

NORTH LINCOLNSHIRE COUNCIL

Health & Wellbeing Board

**Community First Transformation: Further Integration through Strengthened
Joint Strategic Commissioning for Health and Care**

1. OBJECTIVE AND KEY POINTS IN THIS REPORT

- 1.1 This report has been prepared to update the Health and Wellbeing Board on the plans to transform services and improve outcomes for our population through our approach to joint strategic commissioning and Community First transformation.
- 1.2 Through Place leadership, we have the opportunity to deliver a single programme of transformation through our Community First approach to integration and strategic commissioning to which all Place partners are committed.
- 1.3 This can be achieved by taking on greater delegated resources and establishing a joint committee between the Humber and North Yorkshire Integrated Care Board (ICB) and North Lincolnshire Council. This will enable realisation of our plans for integrated working and transformation.
- 1.4 By work together, the ICB and the council can make the most effective use of our resources in the Place. This will drive transformation through the enhancement of our Section 75 arrangement.
- 1.5 The Health and Wellbeing Board is asked to endorse the approach described in the paper.

2. BACKGROUND INFORMATION

- 2.1 The Department for Health and Social Care (DHSC) is committed to facilitating greater integration of health and social care services. System leaders in local areas are being encouraged to use partnership arrangements more widely, and more flexibly, in ways that will benefit residents.
- 2.2 Within health and care, integrated strategic commissioning along with pooling and aligning budgets, can help reduce fragmentation of services and facilitate more joined-up, person centred care.
- 2.3 Integration and a Place focus is at the heart of North Lincolnshire's Community First Strategy. Similarly, integrated working is a key component of the ICB's Integrated Strategy for Wellbeing, Health and Care and is central to the ICB's Design for the Future Blueprint. The need for integration and local focus is echoed in the recent investigation of the state of the NHS by Lord Darzi. Specifically, the Darzi review recommends the following:
 - Shift 1: moving more care from hospitals to communities
 - Shift 2: making better use of technology in health and care
 - Shift 3: focusing on preventing sickness, not just treating it

It is anticipated that this will be echoed in the NHS Ten Year Plan which is expected in the Spring.

- 2.4 North Lincolnshire has a strong track record of health and care services working together. The North Lincolnshire Health and Care Integration Plan 2021-2024 initially set the scene for Place based integration. In June 2023 this plan was superseded by the Community First Strategy, which is North Lincolnshire's plan for health and social care integration and transformation. All health and social care organisations in North Lincolnshire have signed up to this Strategy. The Strategy describes our shared ambition for North Lincolnshire to be the best place for all our residents to be safe, well, prosperous and connected and for them to experience better health and wellbeing.
- 2.5 Action to deliver the Community First Strategy has made good progress. Strong and committed system leadership and governance has both set the frame and enabled this. Further detail on this is available here [Community First - North Lincolnshire Council \(northlincs.gov.uk\)](https://www.northlincs.gov.uk/community-first)
- 2.6 There is a strong appetite to further develop our integrated working arrangements to enable us to use our collective resources more efficiently and effectively to have maximum impact on the outcomes for the people of North Lincolnshire. This includes working better together so that health and care interventions are more person centred, health inequalities are addressed and

more work is done to improve people's health and wellbeing through the wider determinants of health. All of this is driven by our long-term goal that:

- People of all ages are empowered and facilitated to self-care and have control over their lives
- People are safe. They, and those around them, get the right health and care at the right time at the right place with people and communities at the heart of health and care
- People get personalised care, closest to home and we use our collective resources to improve outcomes
- We prioritise those most in need
- We are enabled to manage risk effectively

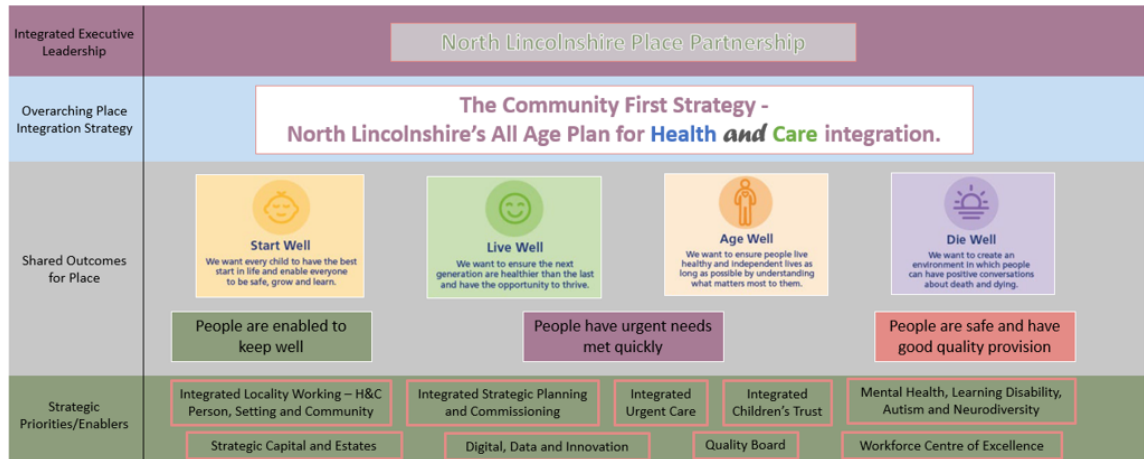
2.7 North Lincolnshire's Place Partnership recognises the scale of organisational change required at both ICB and Place levels to continue this integration and transformation of local services. The Place Partnership recognises that further strengthening our joint strategic commissioning arrangements, along with pooling and aligning of budgets via a Section 75 partnership agreement, could act as a paradigm shifting catalyst for change and improvement.

