

**Executive Board**  
**20 July 2021**

<b>Subject:</b>	Proposal for the Alignment of the Health and Wellbeing Board with the Integrated Care Partnership and Integrated Care System
<b>Corporate Director/Director:</b>	Catherine Underwood, Corporate Director for People Lucy Hubber, Director of Public Health
<b>Portfolio Holder(s):</b>	Councillor Adele Williams, Portfolio Holder for Adults and Health
<b>Report author and contact details:</b>	David Johns, Consultant in Public Health <a href="mailto:david.johns@nottinghamcity.gov.uk">david.johns@nottinghamcity.gov.uk</a>
<b>Other colleagues who have provided input:</b>	N/A
<b>Subject to call-in:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Key Decision:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Criteria for Key Decision:</b>	
<b>(a)</b>	<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
<b>and/or</b>	
<b>(b)</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
<b>Type of expenditure:</b>	<input type="checkbox"/> Revenue <input type="checkbox"/> Capital
<b>Total value of the decision:</b>	None
<b>Wards affected:</b>	All
<b>Date of consultation with Portfolio Holder(s):</b>	Not applicable
<b>Relevant Council Plan Key Theme:</b>	
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>)