

Public Document Pack

NORTH LINCOLNSHIRE COUNCIL

<p>HEALTH AND CARE INTEGRATED COMMISSIONING COMMITTEE</p>
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7 September 2021

Chairman: Cllr Hannigan (NLC)
Heather McSharry (NLCCG)

Venue: Conference Room,
Church Square House

Time: 2.30 pm

E-Mail Address:
Dean.Gillon@northlincs.gov.uk

AGENDA

1. Welcome and Introductions
2. Substitutions
3. Declarations of Disclosable Pecuniary Interests and Personal or Personal and Prejudicial interests.
4. To approve as a correct record the minutes of the meeting of the Health and Care Integrated Commissioning Committee (Committee in Common) held on 22 September 2020 (Pages 1 - 4)
5. North Lincolnshire Integrated Health and Care Plan (Pages 5 - 24)
6. The Development of Integrated Care System and Place Based Partnership (Pages 25 - 28)
7. North Lincolnshire Place ICS Governance Arrangements: Consultation on Options (Pages 29 - 34)
8. Any other items which the Chairman decides are urgent by reason of special circumstances which must be specified.

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NORTH LINCOLNSHIRE COUNCIL

HEALTH AND CARE INTEGRATED COMMISSIONING COMMITTEE (COMMITTEE IN COMMON)

22 September 2020

PRESENT: -

NORTH LINCOLNSHIRE COUNCIL

MEMBERS - Cllr Hannigan and Cllr Reed

OFFICERS - Mick Gibbs (Director: Children and Community Resilience), Becky McIntyre (Director: Governance and Partnerships), and Karen Pavey (Director: Adults and Community Wellbeing)

NORTH LINCOLNSHIRE CCG

MEMBERS - Emma Sayner (Chief Finance Officer), Alex Seale, (Chief Operating Officer) and Erika Stoddart (Lay Member, Governance)

OFFICERS - Mike Napier, (Associate Director of Corporate Affairs – Hull CCG)

Dean Gillon, Senior Democratic Services Officer, was also in attendance.

The meeting was held virtually via MS Teams.

- 1 **CHAIRMAN - Resolved** – (a) That Councillor Hannigan be and he is hereby appointed chairman for the meeting, and (b) that Erika Stoddart be appointed as co-chair.

Councillor Hannigan thereupon took the chair.

- 2 **WELCOME AND INTRODUCTIONS** - The Chairman welcomed all those present to the meeting and invited all attendees to introduce themselves.

- 3 **WORKING ARRANGEMENTS AND TERM OF REFERENCE** – The Chairman referred to the respective Terms of Reference for the Committee previously agreed by the CCG Governing Body and the council’s Cabinet. It was confirmed that these would govern the operation of the Committee in Common.

Resolved – That the working arrangements and Terms of Reference be noted.

- 4 **DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS AND PERSONAL OR PERSONAL AND PREJUDICIAL INTERESTS** – There were no declarations of disclosable pecuniary interests and personal or personal and prejudicial interests.

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- 5 **INTEGRATED CARE SYSTEM – HUMBER, COAST AND VALE** – Alex Seale gave a detailed presentation on the overview and operation arrangements of the Humber, Coast and Vale Integrated Care System.

The presentation covered the shared purpose, vision and operating principles, the operating arrangements of the population health system, and an overview of the collaborative functions and programmes. The presentation concluded with a description of the responsibilities and approaches taken at place, at geographical partnership level, and at partnership-wide level.

The Chairman initiated a discussion about the need to build a preventative approach to health and wellbeing and environmental sustainability into the system. Alex confirmed that there was wide agreement on this, and that prevention and sustainability were being built into all aspects of the functions and programmes described in the presentation.

Resolved – That the presentation be noted.

- 6 **NORTH LINCOLNSHIRE INTEGRATED HEALTH AND CARE PLAN** – The Director: Governance and Partnerships submitted a report introducing the North Lincolnshire Integrated Health and Care Plan, and providing an overview of the arrangements in place in respect of Integrated Care Partnerships.

The report described the national policy direction in recent years towards the integration of health, social care and related services. This had been led regionally since 2016 via Sustainable Transformation Partnerships, but within North Lincolnshire, the council and CCG had a long history of working jointly to integrate services and to ensure the needs of the local population through system-level planning, commissioning and delivery.

The Council and the CCG had worked in partnership to lead, commission and develop integration across the health and care system. The Health and Wellbeing Board agreed the North Lincolnshire Health and Care Integration Plan. The four strategic principles set out in the Plan were:

- Enabling Self Care
- Care Closer to Home
- Right Care Right Place
- Best Use of Resources

Resolved – (a) That the North Lincolnshire Integrated Health and Care Plan be noted, and (b) that the governance arrangements in place in respect of the Integrated Care Partnership for North Lincolnshire be noted.

- 7 **NORTH LINCOLNSHIRE INTEGRATED COMMISSIONING STRATEGY – CHILDREN.** The Director: Children and Community Resilience, North Lincolnshire Council, and the Chief Operating Officer, North Lincolnshire CCG, submitted a joint report which sought approval for the Children’s Commissioning Strategy 2020/24. The report stated that the commissioning strategy clarified the integrated ‘One Family

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Approach’ and commissioning intent in relation to health, social care and education for children, young people and families.

The Director gave a presentation on the strategy, explaining the key drivers, the development of the model and the emerging themes. The presentation also described issues such as workforce development, stakeholder engagement and monitoring arrangements.

The Chairman then led a discussion on key elements of the commissioning strategy such as the ‘Shine a Light’ priorities, governance arrangements to monitor progress and oversight, and how these are subsequently reported to the Integrated Children’s Trust.

