Nottingham City Council

Health Scrutiny Committee

Minutes of the meeting held at The Ballroom - The Council House, Old Market Square, Nottingham, NG1 2DT on 17 June 2021 from 10.00 am - 11.17 am

Membership

Present	**Absent**
Councillor Georgia Power (Chair)	Councillor Phil Jackson
Councillor Cate Woodward (Vice Chair)	Councillor Angela Kandola
Councillor Michael Edwards	
Councillor Samuel Gardiner	
Councillor Maria Joannou (left at 10.57am)	
Councillor Kirsty Jones	
Councillor Anne Peach	

Colleagues, partners and others in attendance:

Rebecca Larder	-	Programme Director, Nottingham and Nottinghamshire ICS
Neil Moore	-	Associate Commercial Director, Nottingham and Nottinghamshire ICS
Councillor Adele Williams	-	Portfolio Holder for Adults and Health
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Ajanta Biswas	-	Nottingham and Nottinghamshire Healthwatch
Kim Pocock	-	Scrutiny Officer
Emma Powley	-	Interim Governance Officer

10 Apologies for absence

Councillor Phil Jackson (personal)
Councillor Angela Kandola (other Council business)

11 Declarations of interest

None

12 Minutes

The Committee agreed the minutes of the meeting held on 13 May 2021 as an accurate record and they were signed by the Chair.

13 White Paper: Integration and Innovation

Rebecca Larder, Programme Director, Nottingham and Nottinghamshire ICS and Neil Moore, Associate Commercial Director, Nottingham and Nottinghamshire ICS attended the meeting to present information on the proposals contained in the White Paper: Integration and Innovation: working together to improve health and social care for all; and to consider the potential impact of these on the health of the population

and local health services in Nottingham City. The following information was highlighted:

a) Health and social care need to continually change and evolve and Integrated Care Systems (ICSs) are considered to be the best route to improve the health, quality of care and the use of resources.

b) Integrated care has been accelerated during the response to Covid 19. However, the NHS and Social Care system has not yet been fully configured for ICSs and the White Paper aims to address this.

c) It is anticipated that the Bill will go through Parliament during June and July 2021, with a view to the introduction of initial changes from April 2022.

d) The White Paper proposes to place ICSs on a statutory footing and to make a range of structural and other changes which would lead to a more integrated and holistic service. This would primarily focus on the person rather than their individual symptoms with emphasis being placed on more collaborative working practices.

e) The White Paper proposes a structure whereby an ICS Health and Care Partnership will be responsible for developing a Health and Care Partnership Plan (HCPP) to address the health, social care and public health needs of the local population. Other functions will be largely for local determination through involvement of the full range of partners, including the independent and voluntary sectors. The Partnership will provide an opportunity for collective leadership and decision making based on a consensus and it is expected that legislation will outline where accountabilities lie for reaching decisions.

f) Within the context of the ICS Health and Care Partnership and the HCPP the ICS NHS body will be responsible for the running of the ICS. ICS statutory duties will include allocation of resources to tackle inequalities; agreeing the shape of services, care modelling and primary care commissioning; operational planning and delivery; workforce planning and commissioning; and emergency planning and preparedness. The ICS NHS Board will include representatives from the NHS and local authorities and will take on current Clinical Commissioning Group (CCG) responsibilities in relation to overview and scrutiny committee responsibilities. A duty to collaborate will be introduced for the NHS (commissioners and providers) and local authorities.

g) Place-based partnerships will be established for local partners to work together to develop and deliver community facing integrated care; joined up community services across sectors and organisations to ensure tailored care for local needs; improved quality and performance; tackle inequalities; and support delivery of ICS priorities.

h) In recognition of variations in population and geography, requirements for place will not be set in legislation. Health and Wellbeing Boards will remain and will continue to have a role at place level.

i) As an ICS becomes established, it will have a greater autonomy and hold a greater level of responsibility enabled by a more flexible mandate for NHS England (NHSE).

j) New proposed changes to legislation will provide a renewed drive for collaborative working in order to achieve a high performing system that is agile and adaptive to the needs of its users.

k) At present it is mandatory to undertake competitive procurement for service provision. The White Paper proposes a change in legislation to remove this. A tender for healthcare will only be required when there is potential to lead to better outcomes for patients. A bespoke health services provider selection regime will be created to give greater flexibility to commissioners in how they arrange services. In some circumstances a contract coming to an end will be continued, subject to a series of test, without the need for a competitive tendering process.

