

Public Document Pack



Additional Agenda Items

This is a supplement to the original agenda and includes reports that are additional to the original agenda

Nottingham City Council Executive Board

Date: Tuesday 20 July 2021

Time: 2:00pm

Place: The Ballroom, The Council House, Old Market Square, Nottingham, NG1 2DT

Governance Officer: Adrian Mann **Direct Dial:** 0115 8764468

Agenda	Pages
16 Alignment of the Health and Wellbeing Board with the Integrated Care Partnership and Integrated Care System Report of the Portfolio Holder for Adults and Health	3 - 20

This page is intentionally left blank

Agenda Item 16

Executive Board 20 July 2021

Subject:	Proposal for the Alignment of the Health and Wellbeing Board with the Integrated Care Partnership and Integrated Care System
Corporate Director/Director:	Catherine Underwood, Corporate Director for People Lucy Hubber, Director of Public Health
Portfolio Holder(s):	Councillor Adele Williams, Portfolio Holder for Adults and Health
Report author and contact details:	David Johns, Consultant in Public Health david.johns@nottinghamcity.gov.uk
Other colleagues who have provided input:	N/A
Subject to call-in:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Key Decision: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Criteria for Key Decision:	
(a) <input type="checkbox"/> Expenditure <input type="checkbox"/> Income <input type="checkbox"/> Savings of £1,000,000 or more taking account of the overall impact of the decision	
and/or	
(b) Significant impact on communities living or working in two or more wards in the City <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Type of expenditure: <input type="checkbox"/> Revenue <input type="checkbox"/> Capital	
Total value of the decision: None	
Wards affected: All	
Date of consultation with Portfolio Holder(s): Not applicable	
Relevant Council Plan Key Theme:	
Nottingham People	<input checked="" type="checkbox"/>
Living in Nottingham	<input type="checkbox"/>
Growing Nottingham	<input type="checkbox"/>
Respect for Nottingham	<input type="checkbox"/>
Serving Nottingham Better	<input type="checkbox"/>

Summary of issues:

Local Authorities are democratically accountable stewards of their local populations' wellbeing. They understand the crucial importance of 'place' in promoting wellbeing. The Council has a strong role in supporting the development of the Nottingham and Nottinghamshire Integrated Care System (ICS) and ensuring it delivers improved outcomes for residents of all ages.

The recent Health and Social Care White Paper sets to establish ICSs as statutory bodies in all parts of England. While 'place' is not included in this new legislation, there is significant local flexibility with how and what is delegated to 'place', i.e., the Nottingham City Integrated Care Partnership (ICP).

The Nottingham City Health and Wellbeing Board (HWB) is a statutory committee of the Council. This paper outlines proposals for how the HWB, ICP and ICS will align. In particular, it outlines a proposal to strengthen the role of 'place' in the future of the ICS.

Exempt information: None**Recommendations:**

- 1 To agree the proposed governance structure as the basis on which to underpin the development of new ways of working on a 'place' approach with the ICS. Specifically that:
 - The ICP Board reports in to the HWB; and
 - The membership of the HWB is reviewed by its Chair and the Director of Public Health to ensure appropriate representation and a partnership ethos.
- 2 For the Council to sign the Nottingham and Nottinghamshire Integrated Care System Partnership Agreement, with the additional clauses highlighted in Appendix 2 added to strengthen the focus on health inequalities.

1 Reasons for recommendations

Proposed governance structure

- 1.1 The Local Government Association (LGA) has recently facilitated various workshops in Nottingham with members of the HWB, ICP and City Councillors to consider the options for governance arrangements.
- 1.2 The HWB has a vital role as the statutory body responsible for driving health outcomes and for supporting integration. The Joint Strategic Needs Assessment and the Health and Wellbeing Plan will underpin the priorities and activities we need to address to make a difference to health outcomes in Nottingham.
- 1.3 The ICP will develop to become a key partnership to deliver transformed health and care services in Nottingham. The proposed new governance makes a clear

alignment between the HWB and the ICP. This includes a formal alignment to the ICP (Appendix A).

- 1.4 The proposed model will give the HWB greater oversight of health and care activity. In addition, the Board will:

- oversee the development of the Joint Health and Wellbeing Strategy and ICP delivery priorities based on joint strategic needs assessments and population health management data; and
- review the statutory frameworks to ensure health and wellbeing is embedded in all policies.