Resolved - That the North Lincolnshire Children’s Commissioning Strategy 2020/24 be approved.

- 8 **NORTH LINCOLNSHIRE INTEGRATED ADULTS PARTNERSHIP STRATEGIC COMMISSIONING PLAN 2020/24.** The Director: Adults and Community Wellbeing, North Lincolnshire Council, and the Chief Operating Officer, North Lincolnshire CCG, submitted a joint report which sought approval for the Integrated Adults Partnership Strategic Commissioning Plan 2020/24. The report stated that the commissioning plan clarified the integrated approach and commissioning intent in relation to health and social care with particular focus on community based out of hospital models of delivery.

The Director gave a presentation on the plan on a similar basis to the Children’s Commissioning Strategy (item 7 refers), but highlighting the need to invest in community, domiciliary and primary care, and on self-care and community support, in order to ensure that acute care remains focussed on those most in need.

The committee discussed the Commissioning Plan, and numerous examples of good practice were given, including streamlining and joining up domiciliary care purchasing.

Resolved - That the North Lincolnshire Integrated Adults Partnership Strategic Commissioning Plan 2020/24 be approved.

- 9 **STRATEGIC RESOURCES – ALIGNMENT OF FUNDING.** The Director: Governance and Partnerships, North Lincolnshire Council, and the Director of Finance, North Lincolnshire CCG submitted a joint report introducing the financial resources identified as part of the North Lincolnshire Health and Care system, and providing background and context for alignment of funding and budgets to the Integrated Health and Care Plan. The Director confirmed that there had been pooled budget arrangements in place between the council and clinical commissioning group for many years. Latterly a pooled budget for the delivery of the Better Care Fund Plan existed under a Section 75 agreement.

The Director: Governance and Partnerships explained that finance was a key unpinning requirement for the changes described within the Integrated Health and care Plan (item

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6 refers), and highlighted that there would be opportunities for creativity in the use of this aligned funding in order to provide better services.

The committee discussed the report, stating that this was a huge opportunity to accelerate the integration agenda and to ensure value for money for local residents. The creative use of resources would also facilitate ensuring that prevention and addressing the wider determinants of health and wellbeing could be ‘hardwired’ into the local system.

The Chairman concluded that they were assured that this report would assist in focussing on outcomes for local people, rather than on internal processes, and that trust and openness would be key in embracing this new, more integrated, way of working.

Resolved – (a) That the financial resources identified as contributing to the North Lincolnshire Integrated Health and Care system be noted and (b) that the principles and framework in respect of the alignment of financial resources be agreed and approved.

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND CARE INTEGRATED COMMISSIONING COMMITTEE

Health and Care Integration Plan 2021- 24

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 To provide an update on the refreshed North Lincolnshire Health and Care Integration Plan, which was published by the Health and Wellbeing Board in March 2021.

2. BACKGROUND INFORMATION

- 2.1 The Health and Care Integration Plan 2019 - 24 annual report of progress and refreshed priorities was published by the Health and Wellbeing Board in March 2021.
- 2.2 The plan is set in the context of the Health and Wellbeing Board's responsibility to promote joint working and demonstrate how we continue to focus on transforming the lives of people in North Lincolnshire through developing a 'Sustainable, Enabling, Integrated Health & Social Care System' that empowers our local population, promotes self-help, and provides opportunities to develop relationships across communities.
- 2.3 The refreshed plan is structured around our strategic priorities: **people** and **system**, across our shared strategic principles: Enabling Self Care, Care Closer to Home, Right Care Right Place and Best Use of Resources.
- 2.4 Our strategic **people** priorities approved by the Health and Wellbeing Board are:
- Ensuring equity of access to all aspects of health and well-being using population health management techniques, and other intelligence for vulnerable groups to organise proactive support for them.

- Enabling people to live their best lives, ageing well, in their homes, in their communities; having choice and control over their lives, including the people who care for them.
 - Enhancing the health and care of residents living in care settings.
- 2.5 Our strategic **system** priorities approved by the Health and Wellbeing Board are:
- Support and develop primary care networks (PCNs) to further align primary and community services.
 - Simplify, modernise, and further align health and care (reflecting system changes, including through technology and by joining up primary and secondary care where appropriate).
 - coordinate the local contribution to health, social and economic development to prevent future risks to ill-health within different population groups.
 - develop an integrated workforce strategy to enable new models of care to be delivered.
- 2.6 The published Health and Care Integration Plan 2021 - 24 is included at Appendix A. The refreshed plan has taken account of the proposals in the White Paper Integration and Innovation: working together to improve health and social care for all, published in February 2021.
- 2.7 Monitoring, review and reporting of progress against the health and care integration action plan will be delivered through the Integrated Adults Partnership, with oversight of delivery through the North Lincolnshire Accountable Officers group.
- 2.8 Annual progress reports of the Health and Care Integration Plan 2019 - 24 will continue to be presented to the Health & Wellbeing Board.
3. **OPTIONS FOR CONSIDERATION**
- 3.1 The Committee is asked to note the refreshed Health and Care Integration Plan 2021 – 24.
4. **ANALYSIS OF OPTIONS**
- 4.1 The refreshed plan across the strategic priorities, principles and resultant actions will enable the partner organisations to continue to develop a 'Sustainable, Enabling, Integrated Health & Social Care System' which meets peoples needs and provides best use of resources.

5. **FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)**

5.1 Joint working across partner organisations within North Lincolnshire gives an opportunity for a greater influence over the factors that affect the health and wellbeing of our population.

