



EXECUTIVE BOARD DECISION

REPORT OF:	Executive Member for Adults Social Care & Health
LEAD OFFICERS:	Strategic Director of Adults and Health
DATE:	Thursday, 14 July 2022

PORTFOLIO/S AFFECTED:	Adults Social Care & Health
WARD/S AFFECTED:	(All Wards);
KEY DECISION:	Yes

SUBJECT: EB NHS Health and Social Care Integrated System Governance update

1. EXECUTIVE SUMMARY

The purpose of this report is to provide Executive Board with an update on key matters in relation to health and care system reform in 2022/23, including the establishment of the Lancashire and South Cumbria Health and Care Partnership. Executive Board are also asked to endorse the Terms of Reference, attached as Appendix A, associated with the Health and Care Partnership.

2. RECOMMENDATIONS

That the Executive Board:

- Note the update provided in relation to establishing the Integrated Care Board, the Health and Care Partnership and the Place Based Partnerships in Lancashire and South Cumbria
- Endorse the proposed Terms of Reference for the Health and Care Partnership as attached at Appendix A.

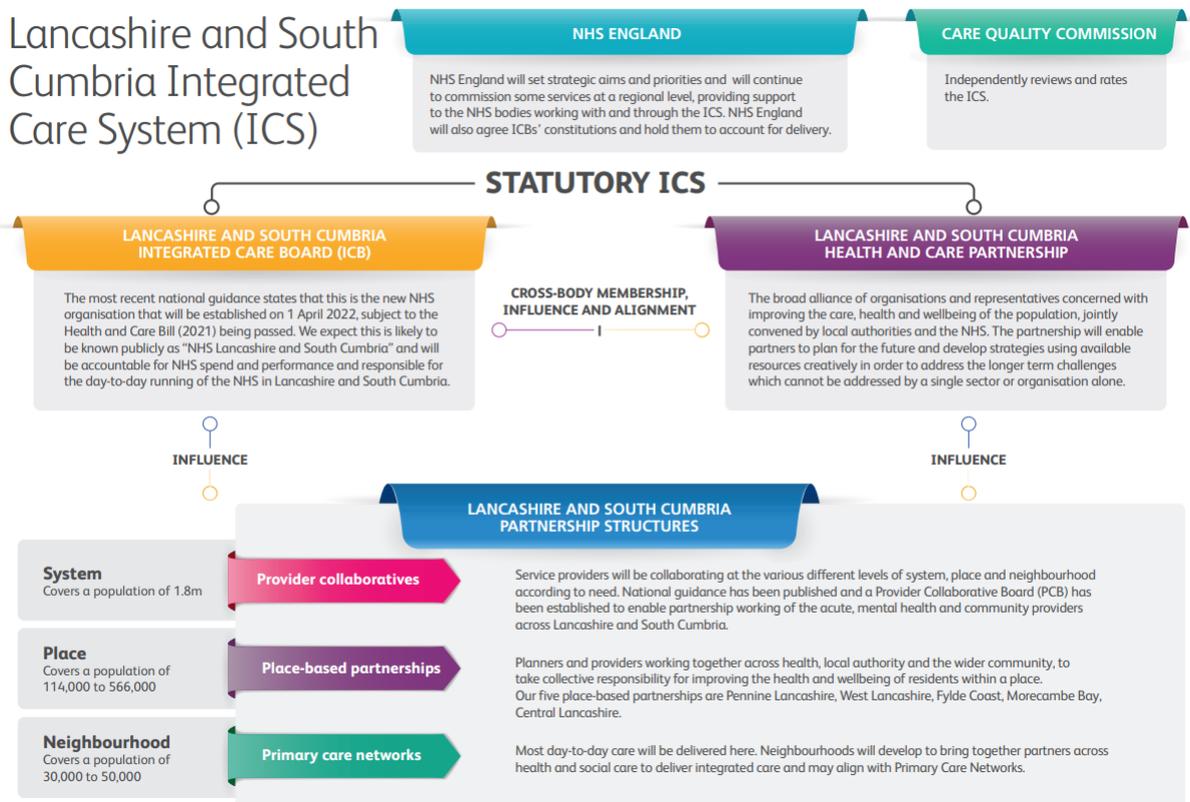
3. BACKGROUND

For the past few years, health and care organisations in Lancashire and South Cumbria (LSC) have worked together as the Healthier Lancashire and South Cumbria Integrated Care System (ICS). The ICS is a partnership of organisations working together to improve services and help the 1.8 million people in Lancashire and South Cumbria live longer, healthier lives. The partnership is made up of Local Authority, Public Sector, NHS and voluntary and community organisations coming together to improve outcomes and care. The aims of the ICS partnership are to join up health and care services, to listen to the priorities of local communities, citizens and patients and to tackle some of the biggest challenges we are all facing.

In April 2022 the Government passed the Health and Care Act 2022, which sets out how the NHS in England needs to change, working more closely with partners, particularly local authorities, to enable health and care to work more closely together. It has long been our aspiration to improve the way services work together and to be excellent partners to each other, but bureaucracy has sometimes got in the way. In summary, the Act outlines how:

- Change is needed to enable health and care systems to further build on innovation born from the pandemic.
- The NHS, local authorities and other partners will come together legally as part of integrated care systems (ICSs) to plan health and care services and focus on prevention.
- ICSs will become statutory and will be accountable for the health and wellbeing outcomes of the population.
- The current functions of clinical commissioning groups (CCGs) will move into a single body known as an Integrated Care Board (ICB), by 1st July 2022
- Systems are also required to establish an Integrated Care Partnership (ICP), to be a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population. This is to be jointly convened by local authorities and the NHS by 1st July 2022 and in Lancashire and South Cumbria will be the Health and Care Partnership.