- 1.5 A number of notable changes are proposed to the current working of the Health and Wellbeing board. These include:

Membership: a review of the HWB membership is proposed to reduce the overlap in organisations' representatives on both the ICP and HWB. Furthermore, it is proposed the voting rights of currently non-voting members are reviewed with the goal of making a stronger partnership.

Delegation: the ICP will have responsibility for a number of elements within the Joint Health and Wellbeing Strategy. The HWB will hold the ICP accountable for delivering outcomes. Delegation of budgets would remain a decision for the Council and the ICS on the basis of appropriate business cases and, where appropriate through, a Commissioning Committee, as is currently provided for.

Commissioning Sub-Committee: the current Commissioning Sub-Committee, which oversees the Better Care Fund, would be broadened to jointly commission programme budgets for defined cohorts of the population (e.g., rough sleepers) delegated to the ICP Board via the ICS (NHS Body) and the Council.

Advisory groups: to ensure the HWB members are focused at the strategic level, including scrutiny of system plans and policy, it is proposed that advisory groups, aligned with existing Council processes, support the HWB.

- 1.6 The ICP Board is likely to be considered a committee of the ICS NHS Body. Partners will work across boundaries to improve the health and wellbeing outcomes of Nottingham citizens, by establishing partnerships and better working relationships between all ICP partners in Nottingham.

The Nottingham and Nottinghamshire Integrated Care System Partnership Agreement

- 1.7 The members of the ICS Board have agreed to establish a 'Partnership Agreement' (Appendix B) to demonstrate their commitment to work effectively together for the benefit of all our communities and residents.
- 1.8 The agreement confirms a shared purpose and principles and ways of working that board members are asked to sign up to on behalf of their organisations. The document outlines the shared programme of work to which the principles are to be applied.

- 1.9 The partnership agreement has been co-produced with local service users, members of the public, health and care professionals, partner organisations including in the community and voluntary sector, ICPs and Primary Care Networks.
- 1.10 The Council is committed to working actively as a member of the ICS, to lead effective partnerships with a focus on improving the health and wellbeing of people in Nottingham. The partnership agreement reflects the positive principles for taking this work forwards.
- 1.11 The recommendation is therefore that the Partnership Agreement is signed with the inclusion of the clauses highlighted in Appendix 2. These have been shared with ICS Board on 1 July 2021 and were well received by Board members.

2 Background

Local Authorities' role in system leadership in Health and Care

- 2.1. Local Authorities are democratically accountable stewards of their local populations' wellbeing. They understand the crucial importance of 'place' in promoting wellbeing. In other words, the environment within which people live, work and play, the housing they live in, the green spaces around them, and their opportunities for work and leisure, are all crucial to their health and wellbeing.
- 2.2. HWBs were established under the Health and Social Care Act 2012. The HWB is a statutory committee of the Local Authority. It acts as a partnership forum in which key leaders from the local health and care system can work together to improve the health and wellbeing of their local population. HWBs have a statutory duty, with NHS Clinical Commissioning Groups (CCGs), to produce a Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy for their local population.
- 2.3. Local Authorities must take the action that they decide is appropriate to improve the health of the people in their areas – the Director of Public Health (DPH) is accountable for the delivery of these duties.

The Integrated Care System

- 2.4. Nottingham and Nottinghamshire was one of ten areas to become a fast-track 'Accountable Care System' in 2017 and transitioned into an ICS in 2018.
- 2.5. ICSs are partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.
- 2.6. The NHS Long-Term Plan confirmed that all parts of England would be served by an integrated care system from April 2021, building on the lessons of the earliest systems and the achievements of earlier work through sustainability and transformation partnerships and vanguards.

Integrated Care Systems and the NHS White Paper

- 2.7. On 11 February 2021, the Department of Health and Social Care published the White Paper ‘Integration and innovation: working together to improve health and social care for all’, which sets out legislative proposals for a health and care Bill.
- 2.8. The paper marks a shift from the competition that underpinned the 2012 health reforms to a more collaborative model with greater flexibility and opportunities for joined-up care. The white paper avoids outlining a one-size fits all model and a number of decisions are being left to local systems and leaders.
- 2.9. At the heart of the changes is the proposal to establish ICSs as statutory bodies in all parts of England. ICSs will be made up of two parts:
 - an '**ICS NHS body**' responsible for NHS strategic planning and allocation decisions; and
 - an '**ICS health and care partnership**', which will be responsible for developing a plan to address the system’s health, public health and social care needs, which the ICS NHS Body and Local Authorities will be required to ‘have regard to’ when making decisions.

