

9 September 2019**Agenda Item: 11****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND
HEALTH****ADULT SOCIAL CARE AND PUBLIC HEALTH ALIGNMENT TO THE TWO
INTEGRATED CARE SYSTEMS ARCHITECTURE FOR BASSETLAW, MID
NOTTINGHAMSHIRE AND SOUTH NOTTINGHAMSHIRE****Purpose of the Report**

1. To provide the Committee with details of how Adult Social Care and Public Health are engaging and aligning with Health colleagues on the development of the Integrated Care Systems, Integrated Care Providers and Primary Care Networks across Bassetlaw, South Nottinghamshire and Mid Nottinghamshire to ensure a sustainable health and care system to improve outcomes for people. This report seeks the following:
 - a. agreement to the alignment of roles/resources across Adult Social Care and Public Health against the architecture models across the two Integrated Care Systems.
 - b. agreement to the planning and practice principles from the Adult Social Care and Public Health perspective to share with Health colleagues.
 - c. endorsement of the 2019/20 Memorandum of Understanding (MoU) between the Nottingham and Nottinghamshire Integrated Care System and NHS England/NHS Improvement detailed in **Appendix 4**, through submission of a brief statement of commitment to the ICS Board.

Information**Background**

2. Integrated Care Systems (ICSs) have evolved from Sustainability & Transformation Partnerships (STPs) and are central to the NHS Long Term Plan (LTP) published in January 2019. They bring together NHS providers, commissioners and local authorities to work in partnership to improve health and care in their area.
3. Nottinghamshire County Council covers both the Nottingham and Nottinghamshire ICS and the South Yorkshire and Bassetlaw (SYB) ICS.

4. The national model for structuring ICSs recommends the division of work and governance into three separate levels: Neighbourhood, Place and System. In both the Nottingham and Nottinghamshire ICS and South Yorkshire and Bassetlaw ICS, these levels are managed the Primary Care Networks (PCNs), Integrated Care Providers (ICPs) and ICSs respectively.
5. PCNs are the key delivery unit for integrated care at a Neighbourhood level. There are 15 PCNs across Bassetlaw, Mid Nottinghamshire and South Nottinghamshire, and each have appointed a Clinical Director who will provide strategic and clinical leadership for the ongoing development of each network (further details are contained in **Appendices 1 and 2**).
6. There are three ICPs across the Nottinghamshire County Council footprint in Bassetlaw, Mid Nottinghamshire and South Nottinghamshire, each at different stages of development. These are provider-led partnerships that are responsible for organising health and social care in line with the outcomes set out by the strategic commissioner.
7. ICSs provide leadership at a system level and cover populations of roughly 1,000,000.
8. The diagram below helps to illustrate the information provided above, and although it describes the Nottingham and Nottinghamshire ICS framework, the SYB ICS will also follow this national structure.
9. The diagram also recognises that the Council has County Partnerships and responsibilities across Nottinghamshire that wrap around the ICSs.

COUNTY PARTNERSHIPS

Nottinghamshire Safeguarding Adults Board

Health and Wellbeing Board

Safer Nottinghamshire Board

SYSTEM:

Nottingham and Nottinghamshire Integrated Care System (ICS)

Population:
1 million+



Partner organisations work together to oversee health and care across Nottingham and Nottinghamshire

Key responsibilities:

- Respond to ICP and PCN feedback and recommendations, and set the healthcare strategy for the system to include expected health outcomes
- Improve local health and wellbeing across the entire area and at neighbourhood level
- *Strategic Commissioning (clinically-led)**
- Manage resources and workforce planning
- Coordinate health and care partnerships
- Regulation

**This is where future commissioning arrangements will fit*

PLACE:

Three Integrated Care Providers (ICPs)

Population:
330,000 - 700,000



Health and care providers collaborate across the geography (place) they serve

Key responsibilities:

- Oversee the cost, quality and consistency of services
- Develop better pathways of care and more effective ways of working together
- Inform commissioning decisions
- Deliver commissioning strategies and plans
- Tailor healthcare where appropriate to meet needs within their place

All PCNs will be aligned to one of the three ICPs

NEIGHBOURHOOD:

Primary Care Networks (PCNs*)

Population:
30,000 - 50,000



GPs work with social care, pharmacists, mental health and other local health and care providers to focus on services within their neighbourhoods

Key responsibilities:

- Deliver coordinated health and care services within their neighbourhood
- Personalise services on their doorstep to meet specific local needs
- Innovate locally to deliver and inform commissioning decisions and plans
- Encourage, represent and respond to the local patient voice

Each PCN will be led by a clinical director

Adult Social Care and Public Health Alignment to ICS Architecture

- As the ICS architecture evolves there is a need for Adult Social Care and Public Health to align its roles and functions across each element: system, place and neighbourhood. The diagram below supports this aim.