5.2 The Integrated Health and Care Plan meet the requirements of the NHSE 10 year plan and the statutory responsibilities of both the CCG and the Council.

6. **OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)**

6.1 N/A

7. **OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

7.1 The plan covers all age, all levels of need and as such is fully inclusive.

8. **OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

8.1 Consultation continues to be undertaken with relevant Council Officers, partner organisations, the Voluntary and Community Sector and individuals to ensure inclusivity, and a coordinated approach to delivery.

8.2 Further engagement with the various stakeholder groups across the health and care system will continue as the delivery of the plan progresses.

8.3 There are no conflicts of interest associated with this report.

9. **RECOMMENDATIONS**

9.1 The Committee is asked to note the refreshed Health and Care Integration Plan 2021 – 24.

Director of Adults and Community Wellbeing
& Chief Operating Officer (NLCCG)

Church Square House
SCUNTHORPE
North Lincolnshire
DN15 6NL
Author: Wendy Lawtey
Date: 26 August 2021

Background Papers used in the preparation of this report:

Health and Care Integration Plan 2019 – 24. Health and Wellbeing Board minutes 22 March 2021 (374)

North Lincolnshire Health and Care Integration Plan 2021-2024

Introduction

This is an update of the five year plan first published in 2019 and is set in the context of the Health and Wellbeing boards responsibilities to promote integration. The plan shows how we intend to focus on transforming the lives of people of North Lincolnshire, through developing a sustainable, enabling integrated Health and Social Care system that empowers our local population, unlocks and builds community capacity.

This plan sets out:

- our place
- our people
- our shared ambition for people and the workforce
- who we are and what we do together
- what we do well
- our shared strategic principles
- what people have told us
- our main achievements since the original 2019 plan
- our strategic priorities.

Partners have committed to improving outcomes for the population and place of North Lincolnshire: safe, well, prosperous and connected are the outcomes that we are working together to improve. A detailed action plan sits beneath the plan to monitor and review our progress and achievements.

Our place is

- ✓ A fantastic place – an area of expansive countryside, contrasting landscapes, scenic beauty, vibrant market towns and home to world class steel processing and manufacturing.
- ✓ A place to live. It's home to 172,000 people, where average wages for those in full time work are higher than the regional average and with lower house prices.
- ✓ A place to grow up. Where 9 out of 10 children and young people attend a good or outstanding early years setting, school or college and go on to achieve better outcomes than the England averages.
- ✓ Page 11 A place to grow older. Where life expectancy is at its highest level, continuing to improve each year and where quality of care provision is high. All homecare providers are rated as good and most care homes rated as good or better.
- ✓ A place for outdoor living. With over 600 miles of footpaths, cycle ways and water ways as well as 17 nature reserves and quality parks and green spaces (four with Green Flags Award). There are a range of sports and leisure facilities and cultural arts venues that promote our local history and heritage.
- ✓ A place for businesses to grow. With access to the UK's major centres, Europe and beyond through road, rail, air and sea, there is lots of potential to invest and diversify.



Our People

- In 2019 21.4% of our population are aged 65+ compared with 18.4% for England.
- In the 2011 census of North Lincolnshire, there were approximately 70,680 households. Over a quarter (27.5%) of those were one person households.
- By 2039 our North Lincolnshire population is predicted to increase by 4.2%.
- There has been an estimated growth of 23.5% in the number of people aged over 85.
- An ageing population may influence housing needs, requiring more accessible housing options.
- The 2011 census showed 1 in 9 people are caring for someone else (19,000 people).
- In 2011 5.8% of people reported their health as poor / very poor, and 19.3% reported a long term illness or disability.

Our ambition

Partners have signed up to a shared ambition for North Lincolnshire to be the **Best place to live, work, visit and invest** and for all our residents to be **safe, well, prosperous and connected**.

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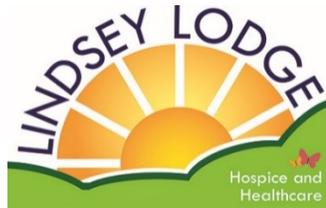


Health and Care Integration Plan

We have also signed up to focus on transforming the lives of people of North Lincolnshire through developing a **Sustainable – Enabling** Integrated Care System across all life stages and levels of need, that **empowers** our local population and **unlocks** and builds community capacity.

Who we are

North Lincolnshire Council



The persons' voice is at the heart of all we do.

Work in partnership for the good of our population.

Safeguarding partnerships.

Quality community and education provision.

High performing Council services.

North Lincolnshire CCG rated good NHS Oversight Framework rating.

Agreed focus on early help.

Focus on Place to support thriving communities.

Healthy work place scheme for local business.

Know our populations.

What we do well



Our shared strategic principles

Enabling Self Help

Helping people in ways that reduces or delays their need for care and support encourages self responsibility and is empowering for individuals and their families.

Care Closer to Home

People expect services to work together to enable them to have their needs met within their locality when ever possible. Adults achieve better outcomes when they remain in familiar settings.

Right Care Right Place

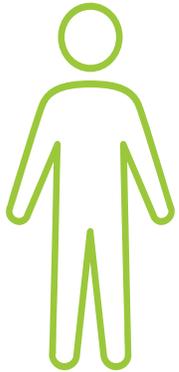
When people require health and care, getting the person to the most appropriate setting to meet their needs enables better outcomes, specifically where the care needed is specialist. It also means the care delivered has to be right and for the right length of time.

