

**Health and Wellbeing Board
27 January 2021**

	Report for Resolution
Title:	Nottingham City Integrated Care Partnership (ICP) / Health and Wellbeing Board (HWB) Alignment
Lead Board Member(s):	Eunice Campbell-Clark, HWB Chair and ICP Forum member Dr Hugh Porter, HWB Vice Chair and Interim Lead / Clinical Director, ICP
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Brief summary:	<p>The Nottingham City Integrated Care Partnership (ICP) and the Nottingham City Health and Wellbeing Board (HWB) both operate using the local authority area boundary and, as a consequence, serve the same population. Both ICP and HWB share a focus in improving health and wellbeing outcomes of Nottingham's citizens and reducing health inequalities, however, to date they have operated separately from one another. There are overlaps in the representation and membership of the HWB, and the different ICP governance meetings, and as a consequence there is potential for significant duplication.</p> <p>This paper sets out a proposal to formally align the ICP and HWB in Nottingham.</p>
Recommendations to the Health and Wellbeing Board:	
The Health and Wellbeing Board is asked to:	
<ol style="list-style-type: none"> 1. Discuss proposal 1: to refresh the Joint Health and Wellbeing Strategy to align with ICP Programme Priorities and the ICS Health Inequalities Strategy. 2. Discuss proposal 2: to align the governance of the ICP and its programmes of work with the formal statutory governance of the HWB. 3. Approve a joint session between the ICP Forum and HWB members to discuss overlaps, functions and the benefits and dis-benefits of formal alignment. 	

Contribution to Joint Health and Wellbeing Strategy:

Health and Wellbeing Strategy aims and outcomes	Summary of contribution to the Strategy
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities.	This paper recommends a refresh of the Joint Health and Wellbeing Strategy, to align with ICP Programme Priorities and the ICS Health Inequalities Strategy.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy.	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles.	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health.	
Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health well.	
Outcome 4: Nottingham’s environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing.	

How mental health and wellbeing is being championed in line with the Board’s aspiration to give equal value to mental and physical health

As above.

Background papers:	<p>Enclosure 1 – ICS Health Inequalities Strategy</p> <p>Enclosure 2 – Nottingham City HWB Terms of Reference</p> <p>Enclosure 3 – Nottingham City ICP Forum Terms of Reference</p> <p>Enclosure 4 – Nottingham City HWB Commissioning Sub-Committee Terms of Reference</p>
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Nottingham City ICP / Health and Wellbeing Board alignment

27 January 2020

Background

1. The Nottingham City Health and Wellbeing Board (HWB) has been operating as a statutory Board since April 2013 with an inclusive membership of statutory officers and key partners representing a range of sectors and organisations across Nottingham.
2. The Nottingham City ICP was established in June 2019 following the dissolving of the Greater Nottinghamshire ICP into the Nottingham City and South Nottinghamshire ICPs. The Nottingham City ICP has similar membership to the Nottingham City HWB, the same geographical boundary, and serves the same population. Although there is an alignment in strategic focus, to date, the Nottingham City ICP and HWB have operated independently from one another.
3. In December 2020 NHSE England/Improvement published a consultation document on the future of Integrated Care System. Particular emphasis was placed on the importance of place-based integrated care partnerships and the clear strategic relationship with Health and Wellbeing Boards.

In many places, there are already strong and effective place-based partnerships between sectors. Every area is different, but common characteristics of the most successful are the full involvement of all partners who contribute to the place's health and care; an important role for local councils (often through joint appointments or shared budgets); a leading role for clinical primary care leaders through primary care networks; and a clear, strategic relationship with health and wellbeing boards.

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4. The HWB was stood down during the first wave of the coronavirus pandemic and did not meet for a period of 8 months in 2020. The Board was reconvened in the autumn of 2020 and has taken the opportunity to reset its focus. Discussions have taken place regarding the future role of the Board and the strategic focus of the Board to focus more specifically on reducing health inequalities.
5. In light of the recent restart of the HWB and its strategic focus, the overlap in membership of, and alignment with, ICP priorities, and the acknowledgement of HWBs in the future of national policy, it is timely to review and adjust the way in which the Board conducts its core business and formally align with the ICP to address the current and future health and care needs in Nottingham.