This structure recognises the need for integration both between different NHS organisations and integration between the NHS and local government (and wider partners).

- 2.10. There is no statutory underpinning for ‘place’, but the white paper suggests an although there is an expectation that ICS NHS bodies delegate ‘significantly’ to place level as well as to a provider collaborative.
- 2.11. The local ICS appointed a new independent chair, Dr Kathy McLean, earlier this year. It is currently reviewing its governance structures in anticipation of the transitions outlined in the White Paper. The role of the Council’s Health Scrutiny processes in the new context is outside of the scope of this paper. Legislation is expected to recognise that the NHS and local government have different accountabilities. Local government is accountable to local people and will continue to hold NHS organisations to account via overview and scrutiny powers. The NHS ICS Body will take on the role of the CCG in this context. However, further clarity is required over the role of Health Scrutiny with response to substantial health services reconfigurations and the role of the Independent Reconfiguration Panel.

The importance of influencing how ‘place’ is structured

- 2.12. The white paper and associated legislation can only take us so far. It is not possible to legislate for collaboration and co-ordination of local services. This requires a shift in our collective behaviours, attitudes and relationships as a system. The implementation of the white paper and local discretion for the role of place, is therefore key in helping drive forward this change.

- 2.13. Integrated care is about giving people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care.
- 2.14. The Council has the opportunity to influence at various levels in the system including via the ICS health and care partnership, the NHS Body, and system leadership roles in other ICS work streams. It will continue to work with the system on shared objectives such as reducing the health inequalities felt by residents.
- 2.15. Much of the delivery of integration and improving population health is driven by collaboration at 'place'. Influencing how place will work and the relationship it should have with the ICS is important to ensure the design and commissioning of health services happens with the involvement of local communities.

3 Other options considered in making recommendations

- 3.1 A number of models were considered in the LGA-facilitated workshops, including continuing with the current arrangements and full delegation of place-based commissioning to the ICP. Neither were considered desirable at the current time.

4 Finance colleague comments (including implications and value for money/VAT)

- 4.1 The recommendation in this report is to agree the governance structure to align the HWB and the ICP.
- 4.2 This report does not contain any financial implications associated with budgets at this time, however, it is assumed that all future decision-making, undertaken by the organisations within the partnership, will give due consideration to the wider partnership.
- 4.3 Any financial decisions arising from the partnerships programme will need to be approved through the appropriate governance requirements that align to each organisation.

Advice provided by Ceri Walters, Head of Commercial Finance, on 13 July 2021.

5 Legal and Procurement colleague comments (including risk management issues, and legal, Crime and Disorder Act and procurement implications)

- 5.1 Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population. Membership of the Health and Wellbeing Board is prescribed by statute so any review of the membership must take account of this to ensure that it is compliant.
- 5.2 The Health and Wellbeing Board is a committee of the Council and the terms of reference are set out in the Constitution, any amendments to the terms of reference would need to be agreed by full Council.

- 5.3 The Integrated Care System Partnership Agreement sets out agreed principles and ways of working.

Advice provided by Beth Brown, Head of Legal and Governance, on 9 July 2021.

6 Strategic Assets & Property colleague comments (for decisions relating to all property assets and associated infrastructure)

- 6.1 Not applicable.

7 Social value considerations

- 7.1 Not applicable.

8 Regard to the NHS Constitution

- 8.1 This paper outlines proposals for how the HWB, ICP and ICS will align for healthcare delivery. In particular, it outlines a proposal to strengthen the role of 'place' in the future of the ICS.

9 Equality Impact Assessment (EIA)

- 9.1 An EIA is not required because this report does not propose a new or changing policy, service or function. Any delegated funding will require an EIA in the future, to ensure the decision is in the best interest of all citizens.