Best Use of Resources

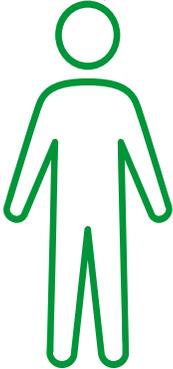
Continually looking to find the most cost effective way of meeting peoples needs in hospital and in the community, using our organisational assets makes sure people are in the centre and involving local people in the future design of local services is more sustainable; as is a workforce who attends to their own health and is aware of the empowering nature of self help is a must.

Person-Centred Care

I have a place I can call home, not just a 'bed' or somewhere that provides me with care.



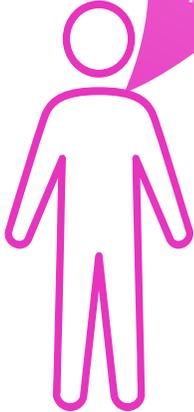
I am supported to manage my health in a way that makes sense to me.



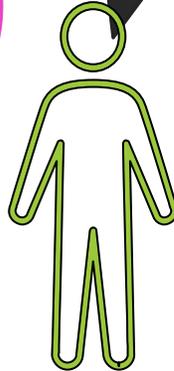
I know about the activities, social groups, leisure and learning opportunities in my community, as well as health and care services.



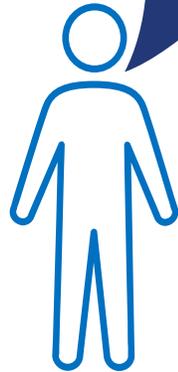
I have a co-produced personal plan that sets out how I can be as active and involved in my community as possible.



I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals.



I am supported to plan ahead for important changes in life that I can anticipate.



Our main achievements 2019-21 include

- A 'community first' approach was applied, putting the person at the heart of everything we do. In addition to providing information, advice, and guidance; connecting more vulnerable residents and families to direct support from within their community (Appendix A & B).
- A new 'Welcome Home' service to support people leaving hospital has been developed with the voluntary sector to ensure people returning have everything they need at home.
- A single point of access for community health and social care has been created and provides the public and professionals a single contact point for advice and support.
- A GP role has been established to support an urgent response to people in crisis in their own homes, alongside community health and social care resulting in a reduction in avoidable hospital admissions and A&E attendances.
- The Urgent Treatment Centre providing urgent care without the need to attend A&E, was implemented and is provided at Scunthorpe General Hospital.
- A joint approach to supporting frail and elderly residents has been developed which will enable a pro-active approach to supporting people living with long term health and support needs.
- Focused reviews on the hospital discharge process, highlighted what needs to be different moving forward to enable people to leave hospital at the right time and support them to remain in their own homes.
- The Primary Care Networks (GP arrangements Appendix C) covering North Lincolnshire are now well established and have been pivotal in delivering the vaccination programme.
- The vaccination program for COVID-19 has had a high uptake locally with all groups offered the vaccine within timescales.

Our main achievements 2019-21 continued

- The mental health community model has been developed, providing support to people with mental ill health, closer to home.
- A draft strategy has been developed for palliative end of life care and is currently out for consultation across North Lincolnshire.
- Infection prevention control training has been provided to all front-line care home and homecare staff, keeping people safe and well and reducing the spread of infection.
- Partners have adapted to new ways of working using technology, and people in receipt of care and support have embraced this change.
- Workforce plans changed to support our response during the COVID-19 pandemic. People were deployed differently to take on new roles and transferred to contribute to our emergency response within acute, community and social care settings.
- A&E departments altered across the region to help respond to Covid-19 and winter pressures.
- Humber, Coast and Vale staff resilience hub was launched to support health, care and emergency service workers who may be struggling from the impact of Covid-19.
- Tablet devices were provided to ensure that care home residents could remain connected to GPs from the outset of the Covid-19 pandemic.
- Electronic Palliative Care Co-ordination Systems (EPaCCS) and ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) were implemented.
- A standard competency framework for end of life care skills across partners was implemented, and working together to develop standard training for agreed priority areas. Three initial priorities are being developed: clinical practice/direct patient care; communications skills and symptom management including last days of life.

