

NORTH LINCOLNSHIRE COUNCIL

CABINET

HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To inform Cabinet of the newly established Humber and North Yorkshire Health and Care Partnership Integrated Care System (ICS) and the creation of the Humber and North Yorkshire Integrated Care Board (ICB).
- 1.2 The report provides an overview of the responsibilities of the ICS/ICB and relationship with North Lincolnshire Council and wider partners.
- 1.3 As part of the new arrangements each area within the ICS is required to establish Place Based Partnerships. The North Lincolnshire Place Partnership has developed a Strategic Intent, Cabinet is asked to endorse the NL Strategic Intent and confirm the membership of the partnership.

2. BACKGROUND INFORMATION

The Humber and North Yorkshire Integrated Care System

- 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 Humber and North Yorkshire Health and Care Partnership (ICS) was established in 2016 and comprised 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 enacted and ICSs formally came in to being on the 1st July 2022, at which point Clinical Commissioning Groups (CCGs) were formally dissolved. ICSs have two statutory components: integrated care boards (ICBs) and integrated care partnerships (ICPs). ICBs take on the commissioning functions of CCGs and are responsible for developing integration and collaboration, and for improving population health across the system. ICBs are accountable for NHS expenditure and performance within the system. They can exercise their functions through place-based arrangements. ICPs are a statutory committee bringing together all system partners to produce a health and care strategy. The Integrated Care Board for

Humber and North Yorkshire was established on 1st July 2022. The ICS governance arrangements and decision map are shown in Appendix 1.

- 2.3 The Humber and North Yorkshire ICS comprises six Places (East Riding of Yorkshire, Hull, North East Lincolnshire, North Lincolnshire, North Yorkshire, and City of York) and five Provider Collaboratives (primary care; community health and care; mental health, learning disability and autism; acute services; and the voluntary and community sector). Places will be key to driving forward the local ambitions and priorities for the six geographies and will receive delegated resources to enable this.
- 2.4 A responsibility agreement/memorandum of understanding is under development which will outline the delegation arrangements to the six Place Partnerships. The ICB has established NHS Place Directors for each of the six Places who will have delegated authority from ICB Executives to enable decision making at Place and to ensure business continuity as arrangements continue to be developed.
- 2.5 Provider Collaboratives are arrangements where providers come together to work across the ICS, working across a range of programmes and assisting providers to work together to plan, deliver and transform services. 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
- 2.6 The statutory duties previously conferred on CCGs and some duties of NHS England transferred across to the ICB on the 1st July 2022. This includes statutory duties such as Continuing Health Care, SEND and Safeguarding. Statutory NHS responsibilities will be delegated through the ICB executive to key ICB personnel at Place including the NHS Place Director and Place Nurse Director and Finance Director. This will ensure senior capacity is available to the Place to enable the discharge of these functions with key partners such as the local authority.
- 2.7 The Humber and North Yorkshire ICP is responsible for developing an integrated care strategy (Appendix 2) to set out how the wider health and wellbeing needs of local populations will be met and reflect the core aims of the ICS: improving our population's health; addressing inequalities; and contributing to the wider socioeconomic challenges such as unemployment and securing inward investment.
- 2.8 The ICP core leadership includes Place Lead Chief Executives and Place Elected Members plus the independent joint Chair of the ICP and ICB, the ICP Vice chair, the ICB Chief Executive and the ICB Chief Operating Officer. It is anticipated that Humber and North Yorkshire ICP will be inaugurated during the first quarter of 2022/23.

Development of Place Arrangements in North Lincolnshire

- 2.9 Building on existing place based partnership working a Place Partnership for North Lincolnshire was established in shadow form in January 2022 and from 1st July 2022 is formally established as part of the ICB arrangements. Place governance arrangements are shown at Appendix 3. The Terms of Reference and membership is attached at Appendix 4. The intent of the ICB is that the Place Partnerships will be committees of the ICB with delegated authority.
- 2.10 The Place Partnership has Chief Executive/senior Executive level membership from all partners in the Place. The ICB has confirmed its intent to primacy of Place with a

key principle of subsidiarity and an expectation that that majority of delivery should be at Place and that Place ambition should shape the overall strategy of the ICS. The Place Partnership have confirmed the Deputy Leader as chair.

