

Agenda Item: 07

Report to: **Governing Body**
 Date of meeting: **17/06/2021**
 Date paper distributed: **11/06/2021**
 Subject: **Integrated Care in North East Lincolnshire**
 Presented by: **Rob Walsh, Chief Executive**
 Previously distributed to: **Also to be considered by NELC Cabinet**

STATUS OF THE REPORT <i>(auto check relevant box)</i>	
Decision required	<input checked="" type="checkbox"/>
For Discussion to give Assurance	<input type="checkbox"/> <i>(Only if requested by Committee member prior to meeting)</i>
For Information	<input type="checkbox"/>
Report Exempt from Public Disclosure	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

PURPOSE OF REPORT:	This report seeks formal endorsement of a proposed approach to the leadership, governance and strategic direction of the North East Lincolnshire Health and Care system, in response to the Government’s White Paper on Integrated Care (“Integration and innovation: working together to improve health and social care for all”) – and building on the long established local government and NHS collaboration across the Borough.
Recommendations:	<ol style="list-style-type: none"> 1. That the Governing Body fully supports the “Proposition” set out in Appendix 1 of this report 2. That authority is delegated to the Chief Executive to execute the Memorandum of Understanding on behalf of North East Lincolnshire Clinical Commissioning Group and to develop and implement shadow governance arrangements, to give effect to the Proposition, all in consultation with the Chair and the Accountable Officer 3. That authority is delegated to the Chief Executive in consultation with the Accountable Officer (and subject to the advice of the Chief Finance Officer) to undertake a review of the Section 75 Agreement currently in place between the Council and CCG to reflect the intent of the White Paper (referred to in this report) as well as the prospective Health and Care Bill. 4. That subject to the advent of primary legislation, giving appropriate statutory effect to the Proposition, a further report is submitted to the Governing Body by the Chief Executive for consideration, including any recommendations arising from the review referred to in (3) above. 5. That the Governing Body supports the principle of a North East Lincolnshire place based health and care workforce as the basis for continued workforce planning and the deployment of resources, in collaboration with the Humber, Coast and Vale Health and Care Partnership (the ICS) and the Integrated Care Partnership (ICP).

	<p>6. That the final model proposed for the governance, leadership and strategic direction of the North East Lincolnshire health and care system is referred to the Governing Body, before April 2022 in any event and subject to any external consultation that may be required.</p> <p>7. That in all other respects, authority is delegated to the Chief Executive to further the development and implementation of the Proposition in collaboration with the ICS and the ICP and in consultation as appropriate with the Chair and the Accountable Officer.</p>
Clinical Engagement	The ongoing development of the model and particularly the role of the ICP will entail continued clinical engagement.
Patient/Public Engagement	The development of Integrated Care Systems and the underpinning place based arrangements will necessitate community engagement and involvement.
Committee Process and Assurance:	

Link to CCG's Priorities	<ul style="list-style-type: none"> • Sustainable services <input type="checkbox"/> • Empowering people <input type="checkbox"/> 	<ul style="list-style-type: none"> • Supporting communities <input type="checkbox"/> • Fit for purpose organisation <input type="checkbox"/>
Are there any specific and/or overt risks relating to one or more of the following areas?	<ul style="list-style-type: none"> • Legal <input checked="" type="checkbox"/> • Finance <input type="checkbox"/> • Quality <input type="checkbox"/> • Equality analysis (and Due Regard Duty) <input type="checkbox"/> 	<ul style="list-style-type: none"> • Data protection <input type="checkbox"/> • Performance <input type="checkbox"/> • Other <input checked="" type="checkbox"/>

Provide a summary of the identified risk

<p>The learning from and experience of close collaboration (and the Union arrangements) could be lost if partners do not act proactively and promptly to the challenges presented by the White Paper. Workforce implications must also be carefully and sensitively navigated and addressed to ensure that the capacity to support the day to day functioning of the health and care system is not unduly compromised. The overall issue of funding flow and how to manage both integrated (or pooled) and aligned health and care funding is a potential risk to the overall effectiveness of the model but also a strategic opportunity. The relationship with so-called provider collaboratives (e.g. acute care and mental health) will be vitally important here – the bridge between the proposed Joint Committee and the provider collaboratives is another essential building block.</p> <p>LEGAL IMPLICATIONS</p> <p>Fundamentally the reforms articulated in the above report will be a consequence of primary and secondary legislation, underpinned by a contractual arrangement pursuant to s75 National Health Service Act 2006. This provision permits local authorities and NHS bodies to enter into arrangements with the aim of improving the way in which respective functions are exercised. The CCG already has extensive experience of this through its Union working with the Council.</p> <p>Whereas the CCG will be unable to influence the direction of legislation it nevertheless can build upon strong and current collaborations and partnerships and engineer a s75 agreement so that the aims and objectives of the overall reimagining of the health landscape can be realised to their fullest potential for North East Lincolnshire.</p>
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Recognising that this is an emerging issue and being subject to anticipated legislation, at this stage, the recommendations sought are appropriate and provide assurance of a further report to the Governing Body in due course, together with appropriate scrutiny engagement.

To do nothing and await ICS direction and passing of legislation is an option. However, no part of the health and care system considers this to be a credible alternative, given the vacuum that would be created and the heightened uncertainty that would prevail.