Our Strategic Priorities



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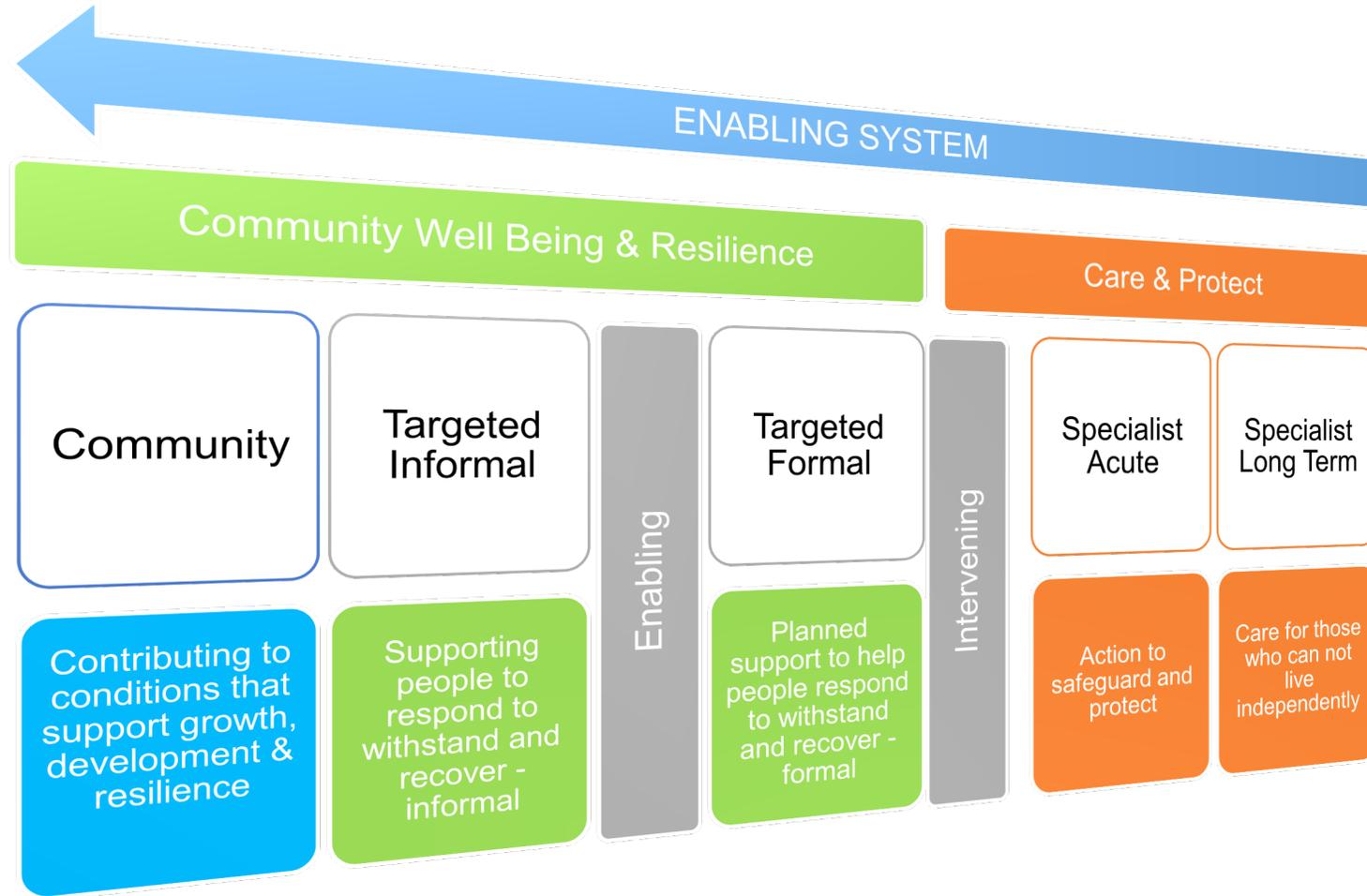
People

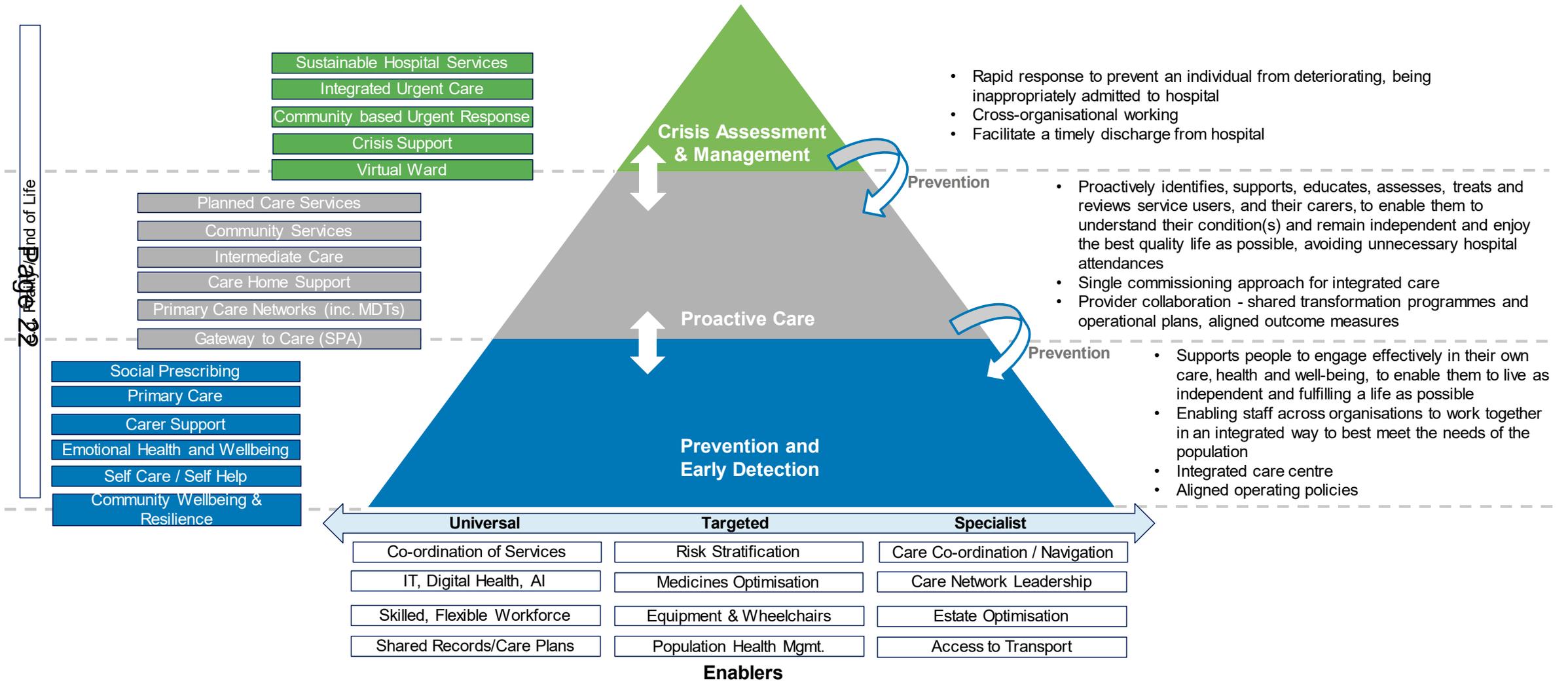
- Ensuring equity of access to all aspects of health and well-being using population health management techniques, and other intelligence for vulnerable groups to organise proactive support for them.
- Enabling people to live their best lives, ageing well, in their homes, in their communities; having choice and control over their lives, including the people who care for them.
- Enhancing the health and care of residents living in care settings.