Proposal 1: Align Joint Health and Wellbeing Strategy with ICP Priorities and ICS Health Inequalities Strategy

6. The most recent Joint Health and Wellbeing Strategy (JHWS), 'Happier Healthier Lives' expired in March 2020. Prior to the first wave of the coronavirus pandemic plans had been put in place to refresh the JHWS in line with the ICP programme priorities however this was put on hold. As a consequence of the Health and Wellbeing Board being stood down for much of 2020 and expiration of the previous strategy, the HWB does not have any current on-going programmes priorities.
7. The City ICP has 5 programme priorities focused on reducing health inequalities in the city (**Appendix 1**). The City ICP also has two priorities focused the development of the ICP itself and supporting the system response to the Covid19 pandemic. Each programme was developed in co-production with ICP partners and organisations representing communities and people using services. Joint Strategic Needs Assessment (JSNA) information and other population health data were and continue to be central to ICP programmes. The ICP programme to support people who face severe multiple disadvantage (SMD) to live longer and healthier lives was developed using the SMD JSNA.
8. Each ICP programme has a clear set of objectives and is led by designated Programme Leads from City ICP partners supported by project teams made up of members from ICP partner organisations to ensure delivery through an inclusive partnership approach. Programme leads currently report into the ICP Programme Steering Group which meets monthly, with additional assurance provided at the ICP Forum.
9. In October 2020 the Nottingham and Nottinghamshire Integrated Care System (ICS) approved a Health Inequalities strategy (**Enclosure 1**). This strategy is designed to help establish a shared commitment and vision for addressing health inequalities across the health and care system in Nottingham and Nottinghamshire. The strategy recognises that access to and quality of health care services is only a small contributor to overall health outcomes and to tackle inequalities there must be a focus on addressing wider determinants of health. Each of the ICP programmes are aligned to the strategic objectives of the Health Inequalities strategy.
10. With a significant focus on reducing health inequalities in the City ICP programme priorities, and the ICS Health Inequalities strategy, there is an opportunity to refresh the Joint Health and Wellbeing Strategy to align with ICP programmes and strategic plans at system level. The JHWS would then form the overarching strategy for the City ICP.

Proposal 2: Align governance of the City ICP and its programmes of work with the formal statutory governance of the City HWB

11. The terms of reference for the Nottingham City Health and Wellbeing Board (**Enclosure 2**) state the purpose of the HWB is to bring together key local leaders to improve the health and wellbeing of the population of Nottingham and reduce health inequalities:
 - developing a shared understanding of the health and wellbeing needs of its communities from pre-birth to end of life, including the health inequalities within and between communities;
 - providing system leadership to secure collaboration to meet these needs more effectively;
 - having strategic influence over commissioning decisions across health, public health and social care, encouraging integration where appropriate;
 - recognising the impact of the wider determinants of health on health and wellbeing; and
 - involving patient and service user representatives, and councillors, in commissioning decisions.

12. Similar to the HWB, the terms of reference for the Nottingham City ICP Forum (**Enclosure 3**) state the role of the City ICP is to improve the health and wellbeing outcomes across the whole population and reduce inequalities across the City. In its developmental stage, the City ICP has demonstrated the key activities set out in the HWB terms of reference.

13. Health and Wellbeing Boards are statutory Boards and have statutory responsibilities, a list of these responsibilities can be found in **Appendix 2**. By contrast, the Nottingham City ICP does not have any statutory duties or authority to be making decisions / holding partners to account for delivery. The City ICP relies on collaboration and partners taking collective responsibility for the delivery of ICP programmes of work.

14. There is an opportunity to align the governance of the City ICP and its programmes of work with the formal statutory governance of the City HWB. By aligning ICP programmes with HWB governance this would ensure statutory duties for delivery of ICP programmes. The current ICP governance arrangements can be found in **Appendix 3**. If the ICP is to report into formal HWB governance there are a number of considerations.

15. In the interests of public accountability and transparency, the HWB is subject to the statutory overview and scrutiny function of Nottingham City Council. All Board partner organisations must agree to provide information to; attend meetings of; and answer questions from the relevant City Council overview and scrutiny committee about the planning, provision and operation of services within their area, as required by the committee to carry out its statutory scrutiny functions.