- 2.11 The North Lincolnshire Place Partnership has agreed its core values and principles and priority areas of focus and has created the Strategic Intent for North Lincolnshire to feed into the Humber and North Yorkshire ICB Strategy. The Strategic Intent is attached at Appendix 5. A review of the Health and Care Integration Plan will further develop work programmes, resources and action plans to achieve the Strategic Intent.
- 2.12 A Place level team will continue to operate at a North Lincolnshire level which will ensure we have the capacity and capability to deliver our collective outcomes working with partners. This includes the personnel to deliver core statutory functions such as Safeguarding, Continuing Health Care and safeguarding. The team that enabled the CCG functions to be delivered remain at a Place level. Where it makes sense to do so, staff will link into wider work on an ICB basis. There is also a clear commitment to continue to deliver integrated arrangements that previously existed between the CCG and partners in particular the local authority such as the BCF arrangement and joint contracting arrangements and Section 75 which will transfer on existing terms.
- 2.13 The Place Partnership will have regard to the wider health and wellbeing responsibilities and will need to provide assurance to the Health and Wellbeing Board that the strategic plans for health provision meet the needs of North Lincolnshire residents as set out in the Joint Strategic Needs Assessment and contribute to the Health and Wellbeing Strategy.

3. OPTIONS FOR CONSIDERATION

- 3.1 Cabinet are asked to note the information contained in the report, endorse the NL Strategic Intent and confirm the North Lincolnshire member representation on the NL Place Partnership.

4. ANALYSIS OF OPTIONS

- 4.1 The Humber and North Yorkshire ICS arrangements recognise the importance of Place through its structures and delegations. The North Lincolnshire Place Partnership through its shadow form has had an excellent level of engagement from all place partners. The North Lincolnshire Strategic Intent confirms the commitment to transformation through a community first approach. This core ambition will thread through the key strategies and delivery plans as a Partnership.
- 4.2 The Cabinet have a direct role in influencing the strategic direction of the partnership through the cabinet member members. Assurance will be sought through the formal role of the Health and Wellbeing Board and scrutiny of the health system arrangements sits with the Health Scrutiny Panel.

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

- 5.1 NHS resources and responsibilities are allocated to the ICB and then will be delegated from the ICB Executive through the NHS Place Directors. There is work underway to develop a scheme of delegation to Place Partnerships. Further guidance from the Department of Health is required to enable this to be enacted. Movement to a formal legally binding joint committee of the Place requires further legislation and it is not anticipated nationally that this will be before April 2023.
- 5.2 Health Place Brigg will continue to be utilised by the ICS and Place teams and the ICB Executive are also using this as a base on a rotational basis. Communications will be coordinated at ICB level but with local communications teams continuing to work at Place. Staff have been transferred from CCGs to the ICB through TUPE regulations with the expectation that that majority of staff will continue to operate at Place.
- 5.3 The Place Partnership will also have oversight of the Section 75 arrangements that exist between the ICB and North Lincolnshire Council and will also receive reports on collective use of resources such as the Better Care Fund

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

- 6.1 The ICB Constitution, Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation were taken to the first meeting of the ICB on the 1st July 2022. The ICB Policy on the Development of Policies was also approved at the ICB board and included reference to the adoption of existing former CCG policies until such time as the process to update / consolidate them has been completed this is going through due processes with a deadline for completion of April 2023.

