

Health and Care across Humber Coast and Vale and North Lincolnshire

North Lincolnshire Health and Wellbeing Board
28th June 2021



Humber, Coast and Vale

Integration and Innovation: working together to improve health and social care for all

The Department of Health and Social Care's legislative proposals for a Health and Care Bill published 11 February 2021.

Legislate for every part of England to be **covered by an integrated care system (ICS)**, made up of an **ICS NHS Body** and a separate **ICS Health and Care Partnership**, bringing together the NHS, local government and partners.

Duty to collaborate across the health and care system and a **triple aim duty** on health bodies, to ensure three aims of better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources.

A key responsibility for these systems will be to **support place-based joint working** between the NHS, Local Government, community health services and other partners such as the voluntary and community sector. **Place level commissioning** within an integrated care system will **align geographically** to a **local authority boundary**

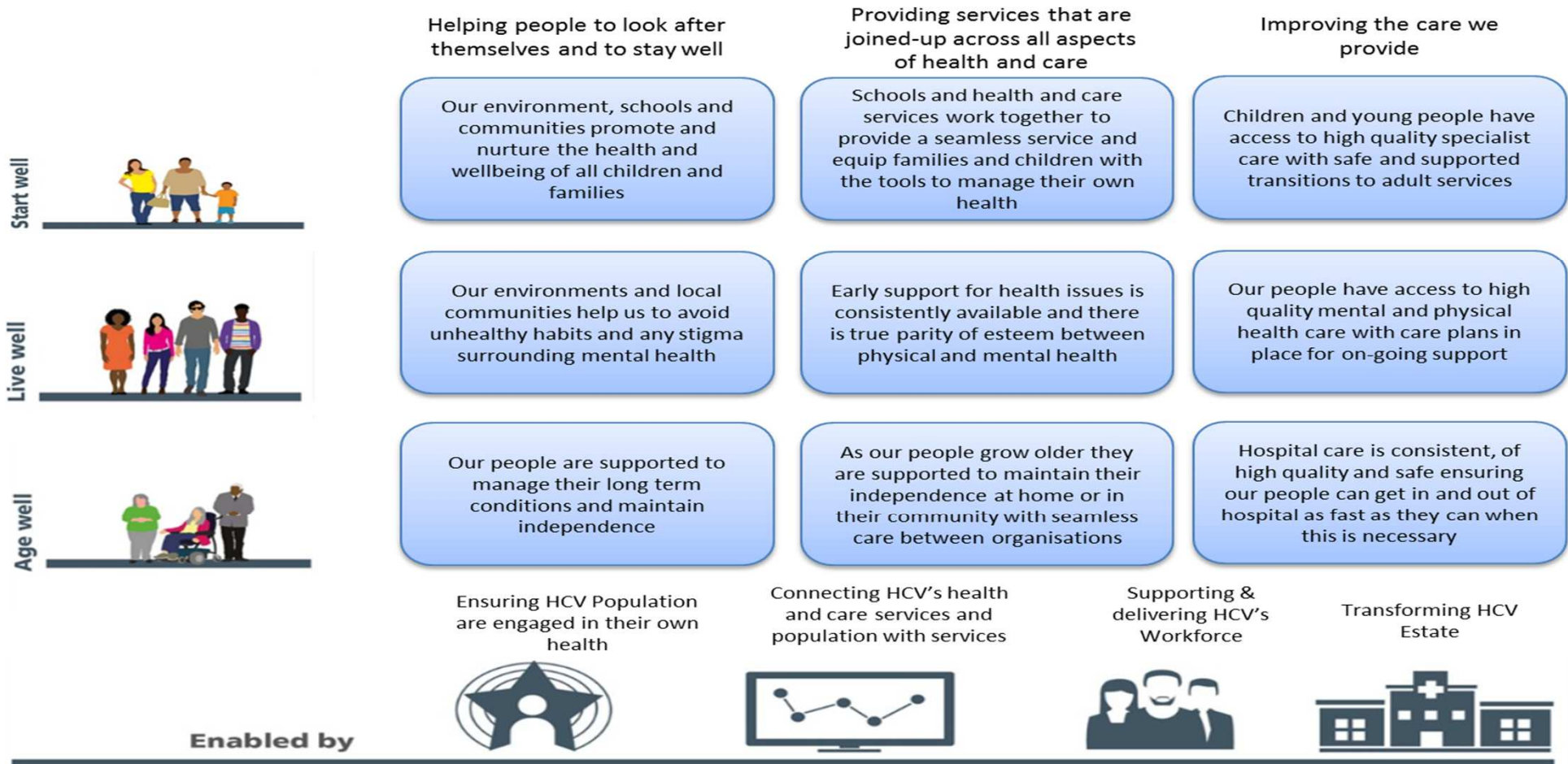
Health and wellbeing boards (HWBs) will remain in place and will continue to have an important responsibility at place level to bring local partners together, as well as developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, which both HWBs and ICSs will have to regard.

