

Health and Wellbeing Board
28 July 2021

	Report for Resolution
Title:	Update on the proposal for the alignment of the Nottingham City Health and Wellbeing Board (HWB) with the Nottingham City Integrated Care Partnership (ICP) and Nottingham and Nottinghamshire Integrated Care System (ICS)
Lead Board Member(s):	Councillor Adele Williams – Chair of the HWB and member of the ICP Forum Dr Hugh Porter – Vice Chair of the HWB and Interim Lead / Clinical Director of the ICP
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Brief summary:	<p>Following the recent publication of the Health and Care Bill, this report provides an update on the proposal for the alignment of the HWB with the Nottingham City Place-Based Partnership (NCPBP), the Nottingham and Nottinghamshire Integrated Care Board (ICB) and the ICP.</p> <p>This proposal will enable the HWB, NCPBP, ICB and ICP to establish the interfaces needed to better support the delivery of integrated care as set out in the Health and Care Bill.</p> <p>This will support the development of the NCPBP to become a key partnership able to take on delegated functions from the ICB and Nottingham City Council to effectively support the transformation of integrated health and care delivery in Nottingham.</p>

Recommendation to the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- **Note** the update on the work being undertaken to align the HWB, NCPBP, ICB and ICP, to establish the interfaces needed to better support the delivery of integrated care in Nottingham, and the timescales for approval.

- **Approve** the development of a new Joint Health and Wellbeing Strategy for Nottingham, building on the revised approach to joint strategic needs assessments, programme priorities of the NCPBP and the current ICS health inequalities strategy.

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.	The proposed changes will have a significant impact on the design of the new Joint Health and Wellbeing Strategy and its delivery.
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

The proposed changes will enable greater integration of care between services in Nottingham, reducing inequalities experienced by citizens and improving mental health and wellbeing.

Background papers:

Enclosure 1 – ICS Health Inequalities Strategy

Alignment of the Nottingham City Health and Wellbeing Board with the Nottingham City Integrated Care Partnership and Nottingham and Nottinghamshire Integrated Care System

Important nomenclature

In the Health and Care Bill, it is proposed that the previously termed, 'ICS Health and Care Partnership' is to be named the 'Integrated Care Partnership'. At present, the term 'Integrated Care Partnership' is used to describe the place-based partnership in Nottingham City. For the purpose of this paper, the Nottingham City Integrated Care Partnership will be referred to as the 'Nottingham City Place-Based Partnership' (NCPBP).

Background

1. On 6 July 2021, the Health and Care Bill¹ was laid before Parliament introducing proposals first set out in the government's Health and Social Care White Paper, published in February 2021. The Bill builds on proposals in the NHS Long-Term Plan, establishing 44 Integrated Care Systems (ICS). These will consist of a new NHS Body, the Integrated Care Board (ICB) and an Integrated Care Partnership (ICP), which will be a joint committee.
2. ICBs will replace clinical commissioning groups (CCGs) which are to be abolished in April 2022. The ICB will take on the commissioning functions previously held by CCGs, together with some commissioning functions of NHS England. It will also have new duties including promoting integration, the 'triple aim' duty to promote better health for everyone, better care for all and efficient use of NHS resources, as well as reducing health inequalities.
3. The Bill marks a shift from the competition that underpinned the 2013 health reforms to a more collaborative model with greater flexibility around NHS procurement and opportunities for joined-up care. While some aspects of the Bill are prescriptive, recent guidance avoids outlining a one-size fits all model and a number of decisions are being left to local systems and leaders.
4. Since the 2013 reforms, Health and Wellbeing Boards (HWB) have been the statutory committee responsible for driving improved health and wellbeing outcomes and for supporting integration at 'place'. The on-going role of HWBs is confirmed in the Bill with ICS Integrated Care Partnership expected to work closely with constituent HWBs. The Bill sets out requirements for the ICS Integrated Care Partnership to consult with HWBs in developing the ICS strategy and as part of this also have regard to Joint Health and Wellbeing Strategies and Joint Strategic Needs Assessments – both are statutory duties of Health and Wellbeing Boards.
5. Place-based partnerships feature prominently in the accompanying, Integrated Care Systems Design Framework², with an expectation on place-based

¹ Health and Care Bill (July 2021) <https://publications.parliament.uk/pa/bills/cbill/58-02/0140/210140.pdf>

² Integrated Care Systems: design framework (June 2021) <https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf>

partnerships to be a delivery vehicle of some ICB statutory functions. There is however no statutory underpinning for 'place', but there is a clear expectation that ICSs ensure that any place-based partnerships have appropriate resource, capacity and autonomy to support place-based partnerships to deliver its functions, especially in terms of addressing community priorities.