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

- 7.1 The ICB has developed an Integrated Impact Assessment Tool (IIA). As part of the due diligence in the establishment of the ICB a review of all current policies has been undertaken to establish differences between the policies across the Places. This includes commissioning policies. A risk assessment has been undertaken to establish if there are any significant differences and work is underway look at any issues that need to be addressed in terms of policy alignment.

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

- 8.1 The arrangements for the ICS and ICB have been subject to relevant NHS consultation processes and local stakeholders have informed the development and proposed Terms of Reference for the North Lincolnshire Place Partnership.
- 8.2 There are no conflicts of interest declared.

9. RECOMMENDATIONS

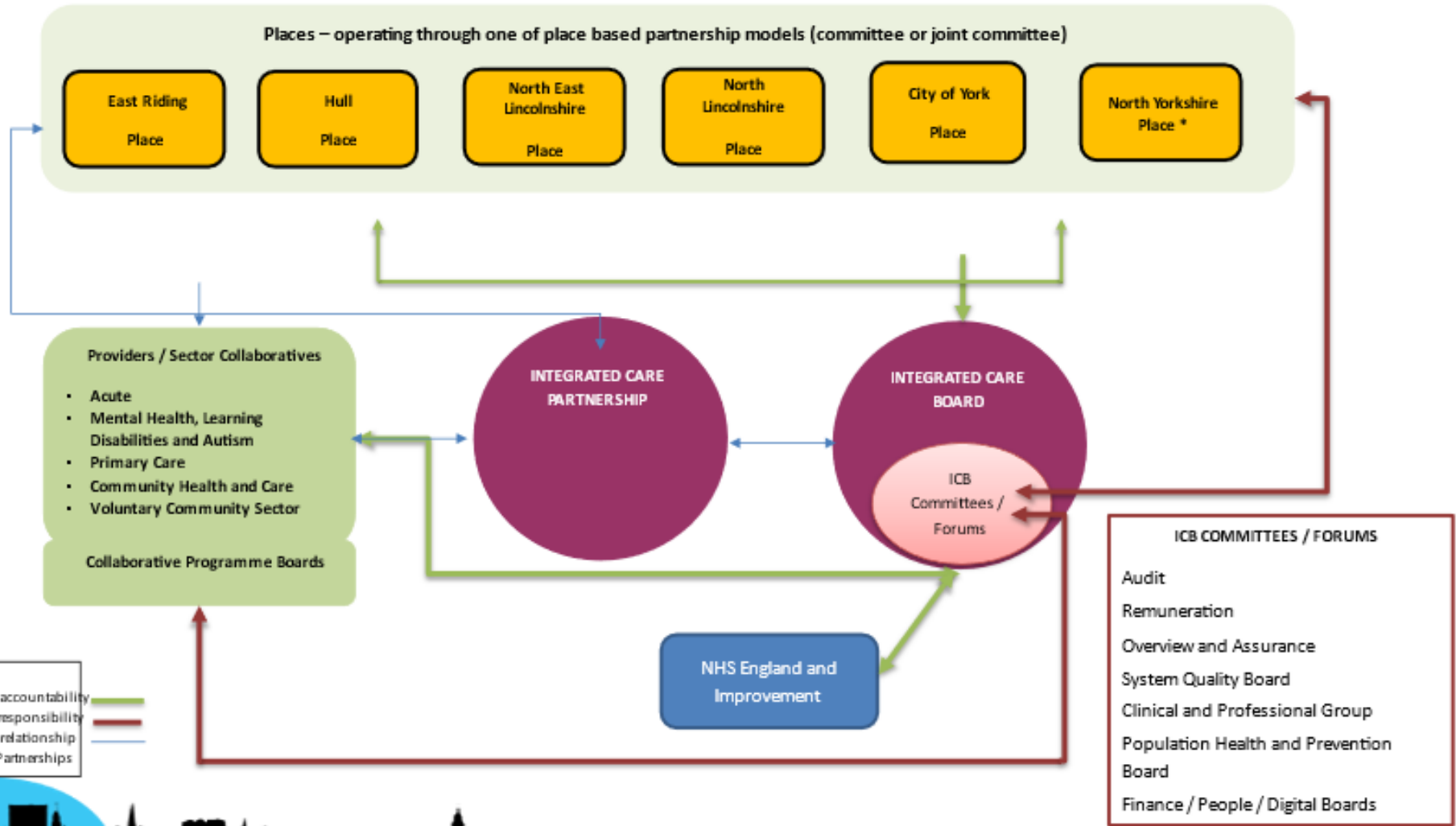
- 9.1 That Cabinet notes the information contained in the report, and endorses the NL Strategic Intent and confirms the North Lincolnshire member representation on the NL Place Partnership.
- 9.2 That Executive oversight for the ICS arrangements is provided via the Health and Wellbeing Board.