10 List of background papers relied upon in writing this report

- 10.1 Appendix 1 – HWB governance proposal

- 10.2 Appendix 2 - The Nottingham and Nottinghamshire Integrated Care System Partnership Agreement

11 Published documents referred to in this report

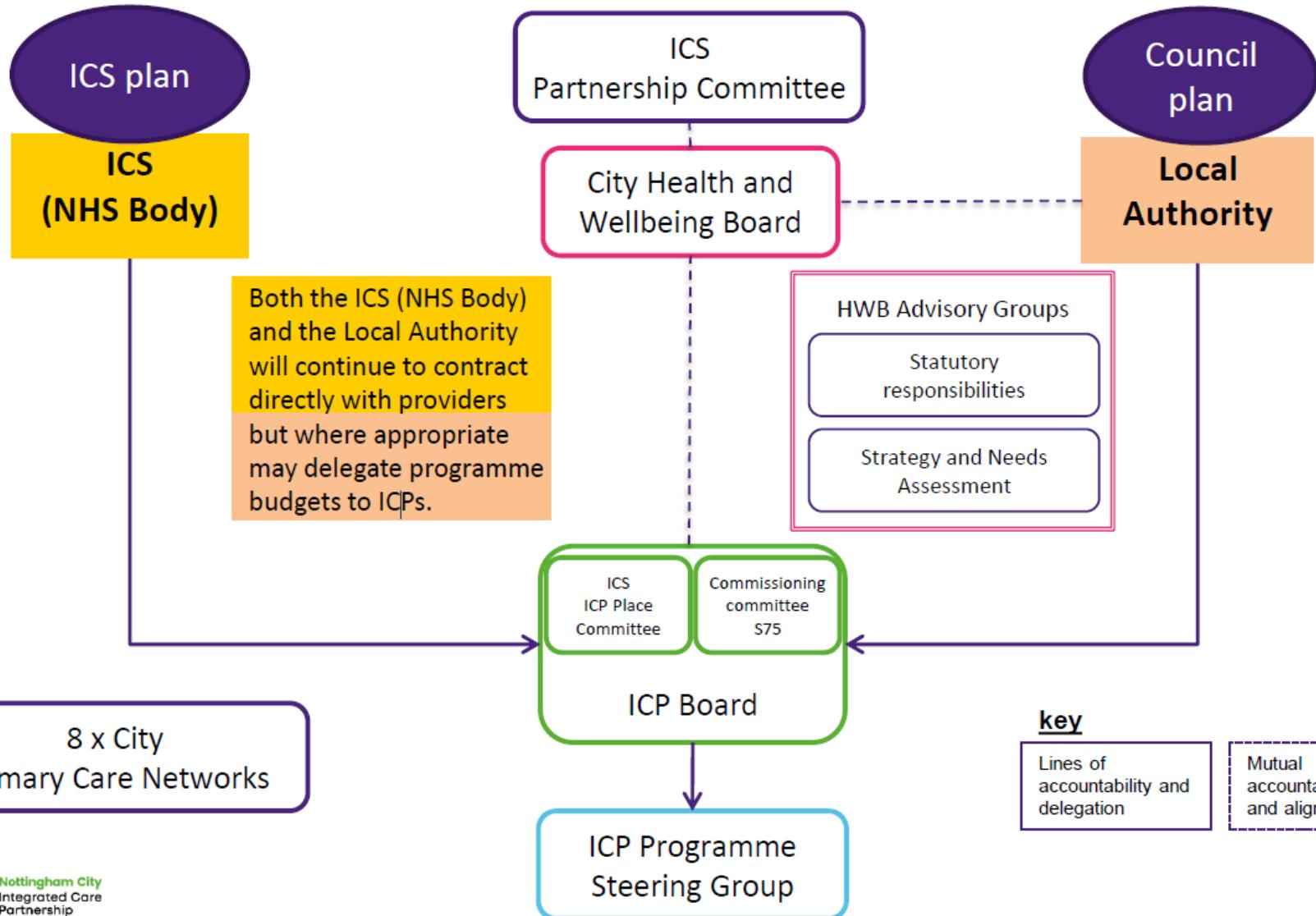
- 11.1 Department of Health and Social Care White Paper: Integration and innovation: working together to improve health and social care for all

(<https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all>)