16. Consideration is needed regarding membership of the HWB. There are limited statutory members of the HWB (**Enclosure 2**) however HWBs have freedom and flexibility to determine wider membership – one option would be for members of the Partnership Forum (that are not already members) to join the Health and Wellbeing Board. This would be subject to approval from the HWB.

17. Consideration is also needed as to the role of the HWB Commissioning Sub-Committee (**Enclosure 4**) especially with regard to the future commissioning responsibilities of the Nottingham City ICP.

The greater development of working at place will in many areas provide an opportunity to align decision-making with local government, including integrated commissioning arrangements for health and social care, and local responsiveness through health and wellbeing boards. There is no one way to do this, but all systems should consider how the devolution of functions and capabilities to systems and places can be supported by robust governance arrangements.

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Recommendations

1. **Discuss** proposal to refresh the Joint Health and Wellbeing Strategy to align with ICP Programme Priorities and the ICS Health Inequalities Strategy.
2. **Discuss** proposal to align the governance of the City ICP and its programmes of work with the formal statutory governance of the City HWB.
3. **Approve** a joint session between ICP Forum and HWB members to discuss overlaps, functions and the benefits and dis-benefits of formal alignment.

Appendix 1 – ICP Programme Priorities

In 2020/21 City ICP partners will work together to improve the lives of citizens by:

- 1 Supporting people who face severe multiple disadvantages to live longer and healthier lives
- 2 Preparing children and young people to leave care and live independently
- 3 Supporting those who smoke to quit and reducing the number of people at risk of smoking
- 4 Increasing the number of people receiving flu vaccinations
- 5 Reducing inequalities in health outcomes in BAME communities

As well as focusing on improving outcomes for citizens City ICP partners will:

- 6 Develop the Integrated Care Partnership and establish the ICP culture
- 7 Support our partners in recovery and restoration from Covid-19

Appendix 2 – Health and Wellbeing Board statutory responsibilities

- (a) publish and refresh the Joint Strategic Needs Assessment, including the Pharmaceutical Needs Assessment, to provide an evidence base for future policy and commissioning decisions;
- (b) produce a Joint Health and Wellbeing Strategy, to identify priorities and provide a strategic framework for future commissioning;
- (c) consider local commissioning plans, to ensure that they are in line with the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, and specifically to consider the NHS Nottingham and Nottinghamshire Clinical Commissioning Group's commissioning plans, to ensure that they are in line with the Joint Health and Wellbeing Strategy and to provide an opinion for publication;
- (d) liaise with NHS England as necessary on the NHS Nottingham and Nottinghamshire Clinical Commissioning Group's annual assessment;
- (e) encourage integrated working between health and social care commissioners including, where appropriate, supporting the development of arrangements for pooled budgets, joint commissioning and integrated delivery under Section 75 of the National Health Service Act 2006;
- (f) oversee the Better Care Fund
- (g) encourage close working between health and social care commissioners and the Board itself;
- (h) encourage close working between health and social care commissioners and those responsible for the commissioning and delivery of services related to the wider determinants of health;
- (i) establish one or more sub-committees to carry out any functions delegated to it by the Board;
- (j) delegate any of its functions to an officer;
- (k) establish one or more time-limited task and finish groups to carry out work on behalf of the Board;
- (l) carry out any other functions delegated to it by Nottingham City Council under Section 196(2) of the Health and Social Care Act 2012.

Appendix 3 – ICP Governance

To support programme delivery, the ICP has established a governance structure that comprises:

- A **Programme Steering Group**. With representation from a broad range of partners across the city, the PSG oversees the ICP programmes of work. This group is focused on work that impacts on health and wellbeing outcomes of Nottingham citizens. Programme Leads report into the PSG.
- An **Executive Team**. Made up of Chief Executives and/or Directors from each of the partner organisations, the role of the Executive Team is to support the Programme Steering Group and oversee the development of the ICP and the Primary Care Networks.
- A **Partnership Forum**. Comprising mainly non-executive members and councillors from each of the partner organisations, the role of this group is to oversee the development of the ICP and provide constructive challenge on areas of focus and decision making. Proposal 2 would see the ICP Forum merge with the Health and Wellbeing Board.