Remove barriers to integration through **joint committees, collaborative commissioning approaches and joint appointments**, as well as a recommendation to preserve and strengthen the right to **patient choice** within systems, and more effective data sharing

CCGs will cease to exist beyond April 22. Staff below Board level will transfer to ICS. There will be a greater focus on **population health and outcomes in contracts** and the **collective system ownership of the financial envelope**.



Humber, Coast and Vale shared vision



Humber, Coast and Vale Operating Arrangements

Places: East Riding of Yorkshire, Hull, North Lincolnshire, North East Lincolnshire, North Yorkshire and York

Provider Collaboratives: HCV Acute Trusts, HCV Mental Health, Learning Disabilities and Autism, HCV Community Health and Care

Primary Care Executive

ICS NHS Body: Operating through two geographical partnerships (Humber and North Yorkshire & York)

Health and Care Partnership: The whole

In addition this will be supported by a:

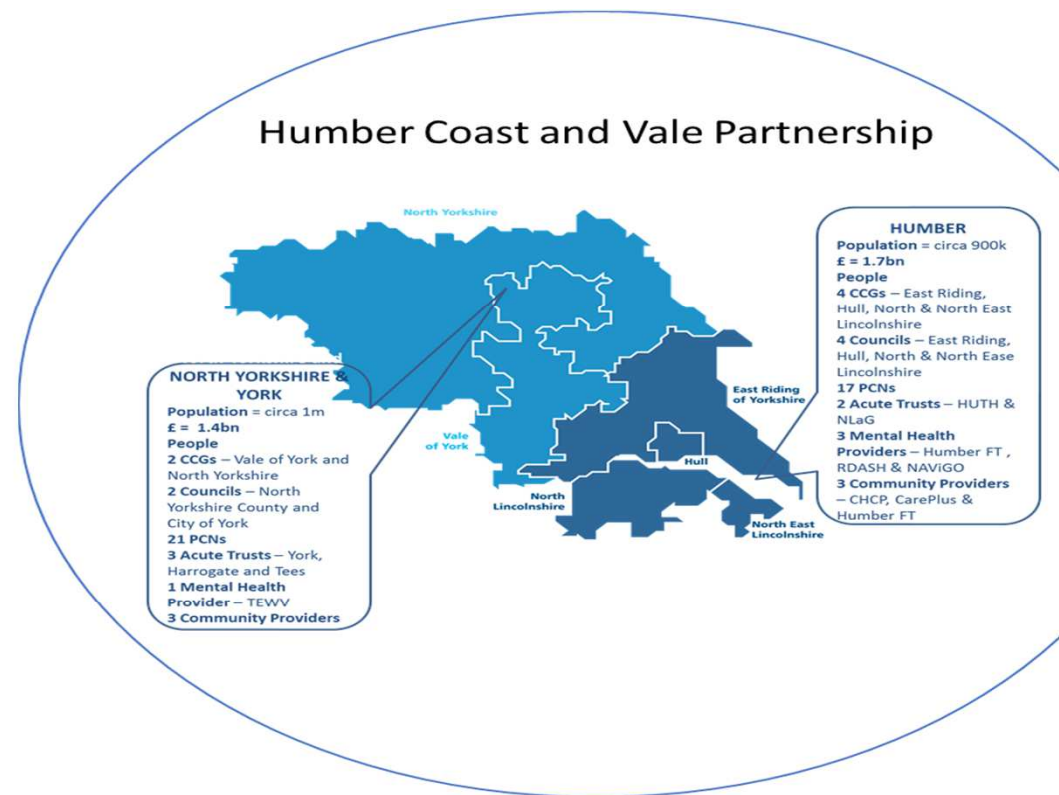
Clinical & Professional Group

Population Health and Health Equity Board

Chairs and Members Advisory Group / Partnership

Assembly

Transitional Partnership Executive Group



Humber, Coast and Vale - Seven Tests

- Improve population health
- Improve access and address health inequalities
- Drive better quality, productivity and value
- Actively engage with wider socio-economic development
- Operate effectively as an equal partner with local government and the VCSE
- Co-produce strategies, plans and outcomes with patients, citizens and their representatives
- Manage change well



