates cabinet on the preparatory work across Northamptonshire, and specifically on the detailed proposals emerging in West Northants. It sets out the decisions that will need to be taken by Cabinet, Council and the Health and Wellbeing Board, to ensure arrangements are fully reflected in the Council's Constitution.

3 Recommendations

- 3.1.1 It is recommended that Council:
 - a) Note the nomination process for West Northamptonshire Council's representative on the Integrated Care Board (ICB) which was approved by Cabinet on the 14th June 2022 is subject to

strict legal requirements and that the nomination will be made by the Leader of the Council in consultation with the Director of Legal and Democratic Services.

- b) Approve the West Health and Wellbeing Board Terms of Reference for the Integrated Care System from the 1st July 2022.
- c) Note the proposed governance structure for the Integrated Care Partnership (West Place) which were approved at the Integrated Care Partnership Shadow Board on the 31st May 2022 and the West Health and Wellbeing Board on the 7th June 2022
- d) Note the chairing arrangements for the Integrated Care Partnership Board.
- e) Note the proposed Local Area Partnerships (LAP's) for the West Place as part of the ICP following consultation with stakeholders
- f) Note the proposal for one elected member per unitary ward to sit on each of the nine Local Area Partnerships.
- g) Further updates will be presented to Cabinet, Council and People Scrutiny as the ICS develops to ensure the Council has appropriate oversight.

4 Reason for Recommendations:

- As set out in the Act the local authority needs to have a representative on the Integrated Care Board and a process for the nomination.
- The Act sets out new statutory responsibilities for the Health and Wellbeing Board and as the board is a statutory function of the local authority these changes need to be approved by Council as per West Northamptonshire's Council Constitution.
- West Northamptonshire Council has a significant role in the development and delivery of the Integrated Care Partnership and this paper sets out the areas where the council has shaped key proposals in line with the legislation and guidance.

5 Report Background

5.1 Integrated Care Systems

- 5.11 The NHS began its journey towards becoming an Integrated Care System four years ago, initially with the creation of Sustainability and Transformation Partnerships (STPs) in 2016, and then the concept of Integrated Care Systems (ICSs) from 2018. There are now ICS's that cover every part of England. The final 13 STPs were designated as ICSs from April 2021, including Northamptonshire.

- 5.12 The introduction of the Integrated Care System in Northamptonshire offers us an opportunity to work more closely with local areas and people to tackle wider determinants of health and health inequalities. This will be done by working collaboratively in local area partnerships with all stakeholders that will focus on key priorities in local areas. This will reflect the Living your Best Life ambitions that we have for people living in West Northamptonshire and is underpinned by a number of key priorities in the West Northamptonshire Corporate Plan.
- 5.13 In November 2020 NHS England and NHS Improvement published *Integrating care: Next steps to building strong and effective integrated care systems across England*.

It described the core purpose of an ICS being to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

- 5.14 In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS care, and improving the health and care of the population they serve. This will be supported by legislation that mandates this, the dissolution of CCGs (Clinical Commissioning Groups) into statutory ICS bodies and sets out the role of Local Authorities as key partners in future integrated care.
- 5.15 Integrated care systems (ICSs) are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups
- 5.16 Further National guidance published has established that the ICS development should be rooted in underlying principles of subsidiarity and collaboration. It described common features that every system is expected to have and develop, as the foundations for integrating care, with local flexibility in how best to design these to achieve consistent national standards and reduce inequalities, as:
- decisions taken closer to, and in consultation with, the communities they affect are likely to lead to better outcomes
 - collaboration between partners, both within a place and at scale, is essential to address health inequalities, sustain joined-up, efficient and effective services and enhance productivity
 - local flexibility, enabled by common digital capabilities and coordinated flows of data, will allow systems to identify the best way to improve the health and wellbeing of their populations.

- 5.17 The structure of the Northamptonshire Integrated Care System is illustrated in **Appendix A**

5.2 Integrated Care Board

5.21 The Northamptonshire ICB Board will bring together leaders from across the system and is accountable for overall performance and use of resources. The (small) size of the Northamptonshire system means that we have an opportunity to build a Board which includes the most comprehensive range of NHS and Local Authority partners working across the County.