System

- Support and develop primary care networks (PCNs) to further align primary and community services.
- Simplify, modernise and further align health and care (reflecting system changes, including through technology and by joining up primary and secondary care where appropriate).
- coordinate the local contribution to health, social and economic development to prevent future risks to ill-health within different population groups.
- develop an integrated workforce strategy to enable new models of care to be delivered.







East PCN – population 31,639 (Apr 2021)

Riverside Surgery
Barnetby Medical Centre
West Town Surgery

South PCN – population 73,063 (Apr 2021)

Cambridge Avenue Medical Centre
Ancora Medical Practice
Ashby Turn primary Care Centre
Kirton Lindsey and Scotter Surgery

North PCN – population 33,329 (Apr 2021)

Central Surgery, Barton
Winterton Medical Practice
Bridge Street Surgery

West PCN – population 44,511 (Apr 2021)

South Axholme Practice
Church Lane Medical Centre
Trent View Medical Practice
The Oswald Road Medical Surgery
The Birches Medical Practice
Oak Tree Medical Practice (formerly Ironstone Centre)

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Agenda Item 6

Date:	9 th September 2021
Meeting:	Committee in Common
Item Number:	
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

Author: <i>(Name, Title)</i>	Alex Seale
GB Clinical Lead: <i>(Name, Title)</i>	N/A
Director approval <i>(Name)</i>	Alex Seale Chief Operating Officer
Director Signature (MUST BE SIGNED)	

Report Title:
Development of Integrated Care System and Place Based Partnership
Decisions to be made:
The attached report provides an update on the current progress of development of the Place based partnership within the developing ICS arrangements.

Executive Summary (Question, Options, Recommendations):

1. Introduction

Following the publication of the Health and Care Bill, statutory functions will transfer into a new NHS body - NHS Humber Coast and Vale Integrated Care System from April 2022 and CCGs will be abolished as statutory bodies from that point.

HCV will discharge its responsibilities through Place-based and Sector-based units of operation (Place Partnerships and Provider Collaboratives). This is because some services are better managed locally – such as primary and community care - and others are better managed across a bigger geography – such as specialised care and elective care services.

The NHS resource allocation will flow to Places via a Humber allocation from the ICS. The Humber Partnership Director will be the designated officer responsible for allocations to Place.

Humber will work through the four Place Based Partnerships to facilitate allocation decisions about local services which drive integration, improve health outcomes and reduce health inequalities. The governance mechanism for this will be for the HCV Integrated Care Board to delegate to a committee at place (North Lincolnshire Place Based Partnership).

Place Based Partnerships will be hosted by each of the four Local Authorities within the Humber, with a NHS Place Director and very senior clinical leadership supported by other professional support functions.

The majority of services will be designed, delivered and overseen at Place. Not all services will operate within a Place footprint – some will operate at Humber Coast and Vale level (e.g. some acute and mental health services currently commissioned by NHS England and CCGs) and others at a North East and Yorkshire region level (e.g. the majority of NHSE Specialised Commissioning services, screening and immunisation services).

Some functions will operate and be described differently reflecting an increased focus on:

- population health, health inequalities
- system as opposed to organisational planning – no more commissioner-provider split
- participatory clinical and citizen leadership

For North Lincolnshire we will be working together as partners (providers, local authority, community and voluntary sector, PCNs and NHS Leadership in Place to integrate care and improve the health of people living in North Lincolnshire - system first, organisation second.

Commissioning will evolve into the following broad activities:

- system integration (design, delivery, development – more operationally focused and working with providers)
- strategic planning (populations, partnerships, shared priorities, shared truth)
- Strategic leadership and integrated delivery
- Primary Care Integrated Delivery – working directly with Primary Care including dental, pharmacy and optometry, council wards and localities
- Strategic Planning NHS and LA across the whole Place system
- Provider Collaboration – multi-agency leadership and integrated delivery

Accountability to the NHS will be delivered through the ICS structures and Place Based Partnerships.

2. Place Integration Work to Date

In North Lincolnshire we are building from a position of strength as there is already a history of strong partnerships, collaboration and joint working between partners in the North Lincolnshire Place.

Established governance in Place includes a Committee in Common, Integrated Adult Partnership, Integrated Children's Partnership and Integrated Commissioning and Quality Executive, in addition to the statutory responsibilities of the Health and Wellbeing Board, Local Safeguarding Adults Board, Local Multi Agency Resilience and Safeguarding Children's Board and Community Safety Partnership

We have agreed and recently refreshed our Health and Care Plan for North Lincolnshire & Joint Commissioning Plans for Adults & Children and Young People. A refreshed Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy will also inform the NHS ICS Plans.

Initial discussions with senior leadership in place have culminated in a presentation to the HWBB in July 2021. This was very well attended by local partners and included a discussion about the future arrangement for governance of our Place based arrangements and accountability through the ICS and a workshop session on the strengths of Place based working and our development priorities.