HUMBER AND NORTH YORKSHIRE NORTH LINCOLNSHIRE NHS PLACE
DIRECTOR

Health Place
Wrawby Road
Brigg
North Lincolnshire
DN20
Author: Alex Seale
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Background Papers used in the preparation of this report

ICS Governance Structure



Humber and North Yorkshire: Functions and Decisions Map

Integrated Care Partnership (ICP)

Key role and responsibilities are to:

- Develop and agree an **integrated care strategy** across Humber and North Yorkshire
- Make recommendations to the ICB on delivery of integrated care strategy
- Have **oversight** of delivery of the integrated care strategy
- Work effectively, collaboratively with partners and to have **shared accountability**

Membership: ICB Independent Chair, Representatives from the ICB, Local Authorities, Healthwatch, and other partner organisations.

Health and Wellbeing Boards (HWBB)

Key role and responsibilities are to:

- Agree the **Joint Strategic Needs Assessment** and the Joint Health and Wellbeing Strategy for their Place
- Encourage the organisations that are responsible for commissioning health or social care services to work together and to work closely with the Board;

A partnership between each Local Authority and 'place': York, East Riding, Hull, North Lincs, North East Lincs and North Yorkshire.

Strategy

Strategy

Strategy

Integrated Care Board (ICB)

Key role and responsibilities are to:

- Develop and agree a **5 year delivery plan** that reflect the integrated care strategy
- Discharge the functions of an ICB including **the a accountability for NHS spend and performance**
- Hold the executive to account for financial and operational objectives delivery
- Create an environment and conditions for **effective partnership working**

Membership: Independent Chair, Chief Executive, Executive Directors, Non-Executive Directors, and members selected from nominations made by Trusts, Local Authorities and General Practice, VCSE and HealthWatch

Place Committees of the ICB

Key Role and Responsibilities are to:

- Deliver integration and service transformation in line with Place priorities and as required to deliver outcomes for the population
- Address health inequalities at a Place level

Membership: Place Chief Executive Lead, NHS Place based directors, NHS, public health, social care, local health and care providers, VCSE, HealthWatch

Delegation

Accountability

Delegation

Assurance

Delegation

Assurance

Agreements

Agreements

Integrated Care Board Committees

Provide the Integrated Care Board with assurance about specific functions e.g. Audit, Risk, Remuneration, Quality, Performance, Finance

Place-based committees of the ICB

Provide the Place Committee with assurance about place delegated functions e.g. Quality, Finance