This page is intentionally left blank

Proposed Nottingham City Health and Wellbeing governance arrangements

Page 11

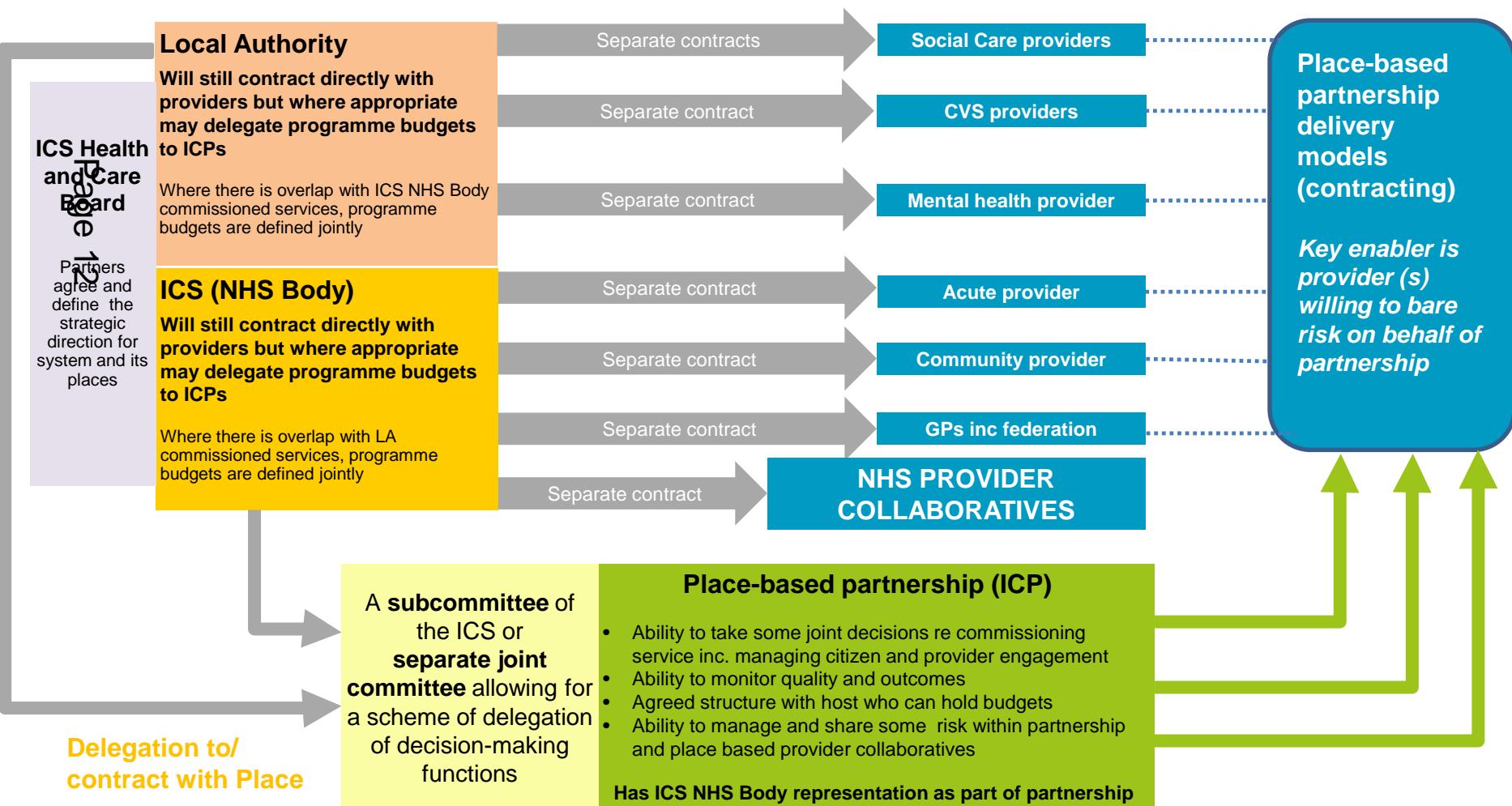


Hybrid model: A developing / maturing place with some delegated functions

The ICS (NHS Body) and LA(s) may provide some delegation to ICP for service delivery via a subcommittee or separate joint committee. This will be an iterative process starting with delegated programme budgets for defined population health needs, e.g. end of life, rough sleepers. In April 2022, the majority of contracts will still be directly with providers / ICS level provider collaboratives

ICPs must be able to assure the ICS and LA(s) that it can deliver agreed outcomes before being given greater responsibility.