As Place partners, we are currently undertaking a baseline assessment of current position against a range of parameters such as our vision, place plans, leadership, citizen engagement, data and intelligence, organisation development, culture, governance, quality and finance. This will inform a

development plan for the Place and the outcomes of this will be presented to the Health and Wellbeing Board in September 21.

Next Steps

A baseline assessment and the development of an action plan to support the further development of integrated working in place is currently being undertaken engaging with local partners across the Place. This will be completed and the headline messages from this will be presented to the Health and Wellbeing Board in September.

Arrangements for the development of an Integrated Health and Care Committee of the ICB are underway and are described in the accompanying paper on Place and ICS governance arrangements.

It is anticipated that arrangements for Place based arrangements as part of the ICS developments will then be tested between October and March 2022 ahead of the changes to statutory organisations coming in to play in April 2022

Background papers - slides from HWBB workshop

Recommendations	The attached report provides an update on the current progress of development of the Place based partnership within the developing ICS arrangements
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Link to a Strategic Objective?	<input type="checkbox"/> 1. Commission high quality and safe services <input checked="" type="checkbox"/> 2. Responsive to the health and care needs of the population <input checked="" type="checkbox"/> 3. Working together with patients, partners and the public to stay healthier and independent for longer <input type="checkbox"/> 4. Where people need health and care services they will be available when and where you need them
Link to a Strategic Risk	<input type="checkbox"/>

Link to Key Delivery Programmes			
Prevention	<input type="checkbox"/>	Children & Maternity	<input type="checkbox"/>
Primary Care	<input type="checkbox"/>	Mental Health & Learning Disabilities	<input type="checkbox"/>
Out of Hospital Care	<input type="checkbox"/>	Hospital Care	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	Statutory/Regulatory	<input checked="" type="checkbox"/>

Purpose (tick one only)	Decision <input type="checkbox"/>	Assurance <input type="checkbox"/>	Information <input type="checkbox"/>
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Where has the paper already been for assurance/consultation	The paper will be considered by the NHS North Lincolnshire Governing Body
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Patient, Public, Clinical and Stakeholder engagement – has there been appropriate:-					
	Yes	No	N/A	Summary	Date
Patient Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Public Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Clinical Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Engagement with relevant CCG teams and directors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Have impact and risk assessments been undertaken as required and in line with CCG Policy					
	Yes	No	N/A	Summary	Date
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Equality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Sustainability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Agenda Item 7

Date:	9 th September 2021
Meeting:	Committee in Common
Item Number:	
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

Author: <i>(Name, Title)</i>	Alex Seale/Mike Napier
GB Clinical Lead: <i>(Name, Title)</i>	N/A
Director approval <i>(Name)</i>	Alex Seale Chief Operating Officer
Director Signature (MUST BE SIGNED)	

Report Title:
North Lincolnshire Place ICS Governance Arrangements: Consultation on Options
Decisions to be made:
The Integrated Health and Care Committee (Committee in Common) are asked to note the proposed approach in respect of the North Lincolnshire Place ICS Governance arrangements.
The Integrated Health and Care Committee acknowledge that under the proposed HCV Governance arrangements there will no longer be a CCG Integrated Health and Care Committee, therefore the Committee in Common arrangements will no longer be required.

Executive Summary (Question, Options, Recommendations):
1. Introduction
1.1. North Lincolnshire Clinical Commissioning Group (NL CCG) and North Lincolnshire Council (NLC) have a strong track record of partnership working and collaboration with partners across the health, care and wellbeing system to enable a co-ordinated approach to the planning and commissioning of local health and care services and to make best use of resources.
1.2. The new Health and Care Bill proposes changes to local arrangements and NHS governance. Once enacted the Bill will establish new statutory NHS organisations: Integrated Care System (ICS). North Lincolnshire will be part of the Humber Coast and Vale ICS and its Integrated Care Board as a new NHS body on 1 April 2022. The Bill anticipates that place-based partnerships will be a key component in enabling the new integrated care systems to deliver their core purpose and meet the triple aim of better health for everyone, better care for all and efficient use of NHS resources.

- 1.3. The interim guidance on the function and governance of integrated care board sets out options for how the Boards are expected to fulfil their responsibilities to place. This report summarises the views from partners who participated in a July 2021 workshop to consider place design options. There was a strong desire to build on the existing collaboration and go further to establish a robust and inclusive arrangement for North Lincolnshire.
- 1.4. The proposals set out below are not fixed nor mutually exclusive, but rather represent the foundations for the North Lincolnshire Place as a dynamic and evolving mechanism for increased partnership and collaboration.
- 1.5. The preferred option to be considered by the HCV Integrated Care Board has been informed by assessments in relation to the progress against the place-based maturity matrix. The arrangements and governance for Place Based Partnership can be regularly reviewed and evolve as the governance matures.

2. **Integrated Health and Care Planning Arrangements within North Lincolnshire Place**

2.1. **North Lincolnshire Health and Wellbeing Board**

- 2.1.1. The North Lincolnshire Health and Wellbeing Board (NL HWBB) is a formal committee of North Lincolnshire Council charged with promoting greater integration and partnership between bodies from the NHS, public health and the wider council. It has a statutory duty, together with the current CCG, to produce a joint strategic needs assessment and a joint health and wellbeing strategy for local people.
- 2.1.2. The Health and Wellbeing Board is required to promote integration and has had oversight of local integrations plans such as the Better Care Fund Plan. Recently the HWBB has published a Health and Care Integration Plan as a single plan to drive future integration. It sets out the following strategic priorities:
 - **Enabling self-help** – *Helping people in ways that reduces or delays their need for care and support, encourages self-responsibility and is empowering for individuals and their families.*
 - **Care closer to home** – *People expect services to work together to enable them to have their needs met within their locality wherever possible. Adults and children achieve better outcomes when they remain in familiar surroundings.*
 - **Right care, right place** – *When people require health and care, getting the person to the most appropriate setting to meet their needs enables better outcomes and particularly when the care needed is specialist in nature. It also means that setting the care needs has to be right and for the right length of time.*