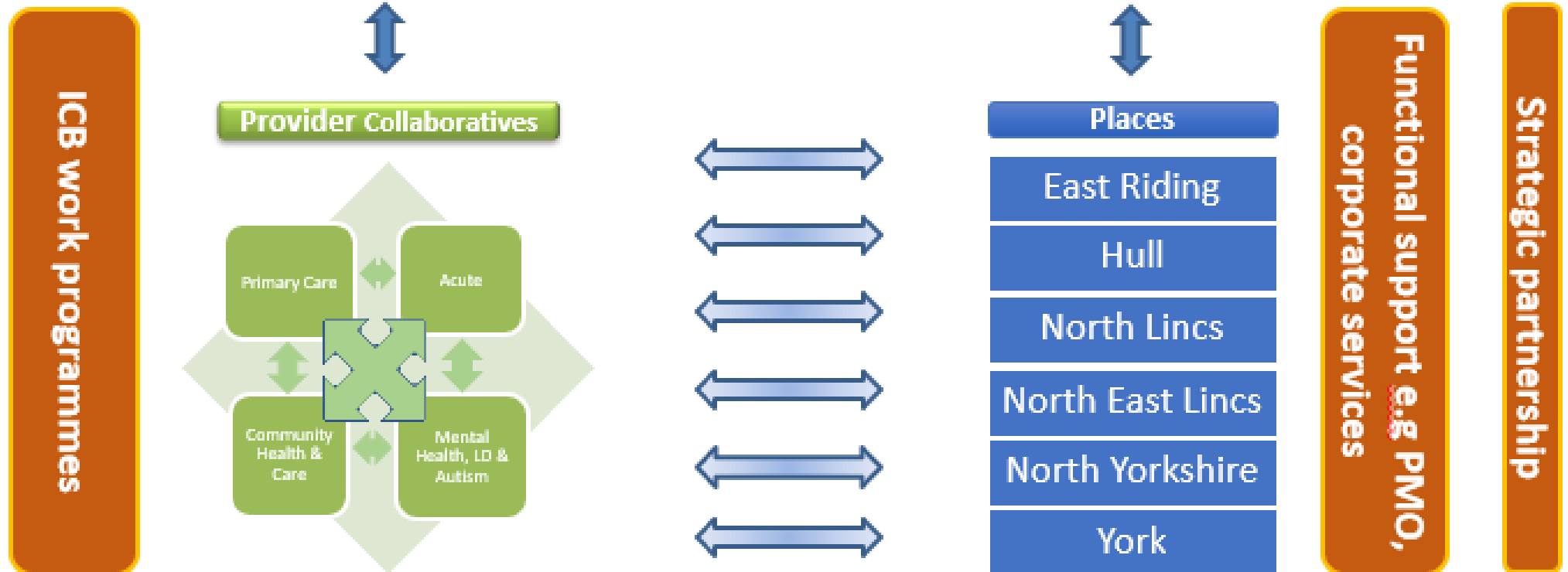
Sector Collaboratives

Sector Collaboratives will deliver key responsibilities agreed with the ICB where it makes sense to work together across Humber and North Yorkshire to meet the needs of the population.