Integrated Care System Operating Principles

Statutory functions will transfer into a new NHS body - NHS Humber Coast and Vale - from April 2022. Any Local Authority / Adult Social Care functions held by CCGs will transfer back to Local Authorities.

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 Place via a Humber allocation into the ICS. The Humber Partnership Director is the designated officer responsible for allocations to Place.

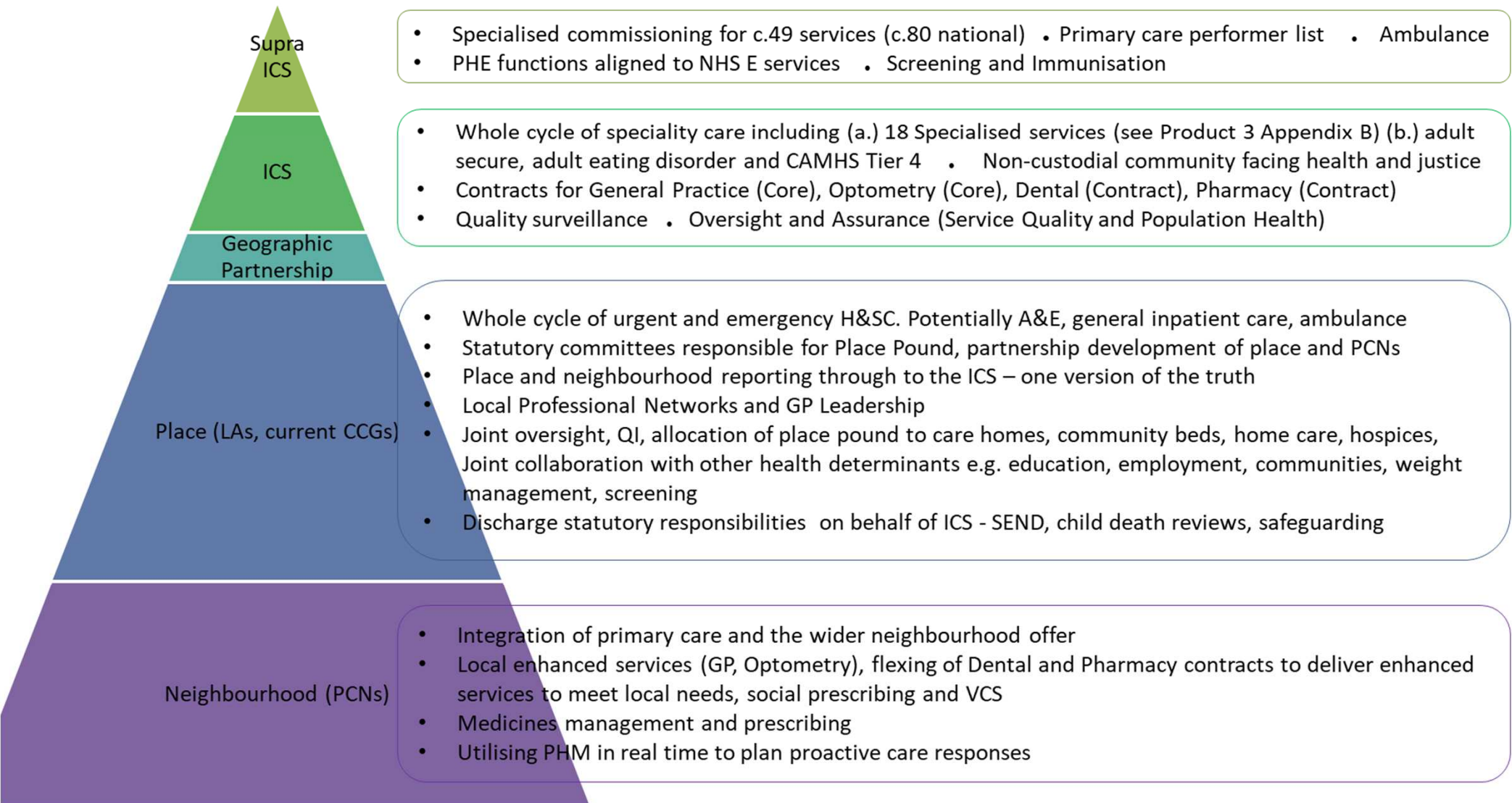
Humber will work through the four Place Partnership joint committees to facilitate allocation decisions about local services which drive integration, improve health outcomes and reduce health inequalities.