- Legislation that hinders collaboration and joint decision-making will be removed.
- A 'duty to collaborate' now applies to NHS organisations and local authorities. This will promote further joint working across healthcare, public health and social care.

The diagram below summarises how the requirements of the Health and Care Act will apply to Lancashire and South Cumbria from 1st July 2022.



4. KEY ISSUES & RISKS

Establishing the Integrated Care Board (ICB)

Formally established on 1st July 2022, the ICB, an NHS statutory body, will take on the NHS commissioning functions of CCGs as well as some of NHS England's commissioning functions. It will also be accountable for NHS spend and performance within the system.

The Board of the ICB will, as a minimum, include a chair, the chief executive and representatives from NHS providers, general practice and local authorities. For LSC the membership has been agreed as follows:

- a) Chair
- b) Chief Executive
- c) 2 Partner members NHS and Foundation Trusts
- d) 1 Partner member Primary Medical Services
- e) 1 Partner member Local Authorities
- f) 5 Non-executive members
- g) Chief Finance Officer
- h) Medical Director
- i) Chief Nurse

The Board may invite specified individuals to be participants or observers at meetings in order to inform its decision-making and the discharge of its functions as it sees fit. Participants will receive advance copies of the notice, agenda and papers for board meetings. They may be invited to attend any or all of the board meetings, or part(s) of a meeting by the Chair. The following may be invited as participants:

- a) Other Very Senior Officers of the ICB and its place-based partnerships
- b) A Director of Adult Social Care
- c) A Director of Public Health
- d) A Director of Children's Services
- e) Voluntary, community, faith and social enterprise sector
- f) Healthwatch
- g) Any other person that the Chair considers can contribute to the matter under discussion

NHS England will agree ICBs' constitutions and will hold them to account for delivery.

Staff currently employed by CCGs will transfer to ICBs, and NHS England has made an employment commitment to staff to provide stability and minimise uncertainty. Some staff will be retained within place-based planning and delivery teams, whilst others will play a more system wide role acting across the whole of Lancashire and South Cumbria. Work is underway to establish the structures for the ICB both at system and at place and it is expected that key appointments will be made in June/July. This will include appointing Directors of Health and Care Integration, jointly with local authority colleagues, who will drive the delivery of integrated care and partnerships within places. An estimated timeline for establishing the ICB is outlined below.

Lancashire and South Cumbria Integrated Care Board expected timeline*

*Please note these are estimated timescales and there may be changes to the timeline.