l) There will be increasing collaboration between ICSs and NHS England on commissioning. This will include primary care services (eg dentistry, community optometry, pharmaceutical services) as well as public health and specialised services. Barriers to integration will be removed through making provisions for joint committees, collaborative commissioning approaches and guidance on joint appointments.

m) The legislation will also focus on data sharing across the health and care system to enable effective integration and digital transformation of care pathways.

n) The White Paper proposals offer a renewed impetus for collaborative working and the possibility to develop a high performing system that is agile, adaptive and therefore able to serve its population needs. It will remove many existing barriers to accommodating integrated health and social care.

In response to questions from the Committee and in the subsequent discussion the following points were made:

o) As a result of the changes, some financial frameworks will change. For example, current commissioning contracts are based on payment per person whereas the White Paper proposes a shift towards ‘block-payments’, which will offer an opportunity for redesigning services. A health system budget will enable flexibility and more constructive spend.

p) There is no mention in the White Paper of how decisions will be challenged and how the current independent regulation system will be adapted/ replaced within the new arrangements.

q) There will still be the opportunity for scrutiny of commissioning decisions via the Health and Wellbeing Board and local authority scrutiny arrangements. Commissioning proposals will be published in advance, providing an opportunity for discussion and challenge. Challenges will be fully recorded and an audit trail maintained to document how the final decision was reached. Enabling procurement challenge will support better integration of systems.

r) There has been increasing integration in Nottingham and Nottinghamshire for several years and the White Paper now offers a national permissive policy context for this work. Behavioural change will be needed, as well as the structural changes, to achieve a new way of working.

s) The White Paper does not address issues of funding for social care but refers to making specific proposals for social care later this year.

t) Colleagues from the ICS agreed to provided further information on public communication and engagement in relation to the development of the White Paper.

u) A number of statutory posts will be created for some committees, for example commissioners, providers, local authorities etc, as well as there being flexibility to appoint other local representatives, for example voluntary and community sector representatives.

v) There is ongoing work to engage all partners through existing forums, which include many stakeholders such as the community and voluntary sector, the Police, the Health and Wellbeing Board etc. Existing mechanisms will be used to engage and consult and will provide an ability to engage with smaller providers, as tendering will not be so complex.

w) The Committee was keen to see that the ICS carries out appropriate awareness raising to ensure the right involvement from the right organisations, as some members had not heard of the proposals via their role as a local councillor and had not heard local people discussing them.

x) The ICS outcomes framework provides a means to focus on local need, with data gathered from colleagues based in all fields of health. It is planned that the data gathered will be entered into a 'live' document to be regularly reviewed by the ICS Board to help achieve a better understanding of the needs of people across Nottingham. The proposed procurement changes will allow more flexibility to then agree local spend to meet these needs.

y) The NHS ICS Board will, as a minimum, include a chair, a chief executive officer, and representatives from NHS Trusts, General Practice, and Local Authorities, non-Executives and others determined locally. Accountability arrangements are in the very early stages and still being worked through locally. More national guidance is expected to inform discussion and decisions about the most appropriate representation for Nottingham and Nottinghamshire.

z) If the Bill is passed, the Act will come into force in April 2022. It is anticipated that the Nottingham and Nottinghamshire ICS will have shadow arrangements and governance structures in place from January 2022 to be ready for April 2022. Engagement work has been ongoing through the Integrated Care Partnership (ICP) Board, which has held development sessions to enable members to go back to their own organisations and test out current thinking on structures, principles and behaviours. Timescales for finalising these will be agreed together by partners.

aa) Members were keen to avoid unnecessary bureaucracy in developing the new arrangements and to be sure that there will be mechanisms in place to ensure that those whose voices are not traditionally loud and/ or heard are able to contribute.

bb) The majority of people involved in the new arrangements will be working in a neighbourhood or place-based way and their voices have to be fed in. There will be the need for compromise in decision making, as there is currently.

cc) The aim is to get all of the design for the new arrangements completed by the end of September 2021, although the process for this has not yet been agreed and finalised. All work will have to fit to national timescales, which have not yet been published. It is planned that the Chair and Chief Executive will be appointed by the end of September 2021, followed by the Financial Director and non-Executives by the end of December.