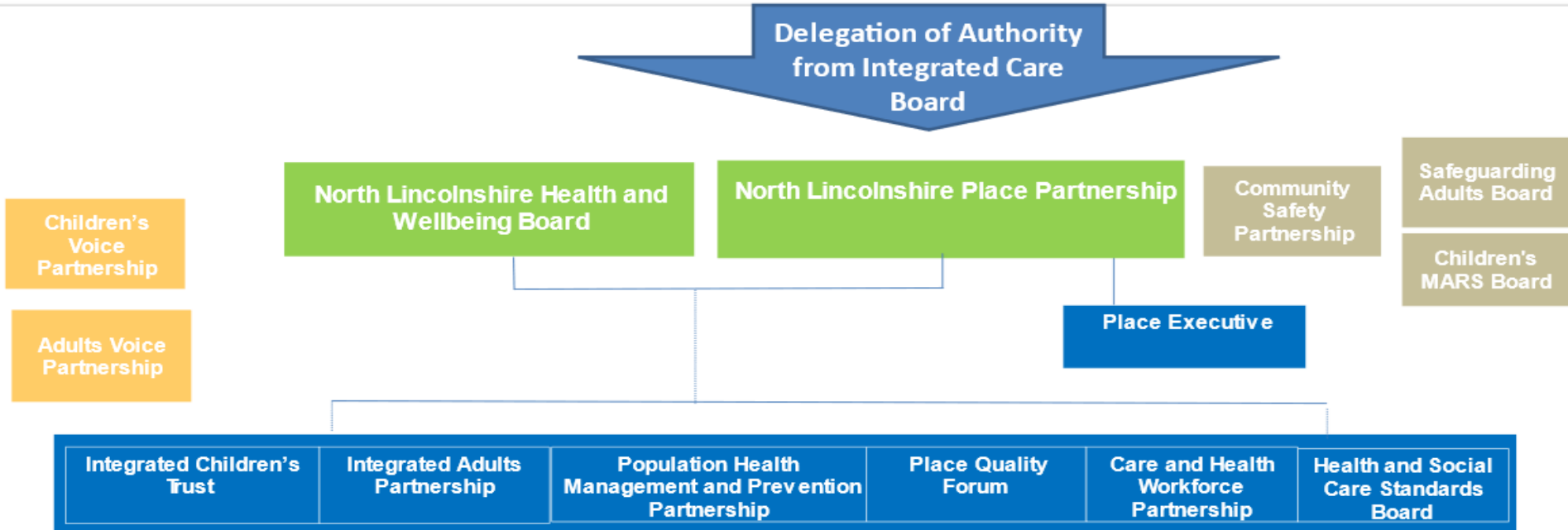
Provider Partnerships

Provider Partnerships will collaborate to deliver plans that transform services to meet the needs of the population in a specific place

ICS Strategy and Strategic Delivery Plan



Integrated Care System/Place Governance Arrangements



Key:

- Formal Partnership Governance
- Statutory Partnership Boards
- Partnership Delivery Groups
- Voice Groups

North Lincolnshire Place Partnership

Terms of Reference - DRAFT

1. Purpose

The role of the North Lincolnshire (NL) Place Partnership is to set the health and care strategy and approve the plans that will deliver the strategy, allocate NHS resource for North Lincolnshire, provide assurance of delivery of the plans through performance and risk management and assurance on the quality and safety of services for the population.

Roles and Responsibilities

- i. To lead and drive the vision and strategy for the North Lincolnshire health and care system as identified in our Health and Care Integration Plan and support its 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 and unlocks and builds community capacity.
- ii. To act as the strategic governing body for the North Lincolnshire health and care system, leading and directing strategic development and the effective use resources and ensuring appropriate arrangements are in place to exercise these functions.
- iii. To act as the formal strategic interface between the NHS and Local Government in North Lincolnshire, in furtherance of the duty to collaborate
- iv. To engage on the current, future and prospective Section 75 arrangements entered into between North Lincolnshire Council and the Integrated Care Board (ICB) and as between any other bodies that may be permitted by statute from time to time.
- v. To be the forum for mutual accountability for delivery of outcomes between partners, and the oversight of pooled and aligned funds allocated to the North Lincolnshire health and care system.
- vi. To ensure that the North Lincolnshire Council Director of Public Health, Director of Adults and Health and Director of Children and Families are integral to the development of system leadership and the formulation of key priorities in partnership with the ICB.
- vii. To develop and approve the local health and care system's strategic direction and plans addressing local health inequalities and the wider determinants of health in support of the North Lincolnshire Health and Care Integration Plan and in support of the wider roles of the Health and Wellbeing Board and the ICS respectively
- viii. To ensure that the Strategy is supported by plans to develop shared approaches to the use of local infrastructure and an integrated approach to the development of the health and care workforce

- ix. To support the effective interface between local democratic and clinical leadership across the system. To ensure that citizen public and patient involvement is integral to the operation and governance of the committee's and wider system's responsibilities.
- x. To oversee and facilitate the role of the health and care system in support of Covid-19 recovery, learning and future planning.
- xi. To ensure that the services delivered across North Lincolnshire are of high quality, safe and effective in meeting the needs of the local population.
- xii. The North Lincolnshire Place Partnership will have a key relationship with the North Lincolnshire Health and Wellbeing Board