Key areas to now develop at Place are the ability to take joint decisions about the shape of services, to be held accountable for delivery and outcomes, and to manage finance and some risk via linked provider collaboratives





**Integrated
Care System**
Nottingham & Nottinghamshire



Nottingham and Nottinghamshire Integrated Care System



Partnership Agreement

1. Introduction

We, the members of the Nottingham and Nottinghamshire Integrated Care System (ICS) Board, have agreed to establish a ‘Partnership Agreement’ to demonstrate our commitment to work effectively together for the benefit of all our communities and citizens.

The Agreement has been produced with high expectations of the benefits of partnership working but also with pragmatism and at pace. The Agreement has been co-produced for ICS Board members with over 200 people including local service users, members of the public, health and care professionals, partner organisations including in the community and voluntary sector, ICPs and PCNs.

This Agreement confirms our shared purpose together with some principles and ways of working that we have all agreed to sign up to. It then goes beyond principles to confirm a shared programme of work that is dependent on their practical application. The Agreement is about action and us living the principles rather than simply espousing them.

There is an opportunity and appetite to further develop thinking and establish a similar Collaborative Agreement with wider key stakeholders.

2. Shared Purpose

The Agreement has been developed at a time when the full impact of Covid-19, on the health and wellbeing of citizens, is yet to be fully understood. However, it is clear that there has never been more of a need for an excellent health and care system working with, and for, the benefit of local people. This includes everyone across the population and placing particular importance on addressing the impact of inequalities on the lives of Nottingham and Nottinghamshire residents, enabling services to work for everyone – specifically, children and young people and adults across diverse communities, recognising the individual and specific needs of these groups. We will work with and for local people making sure to work with key representative community and voluntary sector organisations which understand the grass roots health and wellbeing needs and support needs of our communities.

We do not underestimate the challenges ahead as our NHS and social care system looks to recover and reset from the global pandemic but through this Agreement we commit to work together with the shared purpose of:

“Every citizen enjoying their best possible health and wellbeing”

3. The Role of the ICS

In supporting, being compassionate and caring for local people, the role of the ICS is to enable health and care professionals to work together across organisational boundaries to maximise the use of our energies and resources. As big organisations in the Nottingham and Nottinghamshire community we have an ambition to go further

and influence national policy and other systems. Ways of working are being explored to make best use of opportunities in a socially and environmentally responsible way to improve the health and wellbeing of our citizens and staff.

The ICS comprises:

- 20 Primary Care Networks (PCNs) bringing health and care professionals together working with, and for, people at a neighbourhood level.
- Three Integrated Care Partnerships (ICPs) bringing together groups of PCNs to work collectively together at a place level in Nottingham City, Mid Nottinghamshire and South Nottinghamshire.

We commit to enabling our health and care professionals - working at neighbourhood, place and whole system level - to seek out and implement the types of change that will deliver enduring improvement in population health and wellbeing. We will do this by providing senior leadership, creating the conditions for success and ensuring follow through on our collective responsibilities. Key to this will be building on the strengths and assets in our local communities.

We have developed an ICS Outcomes Framework with the purpose of providing a clear view of our collective success. We agree to this becoming a live and populated document enabling us to measure progress towards our shared goals.

4. Our Ways of Working

We have agreed three main principles, focused on what really matters, that will guide our ways of working together:

- We will work with, and put the needs of, our **citizens** at the heart of the ICS;
- We will be **ambitious** for the health and wellbeing of our local population and we will prioritise resources to where they have the greatest impact on health inequalities;
- We will prioritise making a positive local economic impact through our procurement and contracting;
- We will work as a system to be environmentally responsible, working collectively to improve air quality and to make healthy and sustainable travel choices easier;
- We will work to the principle of **system** by default, moving from operational silos to a system wide perspective.

These principles will be underpinned by the following core values:

- We will be **open** and **honest** with each other;
- We will be **respectful** in working together;
- We will be **accountable**, doing what we say we will do and following through on agreed actions.

5. The Collective Work Programme

The programme of work to which our Agreement applies encompasses four main strands:

- i. The development and on-going refresh of a five year strategy for the health and care system in Nottingham and Nottinghamshire. This strategy will be aligned to the local Health and Wellbeing strategies and Joint Strategic Needs Assessments.
- ii. The collective management of health and care service performance.
- iii. The delivery of a programme of health and care service transformation.
- iv. The development and maturity of the local Integrated Care System.

We will work with and involve citizens at every step of the way. We will also engage with our professionals to ensure joint ownership, and coherence of approach, between place, neighbourhood and the whole system working.