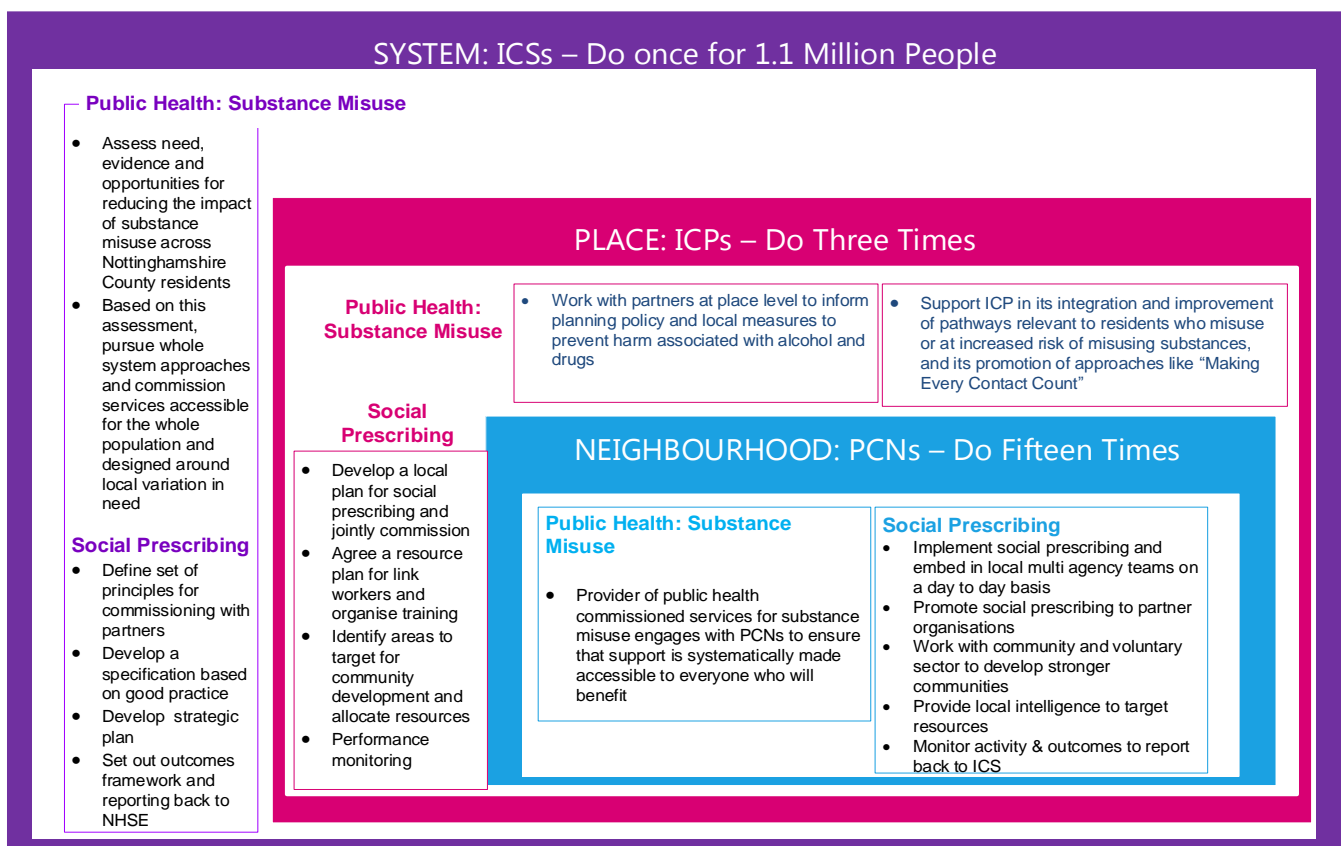
SYSTEM: ICSs – x2



11. Adult Social Care and Public Health will be represented at senior management level across the formal governance of the two ICSs and three ICPs across Bassetlaw, South Nottinghamshire and Mid Nottinghamshire, as shown above.
12. At PCN level Group Managers and Team Managers will work with GPs, nurses, Mental Health and wider community partners to collectively improve the outcomes of people in their neighbourhoods. Public Health providers of commissioned services will liaise with PCNs at this level.
13. Plans are being progressed at ICS/ICP/PCN level throughout Bassetlaw, South Nottinghamshire and Mid Nottinghamshire, which incorporate the programmes of work and transformation workstreams that underpin the formal governance structure, and at which Adult Social Care and Public Health are fully engaged and represented at a variety of levels (further details are contained in **Appendix 3**). For example, both Adult Social Care and Public Health have helped shape the development of the ICS Outcomes framework and have influenced the long-term ICS Clinical and Community Services Strategy document due for publication in Autumn 2019.
14. The Local Authority has a statutory duty to provide specialist Public Health advice to local NHS commissioners. This function is discharged through contribution to and leadership of board level discussions relating to strategic needs, health inequalities, clinical effectiveness reviews to support pathway redesign, Quality, Innovation, Productivity & Prevention (QIPP) plans, prioritisation and individual funding requests, together with the provision of Public Health intelligence to support planning.
15. Within the formal architecture described in the diagram at **paragraph 9** above, Public Health has set out (in the at diagram at paragraph 10) what will be delivered at each element of System, Place and Neighbourhood. Public Health input to the full range of

Clinical Commissioning Groups governance arrangements will be in addition to this. Social Care have reflected what functions fit into the different elements of System, Place and Neighbourhood, also within the diagram at **paragraph 10**.

16. Adult Social Care will progress a mixed model of alignment and links with Health partners across the ICS architecture. This model will align to the local needs of the population.
17. It is acknowledged that Learning Disability Teams and Community Mental Health Teams within younger adults (18-64 years), have a long-standing alignment with health community teams at a local level and this will continue as the PCN's develop.