2. Membership

The Partnership will comprise:

- Chair (Deputy Leader Council)
- Place Leader (North Lincolnshire Council Chief Executive)
- North Lincolnshire NHS Place Director
- Clinical and Professional Lead for Place
- Nurse Lead for Place
- Council Member for Children and Families
- Independent lay representative (TBC)
- Local Authority Executive Officers
 - Director of Adults and Health, Director of Children and Families and Director of Public Health
- Rotherham Doncaster and South Humber NHS FT – Chief Executive or Nominated representative
- Northern Lincolnshire and Goole Hospitals NHS FT – Chief Executive or Nominated representative and Divisional Medical Director Community and Therapies NL&G
- East Midlands Ambulance Service – Divisional Director, Lincolnshire Division
- Primary Care Networks x 4
- Voluntary and Community Sector representative

3. Voting

It is anticipated that decisions of the Partnership will be consistent with its responsibilities and through discussion, with the aim of reaching consensus between members. Whilst the Partnership will not have formal voting rights for members, where attempts to achieve consensus have been exhausted, the Chair may seek an indication from representatives of their preferred options

Decisions of the Partnership will be subject to approval of the North Lincolnshire NHS Place Director through which the authority of the ICB is delegated.

4. Quoracy

The Partnership will be quorate if 50% of the membership are present including one representative from the ICB and one representative from the local authority

5. Meeting Frequency

The Partnership will meet, in public, at least 4 times per annum with 2 wider forum sessions per annum

6. Declarations of Interest and Decision Log

Declarations of interest will be requested and logged at the start of each meeting

and a decision log will be completed following every meeting.

7. Review

These Terms of reference will be reviewed at least annually and in line with the expected continued development of the ICS.

North Lincolnshire Strategic Intent

Our Ambition

Our ambition is for North Lincolnshire to be the best place for all our residents to be safe, well, prosperous and connected; experiencing better health and wellbeing



People will;

- enjoy good health and wellbeing at any age and for their lifetime.
- live fulfilled lives in a secure place they can call home.
- have equality of opportunity to improve their health and play an active part in their community and enjoy purpose within their lives.



Our community first approach

Our transformation approach empowers and facilitates individuals of all ages including children and young people to participate in their own communities, putting people and communities at the heart of health and care. People will have personalised care, be enabled to self care and have control over their lives. People will get the best care closest to home. We will use our collective resources to improve outcomes for people and be informed by the voices of our diverse communities. We will use our Place assets and resources to strengthen prevention and community support, reducing the need for higher levels of care which is safe, effective and high quality in the right place at the right time. We will use the North Lincs £1 wisely and with integrity. We will ensure participation and prevention threads through all that we do. We will foster a culture of one team, enabling our workforce to achieve great outcomes for people and support the workforce to be well. We will ensure we have the most effective systems and enablers of change.

The ICS and Place Partnership will invest locally to deliver this strategic intent ensuring the community health and care system is the right size for the population, is organised to meet levels of need and inequalities; focuses on prevention at every level and opportunity; and is high quality. The Partnership will utilise digitally enabled care to support the individual and integration of the workforce. We will prioritise those most in need. We will enable partners to manage risk effectively, to work together to promote positive risk taking to improve the outcomes we aspire to.

Priorities for Collective Investment



The integrated practise model will be person centred

Mental health and wellbeing will thread through all that we do across all age

There will be a single workforce strategy covering: leadership and management, recruitment and retention, reward and recognition, career pathways, and talent development



Asset based community development will identify and work with the strengths of communities to level up North Lincolnshire

People with long term conditions such as lung and heart disease, will improve experience proportionately good health

Healthy life expectancy will improve for our population

Access to health and care will take account of rural challenges

The health inequalities gap will reduce across our wards

Innovation will be supported including digital tools that enable individuals to maximise their health and wellbeing