6. Keeping the Agreement Alive

For the Agreement to be a living force we are committed to providing a high degree of support for, and a high degree of challenge to, each other in upholding the agreed principles and ways of working.

This Agreement does not alter the statutory responsibilities of individual partner organisations. In addition, we recognise the right and need for individual organisations, PCNs and ICPs to pursue their own objectives along-side our whole-system ICS objectives, but these should be complimentary and we acknowledge that more will be achieved by working together. Moreover, we have agreed that efforts will be made to minimise the risks of negative unintended consequences from this for other partners, across the system, and to avoid any major “surprises”.

We all commit as signatories, to considering health inequalities and the contribution we make to wider determinants of health and wellbeing across our footprint and in all aspects of our services.

This Partnership Agreement will be governed by our Nottingham and Nottinghamshire ICS Board. The extent to which each of us is abiding by the Agreement will be assessed regularly, including at the end of each ICS Board meeting. We will also welcome external scrutiny as part of our commitment to living this Agreement.

7. Signing Up

We have agreed a process whereby this Agreement is signed up to by members of the ICS Board in agreement with their own organisational / partnership / network governing bodies or equivalent.

Signing the Agreement is agreed to signify the following:

- Agreement to the shared purpose outlined in section 2;
- Support for the role of the ICS as outlined in section 3;
- Commitment to the principles and values for partnership working confirmed in section 4;
- Support for the collective work programme detailed in section 5;
- Endorsement for the Agreement to be a living force.

Signatures to the Partnership Agreement

ICS Board Member	Signature
Richard Henderson, Chief Executive East Midlands Ambulance Trust	
Amanda Sullivan, Accountable Officer NHS Nottingham and Nottinghamshire Clinical Commissioning Group / ICS Interim Executive Lead	
Jon Towler, Non-Executive Director, NHS Nottingham and Nottinghamshire Clinical Commissioning Group	
Michael Williams, Chair Nottingham CityCare Partnership CIC	
Louise Bainbridge, Chief Executive Nottingham CityCare Partnership CIC	
Thilan Bartholomeuz, Clinical Lead Mid Nottinghamshire Integrated Care Partnership	
Councillor Adele Williams, Nottingham City Council	
Mel Barrett, Chief Executive Nottingham City Council	
Hugh Porter, Interim Executive Lead, Nottingham City Integrated Care Partnership	
Alex Ball, Director of Communications and Engagement Nottingham and Nottinghamshire Clinical Commissioning Group and Integrated Care System	
Kathy McLean, Independent Chair Nottingham and Nottinghamshire Integrated Care System	
Nicole Atkinson, Clinical Lead Nottingham and Nottinghamshire Integrated Care System and South Nottinghamshire Integrated Care Partnership	
Stuart Poyner, Chief Finance Officer Nottingham and Nottinghamshire Integrated Care System	
Rosa Waddingham, Chief Nurse Nottingham and Nottinghamshire Clinical Commissioning Group and Integrated Care System	
Melanie Brooks, Corporate Director Adult Social Care and Health Nottinghamshire County Council	
Councillor Dr John Doddy, Nottinghamshire County Council	
Councillor Boyd Elliott, Nottinghamshire County Council	
Fran Steele, Director of Strategic Transformation, NHS England / NHS Improvement	
Paul Devlin, Chair Nottinghamshire Healthcare NHS Foundation Trust	
John Brewin, Chief Executive Nottinghamshire Healthcare NHS Foundation Trust / Executive Lead South Nottinghamshire Integrated Care Partnership	

Eric Morton, Chair, Nottingham University Hospitals NHS Trust	
Tracy Taylor, Chief Executive Nottingham University Hospitals NHS Trust	
Claire Ward, Interim Chair, Sherwood Forest NHS Foundation Trust	
Richard Mitchell, Chief Executive Sherwood Forest NHS Foundation Trust / Executive Lead Mid Nottinghamshire Integrated Care Partnership	
Tim Heywood, Primary Care Network Clinical Director representing South Nottinghamshire Primary Care Networks	
Gavin Lunn, Primary Care Network Clinical Director representing Mid Nottinghamshire Primary Care Networks	
Mike Crowe, Primary Care Network Director representing Nottingham City Primary Care Networks	

This page is intentionally left blank