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

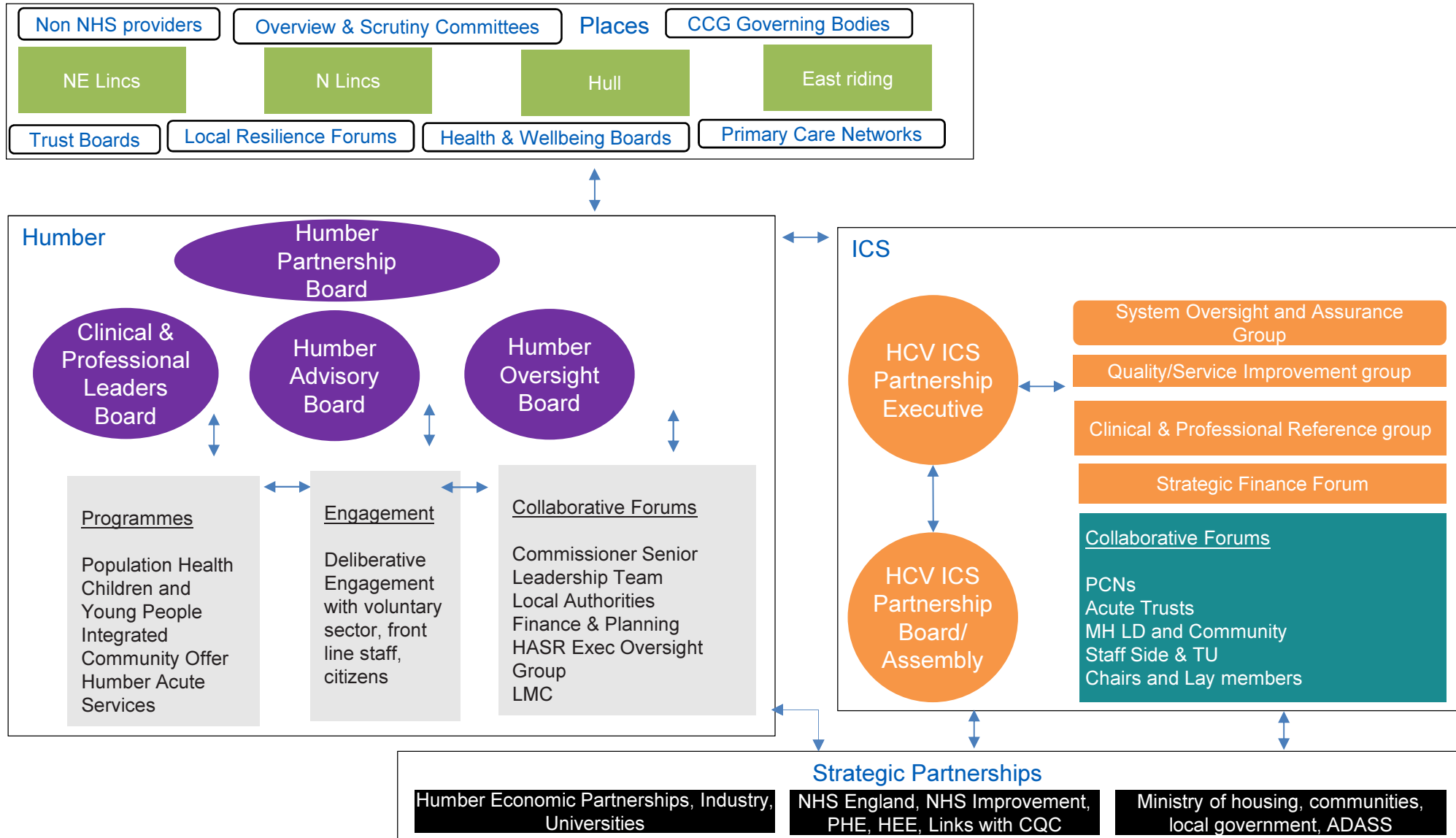


Fig 1. Building from the neighbourhood up – aligning CCG and NHSE commissioning

What will be done at neighbourhood, unless it's better done at place/ICS, or at place unless it's better done at ICS level.



Humber Partnership Governance established since June 2020



Implications and opportunities of legislative change

- 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 NHS E Specialised Commissioning services, screening and immunisation services)
- Some roles 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 rather than thinking as a set of commissioners and providers 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