Development of the Lancashire and South Cumbria Health and Care Partnership (known nationally as the Integrated Care Partnership)

National guidance outlines the following core purposes of an Integrated Care Partnership (ICP):

- Achieve the four common aims of ICPs;
 1. Improve outcomes in population health and healthcare
 2. Tackle inequalities in outcomes, experience and access
 3. Enhance productivity and value for money
 4. Help the NHS support broader social and economic development
- Build shared purpose and common aspiration across the whole system to help people live healthier and more independent lives for longer, set out in an integrated care strategy. The strategy should be informed by both Health and Wellbeing Boards (HWB) and Joint Strategic Needs Assessment (JSNA) and is a statutory requirement.

It is intended that the Health and Care Partnership will focus on setting short, medium, and long-term priorities and agreeing intended outcomes that are aligned to the strategic aims for the system. It will seek assurance on delivery of these outcomes from the relevant organisations, sectors and partnerships across the system to be certain that the Partnership is adding value and moving towards delivery of its ambitions.

The four Upper Tier Local Authorities in Lancashire and South Cumbria (with engagement with North Yorkshire County Council due to some cross boundary areas) and the Integrated Care Board have a requirement to ensure appropriate arrangements are in place to establish an interim Lancashire and South Cumbria Health and Care Partnership (known nationally as the Integrated Care Partnership) from 1st July 2022. Working collectively the local authorities and the ICB have now set out proposals for the immediate next steps for the HCP in terms of Phase One - Set Up (May – June) and Phase Two - Development (July – December). This will enable organisations to meet the new statutory requirements, focus on agreeing what they will do together and delivery, rather than creating undue process or complex governance, and allow time to build a new culture of partnership working for Lancashire and South Cumbria. The details of each phase are set out below.

Phase One – Set up the Interim Health and Care Partnership (May-June 2022)

The requirements for the Partnership to have in place for 1st July 2022 include:

- a) Chair
- b) Membership
- c) Terms of Reference

The interim arrangements are therefore proposed to include:

a) *Chair arrangements*

- Chair: an Elected Member with the relevant portfolio from one of our Upper Tier Local Authorities, to be rotated on an annual basis
- Deputy Chair: a representative from the VCFSE sector, to be rotated on an annual basis, chosen by the sector

b) *Interim Membership arrangements*

- It is the ambition for the HCP to have an inclusive forum for a diverse continuum of stakeholders, spanning a range of organisations, professional groups and communities of interest, which give us the greatest opportunity to have an impact on the scale and breadth of changes that are required. Whilst the only statutory partners are the upper tier Local Authorities and the Integrated Care Board, representatives from a wide range of sectors from VCFSE, to education, academia and local businesses will also be included
- However, there is also a need to remain a workable size to ensure that it is able to function and develop a coherent set of priorities and Integrated Care Strategy. Therefore, it is proposed to start with a smaller core membership, which is reviewed after six months to ensure that it is inclusive, ambitious, and reflective of our priorities. Larger design events with a wider range of partners will also be held during this time for their engagement in development. More detail on these is provided further below.
- The proposed interim membership of the Lancashire and South Cumbria Health and Care Partnership is outlined within the draft Terms of Reference (Appendix A).

c) *Our Interim Terms of Reference*

- It is proposed there is an initial terms of reference during the set up and development phase, which are then reviewed in January 2023 based on the development work completed to date. These are contained within Appendix A and are subject to approval by Executive Board in July 2022.

Phase Two – Development - Focus on how we will work together, and what we will do together (July – December 2022)

Beyond the initial set up of the interim Health and Care Partnership, there is a need to consider what will be done together through this partnership, how organisations will work together, and the interface with other partnerships and the rest of the system. These three elements will form the HCP development plan between July – December.

One: Confirming our unique contribution as a Partnership – What will we do together?

In February it was agreed that our Health and Care Partnership should focus on:

- Tackling the most complex issues that cannot be solved by individual organisations, and/or where the potential achievements of working together are greater than the sum of the constituent parts.
- Staying strategic, and avoiding being drawn into operational detail.
- A small number of key priorities.
- Tackling the most complex issues that cannot be solved by existing partnerships.