dd) The Committee was keen to be kept informed of governance arrangements, particularly in relation to the selection of Board and joint committee members to ensure appropriate representation, including from a diversity point of view. ICS colleagues noted that Equality Diversity and Inclusion considerations are already being built in to the recruitment process to ensure that any bias which may become apparent in decision making is challenged.

ee) As a member of the ICS Board and the Health and Wellbeing Board, Councillor Adele Williams, Portfolio Holder for Adults and Health, made the following points:

i) There is still a lot of live discussion around governance for the new arrangements and all partners are committed to tackling inequalities and creating a system which helps to address the wider determinants of health.
ii) The Health and Wellbeing Board is hoping to sharpen the focus of the Joint Strategic Needs Assessment (JSNA), making it a ‘live’ document and better understood.
iii) The Health and Wellbeing Board should offer a very transparent window on the system, proving the opportunity for local challenge.
iv) Local people will need to be supported to understand the city’s health needs and the new arrangements.
v) The absence of social care in the White Paper is noticeable and disappointing.
vi) It is down to partner organisations to work together to ensure that Nottingham is as agile as it can be around the national legislation, and everything the Council does should be focused through the public health lens.
vii) Local communities must be listened to and recognised as places of strength.

ff) The Chair noted concerns about frequent fundamental changes to the NHS over many years and that the timing for this change, ie during a pandemic, may not be the most appropriate. However, given that this is happening, partnership working and full engagement and consultation with the public will be essential to ensure minimal disruption to service users.

gg) The Committee is keen to be kept informed and consulted wherever relevant, particularly on issues in relation to engagement and consultation and to governance and accountability.

The Chair thanked attendees for their update and presentation.

RESOLVED to request that ICS colleagues provide

1) further information on public engagement and consultation carried out to date on the Integration and Innovation White Paper; and

2) a written update on progress in developing local arrangements in response to the White Paper, including any public engagement and consultation carried out or planned in relation to these arrangements, in September 2020, following which the Committee will agree whether to invite representatives to a further public meeting.

14 Integrated Care System: Community Care Transformation

a) Unfortunately, no colleagues were available from the CCG or CityCare Partnership to present an initial report on the current proposals of the Nottingham and Nottinghamshire ICS for Community Care Transformation.

b) The Committee noted the report and agreed that it would like to be kept informed of developments, which may include an invitation to a future meeting of the Committee.

RESOVED to request that the CCG keeps the Committee informed of developments in Community Care Transformation, which may include an invitation to a future meeting to update the Committee.

15 Quality Accounts 2020/21

a) Representatives of the Committee met with representatives of the following NHS healthcare providers:

Nottinghamshire Healthcare Foundation Trust
Nottingham University Hospitals Trust
Nottingham CityCare Partnership
East Midlands Ambulance Service (EMAS)

b) Following each of these meetings members drew up comments which were sent to each provider for inclusion in their Quality Account 2020/21.

c) The Committee noted the comments submitted to providers on behalf of the Health Scrutiny Committee for inclusion in their published Quality Accounts 2020/21.

d) The Chair thanked those members who were involved in meeting with providers and providing the comments.

16 Work Programme

a) The Committee noted the items for its 17 July meeting as follows:

i) Maternity Services
To review the action taken by NUH over the last six months to improve maternity services

ii) Tomorrow's NUH
To consider progress to date and plans for consultation and engagement.

b) The Committee discussed the items currently scheduled for the 16 September 2021 meeting as follows:

i) Assessment, Referrals and Waiting Lists for Psychological Support
To consider the Nottinghamshire Healthcare NHS Foundation Trust's plans for managing access to psychological support

ii) Reconfiguration of Acute Stroke Services
To consider proposals for making changes to the configuration of acute stroke services permanent

iii) Scrutiny Review
To consider the outcomes of the Review of Scrutiny carried out by the Centre for Governance and Scrutiny

iv) Covid 19 Local Vaccination Programme
To assess progress with local delivery of the vaccination against national targets

c) The Committee noted that this would be a heavy agenda (due to the need to defer the Scrutiny Review item from July to September). It was agreed to request a written briefing note on the Covid 19 Local Vaccination Programme should the Programme be on track in September, or defer the item should there be a need for further scrutiny.