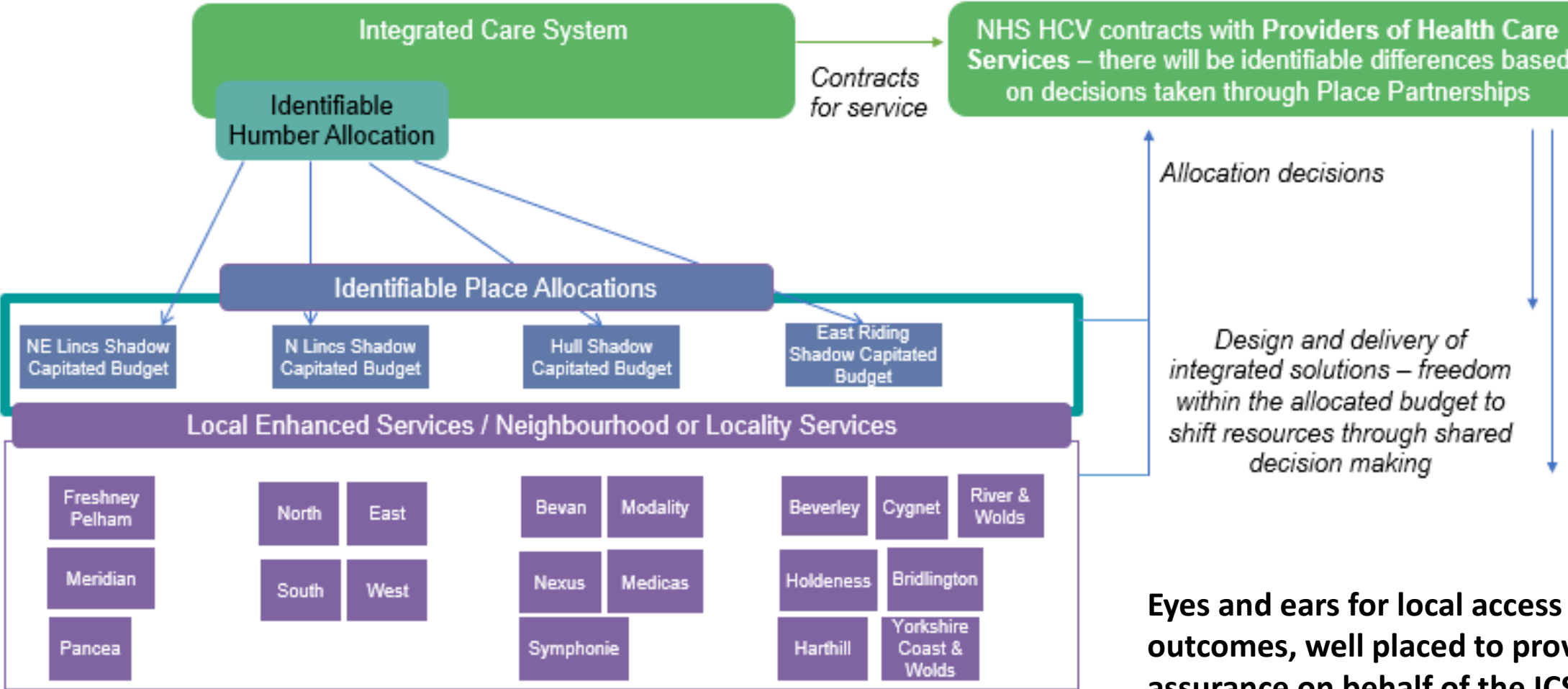


Place Partnership – Place Shaper

- Commissioning evolves into two broad activities:
 - *system integration* (design, delivery, development – more operational and working with providers)
 - *strategic planning* (populations, partnerships, shared priorities, shared truth)
- Strategic leadership and integrated delivery team led by an NHS Director (COO), accountable to Humber Partnership Director (Emma Latimer’s role) with a ‘dotted line’ to an Executive Place Director (such as a Council Chief Executive).
 - 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 through the ICS structures and to Place through the Health and Wellbeing board and local democratic structures



Custodians of the Place Pound



North Lincolnshire Work to Date

- Place arrangements will reflect local vision/priorities recognising health inequalities and local working arrangements
- Current governance includes Committee in Common, Integrated Adult Partnership, Integrated Children's Partnership and Integrated Commissioning and Quality Executive.
- We have agreed a Health and Care Plan for North Lincolnshire & Joint Plans for Adults & C&YP
- Initial discussions with local authority CEO, Leader, CCG COO and Chair and Director of Adults and Community Wellbeing
- Accountability through H&WBB. Exploring next step for a Joint Committee/partnership in Place
- Capacity within Place - capacity will come from employees of the Statutory Body but also other parts of the system (providers, public health etc) and collaboration across the Humber where makes sense to do that
- Further skills development in particular Population Health Management and change management/transformation
- More capacity to be directed in to PCNs, Population Health Management, health inequalities improving health outcomes
- More work to understand the interfaces with other parts of the system such as horizontal provider collaboratives



and Partnership ment	Planning and Coordinating Services	Quality Outcomes and Sustainability	Primary Care and PCN Development	Service Delive
<p>o planning and hip management th providers, PCNs, e, VCS and opment relationship s including VCS and ity g model to deliver population integrated</p>	<ul style="list-style-type: none"> • Integrated strategic planning & development with local authority and other partners community, VCS etc • Place planning and strategic development • Service and Transformation teams & PMO support • Neighbourhood development • Reduce health inequalities & improve health outcomes • Equality