It is proposed, therefore, that the first role for the interim Partnership is to review and confirm a small number of key priorities based on the evidence of need. It will then work to identify where and how they will be delivered and what interfaces there are to consider in the system. It is recognised that this must be built from the Joint Strategic Needs Assessments, using the evidence base from the Health and Wellbeing Boards. The gathering of community perspectives and insight will form a key part of this priority setting approach.

This will all form the basis of the required Lancashire and South Cumbria Integrated Care Strategy. It is worth noting that national guidance on the development of this strategy is due to be published in July 2022.

Two: Developing our ways of working within the wider Integrated Care System – how we will work with others

There are a wide range of existing statutory and non-statutory Boards, Partnerships and Groups operating within individual organisations, within sectors and across broader partnerships within our System. We have noted that it is essential for the Health and Care Partnership to build on existing arrangements and not duplicate them. It is important that the scope and function of the ICP is well-defined, both in its own right and within the context of the wider partnership landscape.

It is proposed therefore, that alongside defining the small number of key priorities, that the HCP reviews and confirms how it will work as part of the Integrated Care System with the following (*not an exhaustive list*):

- Our Health and Wellbeing Boards
- Our Place Based Partnerships
- Lancashire Enterprise Partnership / Cumbria Enterprise Partnership
- Lancashire and South Cumbria Provider Collaborative
- Lancashire and South Cumbria NHS Integrated Care Board

Three: Developing our ways of working together – how we will work together to form a collective

It is recognised that the Health and Care reforms require a new level of commitment to partnership working and will need us to focus on the culture and behaviours necessary to enable us to see a difference from what has gone before. It is proposed therefore, that the development outlined above is supported by two facilitated development sessions, using offers of support from NHSE/I or the LGA, for a respected and experienced senior System Leader who will maintain a focus on how organisations will work as a collective. The aim of the sessions will be to bring partners together to start to form mutual trust and respect, develop collaborative working relationships, and a mutual understanding of our role as the partnership within the wider system and as representatives within that partnership.

Evolving Place-Based Partnerships

The Health and Care Act 2022 aims to tackle health inequalities and create safer, more joined-up services within the health and care system and advocates for much of the planning and delivery of services to be conducted within places and neighbourhoods. In Lancashire and South Cumbria (LSC), Place-Based Partnerships are recognised as vitally important in achieving the collective desire for healthier, happier and more prosperous communities. Currently there are five Place-Based Partnerships in Lancashire and South Cumbria, covering the following geographies:

- Pennine Lancashire (incorporating **Blackburn with Darwen** and East Lancashire)
- Central Lancashire
- Fylde Coast (incorporating Blackpool, Fylde and Wyre)
- Morecambe Bay (incorporating North Lancashire and South Cumbria)
- West Lancashire

Place-based Partnerships (PBPs) are intended to be a collaboration of planners and providers across health, local authority and the wider community, who take collective responsibility for improving the health and wellbeing of residents within a place, with a population of up to 500,000. The core aims of PBPs are to:

- Improve the health and wellbeing of the population and reduce inequalities
- Provide consistent, high-quality services that remove unwarranted variation in outcomes
- Consistently achieve national standards / targets across the sectors within the partnership
- Maximise the use of a place-based financial allocation and resources

Collaborative delivery in Pennine Lancashire

The Healthier Pennine Lancashire Partnership has continued to drive collaborative service delivery and transformation throughout 2021/22. A short annual report, summarising key delivery activities and achievements, is in the process of being finalised and can be made available to Executive Board once complete. Some of the key achievements from the Partnership delivery in 2021/22 include:

- Rapid establishment of a Pennine Lancashire Post Covid-19 Syndrome Service (PCSS) which is delivered in partnership between East Lancashire Hospitals Trust, Lancashire and South Cumbria Foundation Trust, Blackburn with Darwen Local Primary Care and the Pennine Lancashire CCGs
- Despite pressures, services mobilised at pace to secure an additional 23,189 appointments over winter (80% of which were utilised) through Enhanced Primary and Community Access Hubs and General Practice
- Through multi-disciplinary working and Medicines Management reviews, falls related admissions into hospital from care homes have reduced by 68% and those presenting with fractured hip or femur, have reduced by 43% from Q2 to Q4
- Transformative development of a Single Point of Access in End of Life Care which has received 1058 referrals and facilitated 6345 Night Sits being delivered to families with a loved one needing support at home
- Mobilisation of Mental Health Initial Response Service and Street Triage across Pennine Lancashire in January 2022 – in April alone, the Street Triage service support 22 patients who would traditionally have been taken to A&E and detained under a section 136
- Supported the development and launch of Albion Mill in January 2022, with health and social care services working side by side to make a difference to the lives of residents
- Delivery of the first phase of a Neighbourhood Accelerator approach which has supported our most vulnerable people in our neighbourhoods, including those at risk of admission to hospital. 679 people received a holistic assessment of need and care plan between April and September 2021, with appropriate interventions being identified to support them

The Partnership has agreed its key cross-cutting priorities for 2022/23 and work is underway to identify key delivery activities to support these. These priorities are:

- **Children and young people's mental health** – ensuring joint delivery across partners
- **Healthy ageing** – embedding outcomes from the Pennine frailty improvement work and the national Ageing Well delivery programme
- **Learning disabilities** – as part of population health delivery model through neighbourhood accelerators and enhanced health checks
- **Health equity and addressing inequalities** – which will include the Equality, Diversity and Inclusion recommendations
- **Workforce** – Transformation and integration, availability, resilience

Review of Placed Based Partnerships in Lancashire and South Cumbria

The Lancashire and South Cumbria system has been identified as an outlier nationally because neither the system nor the current place boundaries are coterminous with the Unitary and Upper Tier local authority boundaries (Blackburn with Darwen Borough Council, Blackpool Council, Cumbria

County Council and Lancashire County Council). This can make aspirations for health and care integration more difficult.

In taking up his role, the Chief Executive for the LSC Integrated Care Board has initiated a review of the current Place-Based Partnership Boundaries. This is with a view to exploring the benefits of re-aligning the boundaries of the place-based partnership to align with the four Unitary and Upper Tier local authority footprints and exploring how this may lead to deeper integration, in turn resulting in improvements to the health and wellbeing of each local population.

The review has and will involve in-depth discussions and conversations with individuals from a range of partner and NHS organisations, networks and groups both by discipline, or within places. This includes, but is not limited to, Adult Social Care, Primary and Community Care, Hospital Trusts, Voluntary, Community, Faith and Social Enterprise along with partnerships which are established within each of the places. The review has commenced and will continue throughout June 2022 with a decision expected in mid-July.

It is widely recognised that there has been excellent progress made by the current place-based partnerships to date and importantly, the outcome of this review seeks to protect and maximise those benefits whilst considering opportunities presented by alignment of boundaries.

5. POLICY IMPLICATIONS

None with this report.

6. FINANCIAL IMPLICATIONS

No direct financial implications. However the Council will engage fully with the ICB on defining how it works on programmes which fall within joint commissioning arrangements and the Better Care Fund.

7. LEGAL IMPLICATIONS

Once the governance arrangements have been finalised, a review will need to be undertaken on the composition of the Health & Wellbeing Board and the terms of reference of the appropriate scrutiny committee.

8. RESOURCE IMPLICATIONS

There are no additional resource implications with this report however continued Member and Officer time and commitment are required in order to achieve best outcomes for the residents of the Borough.

9. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below. Where appropriate please include the hyperlink to the EIA.

Option 1 Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2 In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision. *(insert EIA link here)*

Option 3 In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision. *(insert EIA attachment)*

10. CONSULTATIONS

Consultation has been ongoing and undertaken by the ICS through the ICP meetings

11. STATEMENT OF COMPLIANCE

The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

12. DECLARATION OF INTEREST

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded in the Summary of Decisions published on the day following the meeting.

VERSION: 1

CONTACT OFFICER: Ailsa Smith, Katherine White

DATE: 17.6.22

BACKGROUND PAPER: Appendix A: LSC HCP Terms of Reference