18. A more recent example of alignment has been progressed within Older Adults aged 65 years and over. This has largely advanced due to the Integrated Care Teams Project which is rolling out the best conditions for effective integrated working across the three planning areas. Alignment with community health teams, within Mid Nottinghamshire and Bassetlaw is now complete, and South Nottinghamshire is adopting draft plans, due to recent changes to PCN configuration.
19. Further alignment to PCNs across physical disability teams within younger adults (18-64 years) will be reviewed and developed as part of the Integrated Care Teams Project.
20. Worked examples below for substance misuse, social prescribing and continuing healthcare (CHC) demonstrates how the right task for the right population fits at every level of the ICS architecture.



SYSTEM: ICSs – Do once for 1.1 Million People

Continuing Health Care (CHC) – Social Care Role

- Define high level policies and principles for commissioning and recharging
- Review Government guidance and implement changes accordingly
- Oversee the development of systems which will enable more efficient communication of Joint Funding information

PLACE: ICPs – Do Three Times

Continuing Health Care (CHC) – Social Care Role

- Agree service user eligibility and pathway at panel - Continuing Healthcare, Joint Funded or Social Care only
- Work with partners to ensure that recharges for Joint Funded service users are agreed and actioned
- Ensure that recharge arrangements are evidenced and supported by the completion of an ACM33
- Resolve any disputes which may arise
- Provide performance data and communicate outcomes

NEIGHBOURHOOD: PCNs – Do Fifteen Times

Continuing Health Care (CHC) – Social Care Role

- Translate the policies, procedures and guidance into a combined Health and Social Care support plan which uses local assets, identifies where need could be met in alternative ways and makes best use of the support available in the locality
- Signpost to third sector charities and community groups who could meet service user needs in an alternative way
- Work cohesively to ensure that both Health and Social Care needs are being met by the packages in place
- Identify new service users who may be eligible for Continuing Healthcare, Joint Funding or Social Care

Principles of Engagement

21. In 2015 a set of Integration principles were developed at a time when the STP plan was produced. Those principles have been refreshed as the Integrated Care System architecture becomes operational and now represent the principles of both Adult Social Care and Public Health. The principles have been split between practice and planning principles to meet both operational and strategic needs when working with partners and wider stakeholders.