- The ICB Board will include Local Authority Leaders and Chief Executives, as well as NHS leaders and non-executives (as required by legislation set out in the Act).
- The ICB will be responsible for the following:
 - Developing a plan to meet the health and health care needs of the population
 - Allocate resources
 - Establish joint working arrangements with partners and embed collaboration
 - Establish governance arrangements to support collective accountability for whole system delivery and performance
 - Arrange for the provision of health services in line with allocated resources
 - Lead system implementation of People priorities
 - Lead system wide action on data and digital
 - Use joined up data and digital capabilities
 - Ensure the NHS plays full part in achieving wider goals of social and economic development and environmental sustainability
 - Drive joint work on estates, procurement, supply chain and commercial strategies
 - Deliver functions delegated by NHSE/I
 - undertake strategic commissioning activities relating to countywide collaboratives, and to link to East Midlands specialist services planning.

5.3 West Northamptonshire's Nomination Process for representation on the ICB

In accordance with the guidance the following process will be undertaken for the West Northamptonshire Council nominated representative for the ICB

The Designate Chief Executive of the ICB will write to Monitoring officer requesting the nomination for the ICB board in accordance with the role description. The monitoring officer will conduct the process in accordance with the requirements of NHSE and the ICB and the council constitution.

5.4 Health and Wellbeing Board

Health and wellbeing boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population

5.41 Health and wellbeing boards are a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health, and local government. They have a statutory duty, with clinical commissioning groups (CCGs), to

produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.

- 5.42 The boards currently have very limited formal powers. They are constituted as a partnership forum rather than an executive decision-making body.
- 5.43 Under the Act the Health and Wellbeing Board has some additional responsibilities and duties which are as follows: -
- To review the Integrated Care Board (ICB) 5 Year Plan to ensure it takes proper account of the Joint Health and Wellbeing Strategy.
 - To review the ICB Joint Capital Resource Plan
 - To consult with the ICB for the ICN Annual Report on performance of any steps taken by the ICB to implement the Joint Health and Wellbeing Strategy.
- 5.44 The ICB and ICP will also have to work closely with local Health and Wellbeing Boards (HWBs) as they have the experience as 'place-based' planners, and the ICB will be required to have regard to the Joint Strategic Needs Assessments and Joint Local Health and Wellbeing Strategies (JHWS) produced by HWBs.
- 5.45 Changes to the Terms of Reference for the West Northamptonshire Health and Wellbeing Board have been made in accordance with the Act (appendix B). These are put forward for approval as part of this report (**Appendix B**)

5.5 Integrated Care Partnerships

- 5.51 Integrated Care Partnerships' (ICP) central role is in the planning and improvement of health and care. They support placed based partnerships and coalitions with community partners which are well situated to act on the wider determinants of health in local areas. ICP's should bring the statutory and non-statutory interests of places together.
- 5.52 Integrated Care Partnerships are responsible for: -
- Developing an integrated care strategy to address the broad health and social care needs of the population within the ICP area, including determinants of health such as employment, environment, and housing issues. ICB's and local authorities will be required by law to have regard to the ICP's strategy when making decisions, commissioning services and delivery
 - Highlighting where coordination is needed on health and care issues and challenge partners to deliver the action required. These include as examples: -
 - Helping people live more independent, healthier lives for longer
 - Taking a holistic view of people's interactions with services across the system and the different pathways in it
 - addressing inequalities in health and wellbeing outcomes, experiences, and access to services
 - improving the wider social determinants that drive these inequalities, including employment, housing, education environment, and reducing offending

- improving the life chances and health outcomes of babies, children, and young people
- improving people's overall wellbeing and preventing ill health.

5.53.1 The Integrated Care Partnership will be made up from the membership of the two Northamptonshire Health and Wellbeing Boards (North and West) and the ICB Board. The Board will meet twice per year, to: -

- consider progress against Northamptonshire's Outcomes Framework over the past year, and (ii) agree a systemwide health and care strategy (or an update to the existing strategy, as appropriate) to improve population outcomes. This then forms the key mandate for the ICB, our Places and our Collaboratives.