- **Best use of resources** - *Continually looking to find the most cost-effective way of meeting people's needs in hospital and in the community, using organisational assets to develop more sustainable services. Involving local people in the future design of local services ensures that they are at the heart of planning for their care. A workforce who attends to their own health and is aware of the empowering nature of self-help.*

2.1.3. The NL HWBB will continue to seek assurance that the ICS plans are integrated, reflect the needs of the North Lincolnshire Population as defined within the Joint Strategic Needs Assessment and appropriately connected to deliver on the ambitions and outcomes for North Lincolnshire, including the priorities of the Joint Health Wellbeing Strategy.

2.1.4. The proposed North Lincolnshire Place governance arrangements are designed on delegation of action and decision-making to the most appropriate committee or Joint Committee, insofar as relevant or new legislation permits, with suitable assurances on the programmes of work being provided to NL HWBB.

2.2. **Delegated operating arrangements to support the work of ICB in Place**

2.2.1. NHS England's Integrated Design Framework describes five models through which place-based governance between local authorities, the NHS and other partners could operate, as follows:

- i) **Consultative forum** – informing decisions made by the new Integrated Care Board, local authority and other partners.
- ii) **Committee of the ICB** – with delegated authority to take decisions about the use of ICB (ie NHS) resources. Committee membership could be extended beyond ICB post-holders and officers.
- iii) **Joint committee of the ICB with other partners** – one or more statutory provider(s), and / or relevant statutory bodies delegate decision-making authority (as far as the legislation permits) on specific functions, services or populations to a joint committee.
- iv) **Individual directors of the ICB** – the ICB would delegate specified authority to individual directors of the ICB, which they may choose to exercise through a committee.
- v) **Lead provider** – the ICB may contract with a lead provider to manage resource and delivery at place level.

2.2.2. It is proposed that, from April 2022, option ii) be established for North Lincolnshire Place, with a health and care committee of Humber, Coast and Vale ICB being

created. The delegated authority of the ICB would initially be enacted through option iv), with an ICB director (or their nominated deputy) being a member of the committee.

2.2.3 It is further proposed that the committee would meet in shadow form from November 2021.

2.2.4 Place partners, in discussion with Humber, Coast and Vale ICS, may decide at a future date that there is further benefit in delegating greater authority to enhanced place-based decision making mechanisms. This could include place-based responsibilities for the ICS, local authority and other partner members and the establishment of a joint committee.

2.3. **North Lincolnshire Place Based Partnership (NLPBP)**

The HCV ICB will establish a committee to fulfil the place-based requirements. The Committee will be the NLPBP whose role will be to set the health and care strategy for North Lincolnshire on behalf of the ICB and approve the plans that will deliver the strategy, as well as making determinations on the allocation of NHS resources for North Lincolnshire; seek, challenge and secure assurance of delivery of the plans through performance and risk management and holding health and care providers to account.

2.3.1. Its focus will be:

- To determine the health & care vision, strategies and priorities within context of North Lincolnshire's Health and Care Integration Plan, JSNA, Joint Health and Wellbeing Strategy and national NHS and ICS priorities.
- Local accountability management.
- Performance, risk management and assurance.
- Financial flows, use of resources, oversight of pooled and/or aligned health and care funds coming into North Lincolnshire including :
 - Provider Collaboratives (pooled at Humber/ICS)
 - Other partnerships and contracts
 - Better Care Fund

2.3.2 The Committee will provide assurance to the Health and Wellbeing Board on the delivery of these priorities

3 The establishment of the new governance arrangement for the ICS will mean a review of the current governance arrangements with a view to build on the strengths of existing

partnership working. Under the new arrangements there will no longer be a requirement for a NL Committees in Common.	
Recommendations	<p>The Integrated Health and Care Committee (Committee in Common) are asked to support the proposed approach in respect of the North Lincolnshire Place ICS Governance arrangements.</p> <p>The Integrated Health and Care Committee acknowledge that under the proposed HCV Governance arrangements there will no longer be a CCG Integrated Health and Care Committee, therefore the Committee in Common arrangements will no longer be required.</p>

Link to a Strategic Objective?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<ol style="list-style-type: none"> 1. Commission high quality and safe services 2. Responsive to the health and care needs of the population 3. Working together with patients, partners and the public to stay healthier and independent for longer 4. Where people need health and care services they will be available when and where you need them
Link to a Strategic Risk	<input type="checkbox"/>	

Link to Key Delivery Programmes			
Prevention	<input type="checkbox"/>	Children & Maternity	<input type="checkbox"/>
Primary Care	<input type="checkbox"/>	Mental Health & Learning Disabilities	<input type="checkbox"/>
Out of Hospital Care	<input type="checkbox"/>	Hospital Care	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	Statutory/Regulatory	<input checked="" type="checkbox"/>

Purpose (tick one only)	Decision <input type="checkbox"/>	Assurance <input type="checkbox"/>	Information <input type="checkbox"/>
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Where has the paper already been for assurance/consultation	The paper will be considered by the NHS North Lincolnshire Governing Body
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Patient, Public, Clinical and Stakeholder engagement – has there been appropriate:-					
	Yes	No	N/A	Summary	Date
Patient Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Public Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Clinical Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Engagement with relevant CCG teams and directors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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