Aim – As set out in the Departmental Strategy	Practice Principle
Improve wellbeing through prevention and promoting independence	Share responsibility with partners, providers, families, carers, friends and the voluntary services in the local community to maintain the health, wellbeing and independence of people in the Council's communities.
	Work to prevent or delay the increase of care and support needs by providing advice, information and guidance to support independence for all, regardless of their financial circumstances.
Deliver high quality public health and social care services	Promote choice and control so people can receive support in ways that are meaningful to them but is balanced against effective and efficient use of resources.

Aim – As set out in the Departmental Strategy	Practice Principle
	Work to ensure people are protected from abuse and neglect, and if people do suffer harm work with them to achieve resolution and recovery in line with their wishes.
	Provide support that is proportional to people's needs to make the best use of resources available.
	Commission new services for healthy lifestyles and substance misuse which deliver improved outcomes and value for money for residents.
	Work with partners and wider stakeholders to develop and deliver healthy environments and communities which promote individual health, wellbeing and independence
Aim	Planning Principles
Develop an Integrated health and social care system	A strong evidence base is required before progressing any transformational changes for social care. This will include how leadership of social care, performance and budgetary issues will be maintained/improved. Any changes must also provide equity of access across the County.
	Work with partners and wider stakeholders to embed a strength-based approach to emerging new models of care that meet both the social care and health needs of people across the County.
	Test and evaluate innovative approaches to emerging population health needs.
	Ensure that the Joint Strategic Needs Assessment properly supports timely, evidence-based decision making in the emerging ICS functions
	Maximise the effectiveness, efficiency and flexibility of the Council's workforce as the ICSs/ICPs/PCNs develop

The Nottinghamshire and Nottingham ICS Memorandum of Understanding (MoU) with NHS England & NHS Improvement

22. The MoU at Appendix 4 sets out the national expectations of ICSs and how the national leadership bodies will work to support system leaders and their teams. In June 2019 the ICS Board agreed the local priorities and deliverables for 2019/20 which have been incorporated into the MoU.
23. The ICS will be held accountable for progress against this framework over the coming months as the system evolves, and is seeking partner organisation endorsement of the framework.
24. This report seeks confirmation for the ICS Board that Nottinghamshire County Council will contribute to the delivery of the ICS MOU in 2019/20 through submitting a brief statement of commitment.

Other Options Considered

25. Council representatives have been fully engaged with the development of the ICS across both South Yorkshire and Bassetlaw, and Nottingham and Nottinghamshire ICSs, and no other options have been considered by the Council for this report.

Reason/s for Recommendation/s

26. As a partner of the ICS the Council recognises the need for Adult Social Care and Public Health to fully engage with the emerging ICS architecture, and the principles of engagement and alignment provide a clear framework in which to progress.
27. The MoU framework was agreed at the August 2019 meeting of the Nottinghamshire and Nottingham ICS Board and the endorsement will confirm the Council's continued engagement with the development of the ICS across Mid and South Nottinghamshire.

Statutory and Policy Implications

28. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

29. There are no financial implications arising from the content of the report.

RECOMMENDATION/S

That the Committee:

- 1) agrees to the alignment of roles/resources across Adult Social Care and Public Health against the architecture models across the two Integrated Care Systems as described in **paragraphs 10-19** of the report
- 2) agrees to the planning and practice principles from the Adult Social Care and Public Health perspective to share with Health colleagues as detailed in **paragraph 21** of the report.
- 3) endorses the 2019/20 Memorandum of Understanding between the Nottingham and Nottinghamshire Integrated Care System and NHS England/NHS Improvement as contained in **Appendix 4**, through submission of a brief statement of commitment to the ICS Board.

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Constitutional Comments (LW 27/08/19)

30. Adult Social Care and Public Health Committee is the appropriate body to consider the content of the report.

Financial Comments (DG 28/08/19)

31. There are no specific financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

NHS Long Term Plan Published January 2019 Full version and summary version links below:

<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/the-nhs-long-term-plan-summary.pdf>

Health and social care integration in Nottinghamshire – report to at Adult Social Care & Health Committee on 29th June 2015

Electoral Division(s) and Member(s) Affected

All.

ASCPH672 final