5.53.2 After consultation with key system leads it has been agreed that there will be a tripartite chairing arrangement. The chairs of the Integrated Care Partnership will be: -

- The Chair of the ICB
- The Chair of the West Health and Wellbeing Board
- Executive member for Adults, Health and Wellbeing for North Northamptonshire Council

5.54 **Appendix C** outlines the West Place Governance proposal. This shows the governance that sits below the Health and Wellbeing Board and Integrated Care Partnership including the locality Health and Wellbeing Forums which reflect the two localities within the West Place; these are Northampton and Daventry/South Northants. The locality boards will oversee the Local Area Partnerships (5 for Northampton and 4 Daventry/South Northants) and will be responsible for ensuring that the Local Area Partnership Plan delivers against key priorities determined by local insight data. The terms of reference for the Health and Wellbeing Locality Forums and Local Area Partnership (LAP) including membership is currently being developed as part of wide stakeholder consultation and engagement.

5.55 Considerable work has been undertaken over the last 6 months to develop the structure of the Integrated Care Partnership and West Place. This has been done following engagement with members of the Council and its partners. As a system we are also undertaking the Place Development Programme funded by NHSE which is supporting with the development of the ICP and West Place.

5.56 We have also developed with support, a plan for the development of the Integrated Care Strategy. This work will ensure that the board owns and develops a Health and Wellbeing Strategy for West Northants that will underpin the Integrated Care Strategy, focused on its inequalities, health challenges and solutions and that drives local service design. This is a key requirement of the ICP and will influence the ICB's 5-year commissioning plan

5.57 Council is therefore asked to support the direction of travel identified in the report.

5.58 Further updates will be presented to cabinet, council and People Scrutiny as the ICS develops to ensure the Council has appropriate oversight.

6 Issues and Choices

- 6.1.1 The ICS and its requirements are requirements under the legislation laid out in the Act and therefore health and social care bodies are required to have in place the specified governance arrangements for 1st July 2022.
- 6.1.2 The structure of the West place has been developed in consultation with a wide variety of stakeholders and we have taken these views into consideration as part of the final proposal.

7 Implications (including financial implications)

7.1.1 Resources and Financial

- 7.1.2 There are currently no identified financial implications.
- 7.1.3 Staffing resources to facilitate the development of West Place is being managed through existing resources

7.2 Risk

- 7.2.1 There are no significant risks arising from the proposed recommendations in this report

7.3 Legal

- 7.3.1 To give effect to the requirements of the Act a number of changes will need to be made to the Council's existing governance arrangements, some of these are a necessary consequence of statute and can be made immediately under the Monitoring Officers powers to amend the Constitution to give effect to changes in the law. Any changes to the Constitution will be reported to the next meeting of Council after the change is made.
- 7.3.2 There are detailed requirements in relation to the nominations to the ICB. The legal requirements include that the local authority appointment is subject to the chair's approval and the person nominated must comply with the criteria of the fit and proper person; fulfil the requirements in the role specification and the eligibility criteria set out in the constitution. There is a model Constitution provided nationally. To ensure that the nomination process the authority follows is compliant with those requirements, the request for nomination will be directed to the Director of Legal and Democratic Services who will ensure that before the Council makes a nomination it is compliant with those requirements.

7.4 Communications and Consultation

7.4.1 Consultation in accordance with the developing ICB communication framework will continue as the ICS and its structures develop. To date we have consulted with all key stakeholders. These include: -

- Elected members
- GPs
- Health Partners
- VCSE
- Police
- Northamptonshire Children's Trusts
- Health and Wellbeing forums

7.4.2 The continued consultation has been key in ensuring that the ICP:

- Tackles wider determinants of health including Population Health Management and Health Inequalities
- Creates empowered and enabled communities with a focus on engagement and co-production with local people.

7.4.2 Communications will play a key role in informing and engaging the public around the creation of the new ICS and explaining the objectives, priorities to our local communities and how these will translate into future improved outcomes to meet their health and care needs. WNC is working closely with its partners on developing the communications framework for these future activities.

7.5 Consideration by Overview and Scrutiny

7.51 People Scrutiny committee have received updates on the ICS including a specific task and finish group focussed on the iCAN collaborative.

7.6 Climate Impact

7.61 These proposals do not have any direct impact on the climate and sustainability.

7.7 Community Impact

7.71 The ICS will create positive impacts on communities, wellbeing and on our ability to collectively support better outcomes for residents. Key priorities at a local level underpinned by insight data and led by Local Area Partnerships will drive the delivery of services that meet the wider determinants of health supporting people to live their best life in West Northamptonshire.

8 Background Papers

8.1 None