

NORTH LINCOLNSHIRE COUNCIL

Health and Wellbeing Board

Integrated Care System Update

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 The report provides an update on the establishment of the ICS and recent appointments to the Integrated Care Board ICB and the progress of the Health and Care Bill through Parliament
- 1.2 The report also provides an update on the wider ICS architecture including the establishment of the Integrated Care Partnership (ICP), Provider Collaboratives and Place based arrangements.
- 1.3 An update is also included on the development the North Lincolnshire Place Partnership as a sub-committee of the ICB and the good progress that has been made 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 reduce inequalities between different groups. The NHS Humber Coast and Vale Integrated Care System 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 currently going through Parliament sets out plans to put ICSs on a statutory footing. The proposals within this Bill mean that each ICS will be led by an NHS Integrated Care Board (ICB), an organisation with responsibility for NHS functions and budgets, and an Integrated Care Partnership (ICP), a statutory committee bringing together all system partners to produce a health and care

strategy. When ICBs are legally established, Clinical Commissioning Groups (CCGs) will be dissolved.

2.3 It was originally expected that these changes would come in to effect in April 2022. However, to allow sufficient time for the remaining parliamentary stages, a new target date of 1 July 2022 has been agreed for new statutory arrangements to take effect and Integrated Care Boards (ICBs) to be legally and operationally established. The ICS will be known as the Humber and North Yorkshire Health and Care Partnership as the once ICB shadow arrangements are implemented from 1st April 2022.

2.4 Subject to the passing of the Health and Care Bill, ICBs will be directly accountable for NHS spend and performance within each ICS. They will take on the NHS planning functions currently held by Clinical Commissioning Groups (CCGs), as well as some held by NHS England. Ahead of its establishment, the ICS has appointed Sue Symington as Designate Chair and Stephen Eames CBE as Designate Chief Executive. Board appointments have now also been made to the following roles: Designate Chief Operating Officer - Amanda Bloor, Designate Executive Director of People – Jayne Adamson, Designate Executive Director of Finance – Jane Hazelgrave, Designate Executive Director of Nursing & Quality - Teresa Fenech, Designate Executive Director of Clinical and Professional Services – Nigel Wells. Designate Executive Director of Corporate Affairs - Karina Ellis and Designate Executive Director of Communications, Marketing and Public Relations – postholder to be announced

In addition to the executive team, two independent non-executive directors have been appointed – Stuart Watson (Non-Exec Director and Chair for Audit) and Mark Chamberlain (Non-Exec Director and Chair of the Remuneration Committee). Both will start immediately and will help shape a long-term viable plan for the delivery of functions, duties and objectives of the ICB and for the stewardship of public money

Integrated Care Partnership (ICP)

ICPs 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, address inequalities, and contribute to the wider socioeconomic challenges we face, such as unemployment and securing inward investment. It is anticipated that Humber and North Yorkshire ICP will commence operating during the first quarter of 2022/23. This timescale will ensure there is sufficient input from partners and local stakeholders in its development.