and inclusion 	<ul style="list-style-type: none"> • Local accountability for driving improvements in service and quality and performance and user experience • Assurance to wider partnership Humber/ICS • Specialist quality functions • Integrated clinical leadership • Designated roles safeguarding, SEND 	<ul style="list-style-type: none"> • Wider determinants of health including Population Health Management • PCN and Primary care development • Neighbourhood development • PCN development and maturity 	<ul style="list-style-type: none"> • CHC clinics • PHB • Case man • Medicines management

Developing and Understanding Needs

intelligence support to PHM, understanding local need and improving outcomes and quality
intelligence to support quality outcomes and assurance
on of local business intelligence approaches such as RAIDR
management

Engagement with Communities and Place

ication and marketing to support health activation/ improvement
agement and public involvement
engagement

Enabling Functions

force development, HR, data analytics and BI/IT/ finance & contracting, comms, governance and assurance, specialist support, professional leadership

Provider Collaboratives

- The role of Provider Collaboratives is standardising care, optimising resources (sites, staff, scale) and shared approaches. The Provider Collaboratives are developing governance to share costs, benefits, risks, and interface with Local Authorities Place and Primary Care collaboratives. They align with the activities described in the 'ICS' section of the pyramid.
- Sector-based Provider Collaboratives have an important role to play in Place Partnerships. For example, solutions to addressing access to A&E and outpatient services may be more readily addressed through investing or reallocating resource into other local services and sharing risks across the Place Partnership
- Membership reflects HCV geography e.g. Provider Collaboratives in North Lincolnshire will be represented by North Lincolnshire and Goole NHS FT and Rotherham, Doncaster and South Humber NHS FT.
- Provider Collaborative and Place Partnership arrangements will both need accountability and assurance arrangements for the things they are responsible for – these will need to be consistent especially around local access and interface services.



Timeline

Place arrangements will be developed in distinct phases:

- DEVELOP April – September 2021
- AMALGAMATE with CCG arrangements September 2021
- TEST October – March 2022
- OPERATE April 2022 – October 2023
- MATURE October 2023 – March 2024

