

## **NORTH LINCOLNSHIRE COUNCIL**

### **Health and Wellbeing Board**

#### **REPORT TITLE**

#### **Integrated Care System Update**

#### **1. OBJECTIVE AND KEY POINTS IN THIS REPORT**

- 1.1 This report provides an update on the establishment of the ICS and the development of the Integrated Care Board and Integrated Care Partnership and the architecture of the ICS including Places and Provider Collaboratives.
- 1.2 An update is also included on the development the North Lincolnshire Place Partnership and the good progress that has been made in continuing to develop integrated arrangements at Place.

#### **2. BACKGROUND INFORMATION**

2.1 Integrated Care Systems (ICSs) are a partnership between the organisations that provide health and care needs across an area, coordinate services and plan in a way that improves population health and reduces inequalities between different groups. The ICS which will be known as the Humber and North Yorkshire Health and Care Partnership was established in 2016 and comprises 28 organisations from the NHS, local councils, health and care providers and voluntary, community and social enterprise (VCSE) organisations.

2.2 The Health and Care Bill which puts ICSs on a statutory footing, has now been approved through Parliament and ICSs will formally come in to being on the 1<sup>st</sup> July 2022, at which point CCGs will formally be dissolved. The proposals within the Bill mean that each ICS will be led by an NHS Integrated Care Board (ICB), an organisation with responsibility for NHS functions, performance and budgets, and an Integrated Care Partnership (ICP), a statutory committee bringing together all system partners to produce a health and care strategy. The Integrated Care Board has now been established and is operating in shadow form ahead of formal establishment on July 1<sup>st</sup> 22. Areas of focus within the ICB to date have been working with people and

communities, NHS green plan, primary care development and management of patient flow.

2.3 As reported at the last Health and Wellbeing Board, all senior Executive appointments have now been made to the ICB as well as two independent non-executive directors. Sector representative leads have also been identified for local government, primary care and NHS Trusts and Foundation Trusts. NHS Place Director appointments have also been made for North Lincolnshire, North East Lincolnshire, North Yorkshire and East Riding with Hull and York to follow shortly. Staff currently residing in CCGs will be transferred to the ICB via Transfer of Undertaking (Protection of Employment) Regs. Most staff will continue to provide support within the local Places, some may also take on some wider roles or corporate functions in support of the ICB.

2.4 Ahead of transfer of function on the 1<sup>st</sup> of July, a significant programme of work has been led by the ICB and all the 6 Places to ensure that functions can continue to be safely delivered from 1<sup>st</sup> July 22. Positive assurances have been received from internal audit on the process that has been followed.

### **Provider collaboratives**

Provider collaboratives are arrangements where providers come together to work across the ICS, with a shared purpose, set of priorities and effective decision-making arrangements. These collaboratives are an important part of ICS, working across a range of programmes and assist providers to work together to plan, deliver and transform services. There are four fully established provider collaboratives within the ICS: primary care, community health and care, mental health, learning disability and autism, and acute services. A further collaborative is under development to support the voluntary and community sector. The collaboratives are all currently reviewing their priorities and objectives to ensure that they are able to work effectively with Places to deliver their core objectives.

### **Integrated Care Partnership (ICP)**

The ICP will be responsible for developing an integrated care strategy to set out how the wider health and wellbeing needs of the local population will be met. The responsibilities of the Humber and North Yorkshire ICP will be extended to reflect the core aims of the ICS, including improving our population's health, addressing inequalities, and contributing to the wider socioeconomic challenges we face, such as unemployment and securing inward investment. The ICP will include a core leadership team, which reflects the systems' overall commitment to partnership and to Place including Place Lead Chief Executives, Place Elected Members and NHS Place Directors plus the independent joint Chair of the ICP and ICB, the ICP Vice chair, the ICB Chief Executive and the ICB Chief Operating Officer. The Core Leadership Team will work closely with the wider leadership community across the ICB and Places to deliver its objectives. It is anticipated that Humber and North Yorkshire ICP will commence operating during the first quarter of 2022/23.

## Development of the ICB Strategic Intent

As the ICS is being established, work is ongoing to develop the ICS Strategy. The intent is that this will be a living and evolving strategy and that this will be developed collaboratively to produce a strategy that is collectively owned and enables all partners to meet the health, care and wellbeing needs of our local populations. The development of the strategy ambition is underway, and input is being sought across the different NHS, Local Authority, VCSE and other organisations which form part of the Humber and North Yorkshire Health and Care Partnership.



## Place based arrangements

Place Partnership arrangements have been established for all six places (East Riding of Yorkshire, Hull, North East Lincolnshire, North Lincolnshire, North Yorkshire, and City of York). A responsibility agreement/memorandum of understanding is under development which will outline the delegation arrangements to the Place Partnerships. The NHS Place Director will be able to accept delegated authority from ICB Executives to enable decision making to be undertaken which will ensure business continuity as arrangements continue to be developed.

## Progress with Development of Place Arrangements in North Lincolnshire

As previously updated, the Place Partnership for North Lincolnshire has been established, operating in shadow form. The Place Partnership has now held 4 meetings in workshop format which have been very positive and well attended by partners.

To date the Partnership has focused on agreement of its core value and principles. Priority areas for the Partnership have also been agreed and these have been fed in

to the development of the Place Strategic Intent to be shared with the ICB as the North Lincolnshire Place element of the draft ICB Strategy. The Strategic Intent is in draft form at the moment, with further discussion to be held at the Partnership meeting on the 16<sup>th</sup> June 22. The Strategic Intent confirms the commitment to transformation through a community first approach to all that we do. Considerable progress continues with the bodies that report into the Place Partnership, with each establishing work programmes, reviewing their terms of reference and holding workshops to reaffirm priorities. This includes the Integrated Adults Partnership, Integrated Children's Partnership and the newly established Population Health Management and Prevention Collaborative. A Place Quality Forum is also under establishment. Very positive work continues across a number of supporting areas of work including workforce, digital, estates and infrastructure.

## Next Steps

The Place Partnership is developing its work programme and working with the associated partnership groups to align plans to the Strategic Intent and ambition for the Place.

The July 2022 meeting of the Partnership will have a focus on the population health including what measures that we would like to focus on as a Place to improve health outcomes in the priority areas we have established.

### **3. OPTIONS FOR CONSIDERATION**

3.1 N/A

### **4. ANALYSIS OF OPTIONS**

4.1 N/A

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

5.1 N/A

### **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 N/A

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

8.1 No specific conflicts of interest have been declared.

## 9. **RECOMMENDATIONS**

9.1 The Health and Wellbeing Board is requested to note the update provided on the development of the ICS and the development of Place Partnership Arrangements.

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**Background Papers used in the preparation of this report** None