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

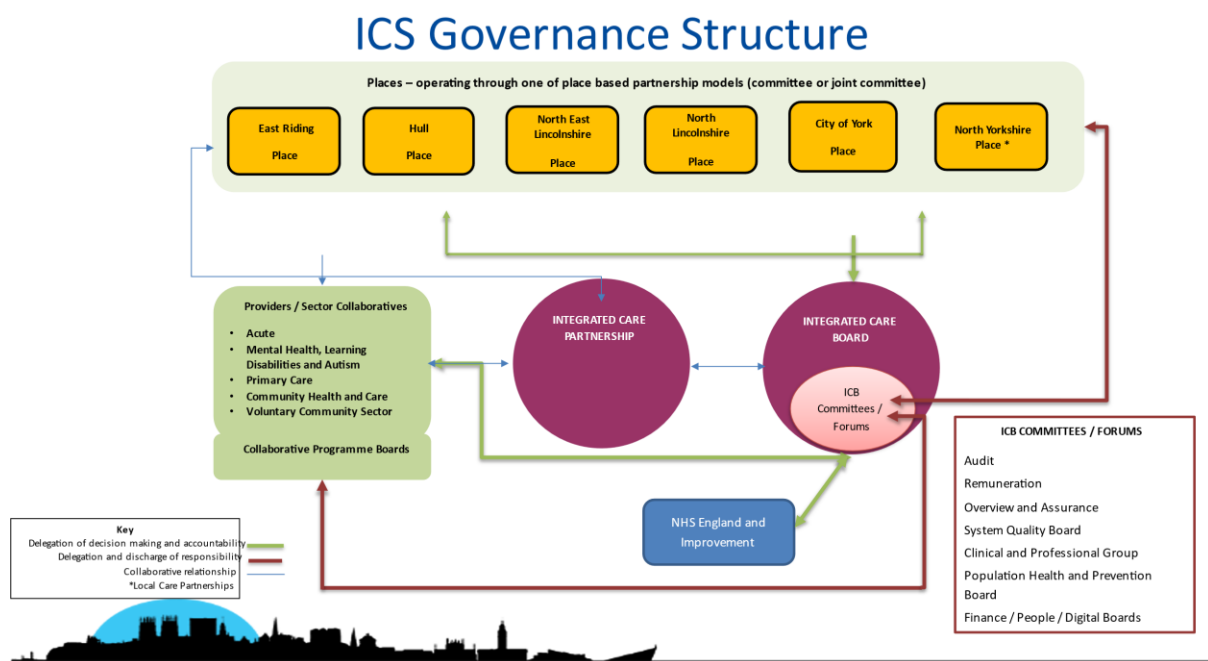
ICS: primary care, community health and care, mental health, learning disability and autism, and acute services. Each of our collaboratives have established CEO leadership and associated support arrangements. There is a development programme underway which is defining the future governance and operating models for the collaboratives.

Place based arrangements

Place Partnership Committees of the ICB are being established for all six places (East Riding of Yorkshire, Hull, North East Lincolnshire, North Lincolnshire, North Yorkshire, and City of York) to enable increased autonomy and delegation of local decision-making to a formal Joint Committee. It is anticipated that these Place Committees will receive delegated duties and resources from the ICB to make decisions about resourcing and services. They will also undertake joint decision-making at a Place level with Local Authority, providers, VCSE and other bodies to improve local services and outcomes, using evidence such as practice/ward level population profiles. Each Place Committee will appoint an overall Place Lead. This will be decided by local leaders.

An NHS Place Director will also be appointed for all six places. This person will be a core member of the Place Partnership will support the delivery of Place and ICB ambitions, manage staff locally and also have delegated financial responsibilities

The Governance Arrangement of the ICS are illustrated in the attached diagram



Progress with Development of Place Arrangements in North Lincolnshire

As previously updated, the Place Partnership (Committee of the ICB) for North Lincolnshire has been established, operating in shadow form. The Place Partnership has had two meeting in workshop format to date which have both been very positive and well attended by partners.

The first meeting provided an update to members on development across the ICS and also the considerable local progress that has already been made to support integration including the roles of the Integrated Adults Partnership, Integrated Children's Partnership and the newly established Population Health Management and Prevention Collaborative. The meeting also considered the progress made with our Place Maturity assessments and discussed membership and terms of reference of the Partnership and discussed values, behaviours and principles for the Partnership. The Partnership also outlined an aspiration to move to legally binding joint committee arrangements by July 22.

The second meeting considered values, principles and aspirations and objectives and benefits of the Partnership in more detail and received a presentation from Hill Dickinson and Partners who have been supporting the Humber Partnership on potential legal models for the establishment of the Partnership.

Next Steps

The Partnership will continue to meet in shadow form ahead of the anticipated move to formal arrangements in July 22. Further work will be undertaken to establish the supporting governance models to support future operation of the Partnership. In conjunction with this is a strong focus on delivery of integrated models of working across the place through the Integrated Adults Partnership, Integrated Children's Partnership and Population Health Management and Prevention Collaborative including as just a few examples:

- A successful away day for Place partners has been held to explore collaborative opportunities in terms of estates and infrastructure development
- Development of a shared intelligence-based approach to population health management and discussions on priority areas supporting the recently refreshed Joint Health and Wellbeing Strategy
- The development of the NL Care & Health Workforce Strategy and associated action Plan
- Integrated approach to management of system pressures through the Pandemic including integrated discharge approaches
- A very successful Covid vaccination programme
- A successful collaborative approach to the recent SEND (Special Educational Needs and Disabilities) inspection

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.

Chief Operating Officer, North Lincolnshire CCG, Alex Seale

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Background Papers used in the preparation of this report – slides attached