6. Both in national documentation and locally in the Nottingham and Nottinghamshire ICS the principle of subsidiarity is recognised. It is recognised that the delivery of integration and improving population health can be improved by collaboration at 'place'. Influencing how place will work and the relationship it should have with the ICB and ICP is therefore important to ensure the design and commissioning of health services happens with, and is sensitive to, local communities.

Governance

7. In preparation for the Health and Care Bill, between March and June 2021, the Local Government Association facilitated three workshops in Nottingham. Participants included members of the HWB, Nottingham City Place-based Partnership (NCPBP), CCG and City Councillors to reconfirm partners' commitment to a place-based partnership on the geography of the City, and to consider the options for future governance arrangements.
8. A governance proposal has been developed between partners that will enable the HWB, NCPBP, the ICB and ICP to establish the interfaces needed to better support the delivery of integrated care as set out in the Health and Care Bill. The proposal will support the development of the Nottingham City Place-based Partnership to become a key partnership able to take on delegated functions from the ICB and Nottingham City Council to effectively support the transformation of integrated health and care delivery in Nottingham City.
9. Subject to legislation the proposed model will give the HWB greater influence on the health and care activity in the city through direct alignment between the NCPBP with the HWB. The role of HWB would extend to include:
 - Overseeing the development of the Joint Health and Wellbeing Strategy. This will be based on the joint strategic needs assessment (JSNA) and population health management data.
 - Supporting the Integrated Care Partnership in development of the wider ICS strategy, informed by the JSNA and population health management data.
 - Overseeing the development of associated NCPBP programmes, which will deliver core elements of the HWB strategy and wider ICS strategy.
 - Reviewing statutory frameworks to ensure health and wellbeing (and linked HWB strategic priorities) is embedded in all policies.
 - Supporting member organisations in ensuring health and wellbeing (and linked HWB strategic priorities) is embedded within each member organisation.
10. This outline proposal will be submitted to Nottingham City Council and Nottingham and Nottinghamshire ICS for review and further development, to

ensure alignment with forthcoming legislation and associated statutory guidance. A finalised governance model which is legislatively compliant will then be brought back to the HWB before formal submission to Nottingham City Council and Nottingham and Nottinghamshire ICS.

11. As a committee of Nottingham City Council, amendments to terms of reference for the Health and Wellbeing Board will require approval from full Council. Therefore, subject to the agreement of the Bill and local ICS structures it is proposed that the governance model is brought back to the January Health and Wellbeing Board meeting.

Joint Health and Wellbeing Strategy

12. 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 but as a result of the impact of the pandemic on the needs of the population this was delayed. In light of the anticipated changes expected through the Health and Care Bill and the formal alignment with the Nottingham City Place-based Partnership it is timely to refresh the JHWS.
13. 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.
14. It is proposed that the review JHWS should be thematic, focusing on tackling the contributing factors to inequalities. This would:
 - Support the system commitments and focus on inequalities in the partnership agreement
 - Reflect the exposure of the impact of inequalities throughout the pandemic
 - Provide a bridging strategy to connect the wider system (ICB) and place (NCPBP), reflecting the breadth of partnership working of the HWB
15. The proposed JHWS will set out key priority areas for action (outcomes), measures of success, interdependencies and operational governance. Engagement/co-production with communities will be critical in the development of the strategy.
16. It is intended to develop the draft JHWS to present to HWB at the January meeting.

Recommendations:

The Health and Wellbeing Board is asked to:

- **Note** the update on the work being undertaken to align the Health and Wellbeing Board, Nottingham City Place-based Partnership, Integrated Care Board and Integrated Care Partnership to establish the interfaces needed to better support the delivery of integrated care in Nottingham City.
- **Approve** the development of a new Joint Health and Wellbeing Strategy for Nottingham City, building on the revised approach to joint strategic needs assessments, programme priorities of the Nottingham City Place-based Partnership and the current ICS health inequalities strategy.