1 BACKGROUND AND ISSUES

- 1.1** The White Paper on Integrated Care signals significant changes for the NHS with prospective legislation likely to place Integrated Care Systems on a statutory footing as NHS bodies.
- 1.2** The Humber, Coast and Vale Partnership (HCV) will most likely become a statutory Integrated Care System (ICS) from April 2022, subject to legislation. The functions and responsibilities of Clinical Commissioning Groups (CCGs) will be taken on by the ICS and either retained at ICS level or distributed into specific “place” based arrangements in areas co-terminus with local authority administrative boundaries.
- 1.3** The Council and the CCG in North East Lincolnshire have been operating in partnership for some time under the auspices of the “Union” arrangements, with shared leadership and governance arrangements, combined resources and integrated teams operating across the health and care system – underpinned by a Section 75 Agreement entered into under the National Health Service Act 2006. The close working relationship between the Council and the CCG was preceded by the former Care Trust Plus arrangements established in 2007. In short, there is a long and well established history of partnership, integration and collaboration between the NHS and local government in the Borough. This provides a strong and credible basis to respond to the challenges and the opportunities presented by the White Paper.
- 1.4** The White Paper proposes a statutory duty to collaborate as between the NHS and Local Government. It reinforces the principle of “primacy of place” and makes it clear that only through effective collaboration at both ICS and place level can the wider determinants of health be tackled to meaningful effect. These principles resonate strongly in North East Lincolnshire owing to the long standing relationship alluded to in paragraph 1.3.
- 1.5** The impact of the pandemic and the role that public health has played, in particular, strengthens the importance of an effective public health voice and the development of population health management approaches as a key component of a truly effective and impactful health and care system. The role that the voluntary and community sector (VCSE) has also played during the course of the pandemic reinforces the importance of ensuring that the VCSE is a key partner in the health and care system, as the model proposed under the auspices of the Proposition develops.
- 1.6** The Proposition seeks to build on the strengths, learning and experience of extensive local health and care partnership and collaboration over recent years. It seeks to bring the health and care system together, through the convening and facilitating role of the Council acting as the “host”, with a governance model that will establish a platform for the health and care system to speak with one voice, contribute to the wider and strategic place shaping agenda and support the ICP as the de facto delivery arm of the model now proposed. In summary:
- 1.6.1** A statutory joint committee with governance, leadership and oversight responsibility for the health and care system and acting as the “place” interface with the ICS

- 1.6.2 An Integrated Care Partnership (ICP) that brings providers together to act as the delivery arm of the health and care system (including the increasingly significant role of Primary Care Networks)
- 1.6.3 An emboldened Place / Health and Wellbeing Board, with strategic responsibility for place shaping, system leadership and fostering cross sector collaboration (public, private, voluntary) to ensure a collective approach to addressing priorities, challenges and opportunities across the economic, social and environmental spectrum.
- 1.7** It is important to note that the public health, children’s services and adult social care responsibilities that are held through the respective offices of the Director of Public Health (DPH), the Director of Children’s Services (DCS) and the Director of Adult Social Services (DASS) permeate the proposed model - to ensure that (i) the health and care conversation is joined up and (ii) the statutory voice and influence of the DPH / DASS /DCS is a thread that runs through all aspects of governance, strategic planning, resource management and delivery.
- 1.8** The Proposition sets out in detail how health and care partners will collaborate to deliver improved health and care outcomes for patients, residents and service users. In the context of covid recovery, the challenge to secure improved outcomes will be significant and complex as the real impact of the pandemic - in social, health and economic terms – is only beginning to become apparent. Following an extensive (and continuing) range of engagements and discussions, all organisations (that together form the North East Lincolnshire health and care system) support the model, the intent and the approach that is proposed in this report. It is also noteworthy that the leadership of the Humber, Coast and Vale ICS have also expressed clear support for the place based approach being taken and developed.
- 1.9** In developing the Proposition, in parallel, work has commenced to review the Section 75 Agreement currently in place between the Council and the CCG. It is likely, indeed probable, that the Council and the ICS will enter a similar arrangement to support the delegation of health and care functions and responsibilities into “place” and support the role and functions of the proposed Joint Committee, explained further in the Proposition. It is therefore advisable for the Council and the CCG to enact preparatory steps in advance of April 2022, that may result in revisions to the Section 75 Agreement before the end of the calendar year. Legal advice is being taken on these matters.
- 1.10** A major focus looking ahead will be the health and care workforce. If the model set out in the Proposition is to have maximum impact and effect, the approach of all health and care partners to workforce planning, wellbeing, recruitment / retention and succession needs to be strategic, plugged in to the wider workforce priorities of the ICS and, most importantly of all, joined up. The changes promulgated by the White Paper also have very specific implications for the CCG workforce and, to some extent, Council employees. These matters are being worked through sensitively, the fundamental aim being to retain as much of our health and care workforce in “place” as practicably as possible.
- 1.11** In summary, the Proposition sets out an ambitious, collaborative and forward looking approach to the leadership, governance and strategic direction of the North East Lincolnshire health and care system, building on the strong record of NHS and local government collaboration in the Borough and responding proactively to the White Paper.
- 1.12** The Governing Body is therefore invited to consider and endorse the Proposition attached to this report as the basis for partners to lead and governing the health and care system, building on the established record of NHS and local government collaboration in the Borough and caveated, as required, as being subject to the contents of the forthcoming Health and Care Bill.