3. OPTIONS FOR CONSIDERATION

3.1 The ICB is proposing enhanced delegation of resources and accountability to Place that will enable stronger local accountability, influence and decision-making powers over local health and care services. In turn, entering into a Section 75 partnership agreement to align or pool resources between the ICB and the council will enable more effective use of collective resources. This will support integration, service transformation and create the ideal conditions to achieve the best outcomes with, and for, people in North Lincolnshire.

3.2 The North Lincolnshire Place Partnership have expressed their support to the proposals described above for enhanced delegations and greater integration and the establishment of a joint committee and Section 75 arrangement to support this. This approach has been supported by the ICB and Council Senior Leadership Executive.

3.3 In readiness for enhanced delegations to Place, system leaders have further strengthened Place governance and reviewed the strategic priorities and actions needed to continue health and social care transformation and integration. The attached schematic demonstrates the revised governance approach:



3.4 Part of the strengthening of the governance arrangements noted above includes the establishment of the Joint Committee, acting under the strategic leadership of the Place Partnership to undertake the management and administration function (referred to in Section 75 (4) of the NHS Act 2006) for any enhanced delegations from the ICB to Place together with any pooled and/or aligned health, care and Public Health budgets. The Health and Wellbeing Board would continue to operate as the overall public authorising body.

4. ANALYSIS OF OPTIONS

4.1 Commitment to greater delegation by the leadership of North Lincolnshire Place has recognised that the opportunity to further improve outcomes for people through a more locally led and focused approach that would enable further improved preventative, proactive approaches to supporting people within North Lincolnshire's five Localities.

4.2 The alignment or pooling of resources will enable the most effective use of collective resources and will support integration, service transformation and create the ideal conditions to achieve the best outcomes with, and for, people in North Lincolnshire.

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

5.1 Detailed work is ongoing between ICB and Council colleagues to determine the scope, structure and content of a Section 75 partnership agreement. This includes arrangements for pooling and/or aligning budgets and the operation of an appropriate management and administration function. Whilst the main drafting of the Section 75 partnership agreement will take a standard form, the schedule of the delegations be agreed and arrangements for pooling and/or aligning budgets for North Lincolnshire will be bespoke to our local conditions. Both the ICB and NLC have identified appropriate legal support to enable this work to be undertaken. This work is guided by the following

principles of Place led integration, which are supported by the Place Partnership:

- Improving efficiency and reducing duplication in community services through greater Place based integration, making them easier for people and professionals to navigate.
- Maximising Place based direction of community services and structures to respond better to the divergent needs of communities.
- Use Place based control to joint investment resources in a way that preventing problems occurring in the first place, rather than responding to them.
- Working with communities within our Localities to design and deliver support to better meet their needs.
- Liability and accountability of the NHS and the council for the exercise of their functions and funding remains unchanged.

5.2 Aligning functions and resources is where each organisation identifies its health and care resource allocations, enables transparency of total resource and complete accountability with responsibility to reside with the originating organisation.

5.3 Pooling functions and resource enables the agreement of a single pot for specified health and social care outcomes. This enables closer collaboration, that reduces duplication and maximises resource, encourages innovation by enabling greater flexibility and faster decision making, shared risk and value and is owned by the formal joint arrangement

5.4 The council and the ICB already have pooled budget arrangements in Place through the Better Care Fund. This is an opportunity to expand this should both parties agree to this in pursuit of these objectives.

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

6.1 There is clear alignment between the ICB's Integrated Care Strategy, the Council Plan, the Community First Strategy and the proposals identified within this paper.

6.2 The proposals in the paper will support the collective aim of reducing health inequalities.

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

7.1 Any specific plans that arise from the proposals described within the paper will be subject to an integrated impact assessment.

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

- 8.1 There has been significant engagement on the proposals with the North Lincolnshire Place Partnership and its membership. There has also been significant engagement on the Community First Strategy.
- 8.2 The proposals have been supported by the HNY ICB and the Council
- 8.3 No Conflicts of Interest have been identified.

9.0 SUMMARY

- 9.1 North Lincolnshire has a significant opportunity to change and improve the health and care of people living in North Lincolnshire through greater integration and transformation. A Section 75 Agreement between the council and ICB is a key part of creating the conditions for this change and improvement.
- 9.2 Confirming continued support for the Council to establish a Section 75 Agreement with the ICB and completing work to draft and execute the agreement will realise stronger local accountability, influence and decision-making powers over local health and care services. This in turn will lead to further integration, service transformation and it will create the ideal conditions to achieve the best outcomes with, and for, people. It will enable the health and care system in North Lincolnshire to use resources more effectively and have maximum impact.
- 9.3 The ICB and the Council are working together to finalise a draft Section 75 agreement, including a schedule of the delegations be agreed and arrangements for pooling and/or aligning budgets. This will be subject to final approval through the ICB and Council Cabinet to enable the commencement of the arrangement in April 2025. Assurance will be maintained in respect of the Section 75 Agreement to ensure it is robust, sustainable, balanced, compliant and focused on the achievement of the long-term goals through Joint Committee arrangements. The Health and Wellbeing will continue to be apprised of progress with the development of integration arrangements.

10. **RECOMMENDATIONS**

10.1 The Health and Wellbeing Board is asked to endorse the approach described in the paper.

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Background Papers used in the preparation of this report

See link to Community First Strategy at paragraph 2.5