Report of the NL NHS Place Director

Agenda Item Meeting 26th September 2022

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

PLACE UPDATE AND SIGN OFF OF STRATEGIC INTENT FOR NORTH LINCOLNSHIRE

1 OBJECTIVE AND KEY POINTS IN THIS REPORT

1.1 To update the Health and Wellbeing Board on the current progress on the development of the Integrated Care System and Place based partnership and to request the sign off by the Health and Wellbeing Board of the North Lincolnshire Place Strategic Intent

2 INTRODUCTION

- 2.1 The Health and Wellbeing Board has previously been briefed on the progress on the development of the Humber and North Yorkshire Integrated Care System and the North Lincolnshire NHS Place Partnership.
- 2.2 Transition of statutory functions from CCGs to the NHS Humber and North Yorkshire Integrated Care System was successfully completed on 1st July 22 at the inaugural meeting of the Humber and North Yorkshire Integrated Care Board (ICB).
- 2.3 ICSs are responsible for developing integration and collaboration, and for improving population health across the system. They have two statutory components: integrated care boards (ICBs) and integrated care partnerships (ICPs). ICBs have now taken on the commissioning functions and statutory duties formerly conferred on CCGs and are accountable for NHS expenditure and performance within the system.
- 2.4 ICPs are a statutory committee bringing together all system partners to produce a health and care strategy. The ICS is currently in the process of establishing the ICP which will have strong membership from Places with the Place Partnership Chair, North Lincolnshire Council CEO (Place Executive Lead) and Place NHS Director being members.
- 2.5 The ICS has chosen to exercise its functions through 6 Place Partnerships of which North Lincolnshire is one, and five sector collaboratives (community, primary care, acute, mental health learning disabilities and autism and the voluntary and community sector). Places will be key to driving forward the local ambitions and priorities for the six geographies covered by the Places and will receive delegated resources to enable this, including delegated responsibilities from the ICB Executive to the Place NHS Director and other senior ICB staff within the Place.
- 2.6 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 and to continue to deliver integrated arrangements. This includes the personnel to deliver core statutory functions such as Safeguarding, Continuing Health Care and safeguarding.

- 2.7 The Humber and North Yorkshire ICP is responsible for developing an integrated care strategy 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 population's health; addressing inequalities; and contributing to the wider socioeconomic challenges such as unemployment and securing inward investment. Work on the development of the Strategy is progressing at pace across the ICS with significant engagement having occurred with stakeholders across the ICS. The ICB has confirmed its intent to primacy of Place 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 work and priorities in the Place Partnership will therefore be a strong driver in the development of this Strategy.
 - 2.8 The North Lincolnshire Place Partnership has been operating in shadow form since January 22 with Chief Executive/Senior Executive level membership from partners and the Deputy Leader of the Council as chair. The Partnership has had a high level of engagement from all partners in the Place.
- 2.9 The North Lincolnshire Place Partnership has agreed its core values and principles and priority areas of focus and has created a Strategic Intent for North Lincolnshire to feed into the Humber and North Yorkshire ICP Strategy. The Strategic Intent has been developed through significant engagement and discussion with all partners members.
- 2.10 The Strategic Intent outlines our overarching ambition:

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

The Strategic Intent is attached at Appendix One and identifies nine priorities for collective investment:

- Mental Health and wellbeing will thread through all that we do across all ages
- Asset based community development will identify and work with the strengths of communities to level up North Lincolnshire
- Innovation will be supported including digital tools that enable individuals to maximise their health and wellbeing
- The health inequalities gap will reduce across all of our wards
- Healthy life expectancy will improve for our population
- Access to health and care will take account of rural challenges
- People with long term conditions such and lung and heart disease will experience proportionately better health
- There will be a single workforce strategy covering leadership and management, recruitment and retention, reward and recognition, career pathways and talent development
- The integrated practice model will be person centred
- 2.11 There is a shared commitment from partners that this ambition will be delivered through our community first approach which empowers and facilitates individuals to participate in their own communities, putting people and communities at the heart of health and care. The Strategic Intent will replace the current Health and Care Integration Plan, providing a common narrative for the integration ambition for North Lincolnshire.

- 2.12 Work is now underway to develop a Place Integration Plan. There are already a number of workstreams contributing to the delivery of integrated health and care across North Lincolnshire. These work programmes are overseen by a number of partnership groups; Integrated Adults Partnership, Integrated Children's Trust, Population Health Management and Prevention Partnership and the Care and Health Workforce Partnership.
- 2.13 The Place Integration Plan will ensure that the workstreams within the plan all align to the nine priorities set out above. Assessment of current plans against the strategic intent priorities has commenced and outcome measures for each priority are being developed.
- 2.14 North Lincolnshire Place undertook an initial assessment against a framework that has been developed by the Integrated Care System (ICS) to assess maturity against progress towards becoming a thriving Place. This initial assessment was undertaken in Sept 2021. The measurements of maturity against which the assessment was made included the following descriptors: emerging, developing, maturing and thriving. The Health and Wellbeing Board were involved in a workshop to enable this assessment as were other senior leaders within the Place.
- 2.15 A re-assessment against the maturity matrix has been undertaken and this demonstrates that excellent progress has been made against the framework under the parameters of ambition and vision, system leadership and design and delivery, with the majority of areas assessed moving in to maturing and thriving.

3 OPTIONS FOR CONSIDERATION/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 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 The Place Partnership will also have oversight of the Section 75 arrangements that exist between the ICB and North Lincolnshire Council and the Health and Wellbeing Board 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.

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 North Lincolnshire Place Partnership.
- 8.2 There are no conflicts of interest declared.

9. RECOMMENDATIONS

- 9.1 The Health and Wellbeing Board are asked to note the progress on the Place Partnership and update on the development of the HNY Integrated Care System.
- 9.2 The Health and Wellbeing Board are asked to approve the North Lincolnshire Place Strategic Intent

North Lincolnshire NHS Place Director

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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.

