

**8 February 2021**

**Agenda Item: 6**

**REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND  
HEALTH**

**DEVELOPMENT OF INTEGRATED CARE SYSTEMS IN NOTTINGHAMSHIRE  
AND NATIONAL CONSULTATION RESPONSE**

**Purpose of the Report**

1. The report summarises the Council's role in system leadership of health and care and the success of system working over the last year and makes a recommendation on the level of partner contribution to the Nottingham and Nottinghamshire Integrated Care System.
2. The report also summarises the proposals of relevance to local government in the NHS consultation document 'Integrating Care – next steps to building strong and integrated care systems across England'. It highlights the key messages, questions and concerns and provides the County Council's response to the consultation.

**Information**

**Council's Role in System Leadership in Health and Care**

3. The Council has a number of statutory duties to lead partnership and system working for the benefit of residents, through both individual statutory officers and the Health and Wellbeing Board.
4. The Council, as Strategic Commissioner, is responsible for identifying the needs of the population and planning for how those needs are met. The Health and Wellbeing Boards are a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, Public Health and local government. They have a statutory duty, with Clinical Commissioning Groups (CCGs), to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.
5. Through the duties of the Director of Public Health (DPH), local authorities must take the action that they decide is appropriate to improve the health of the people in their areas. The DPH has responsibilities to work with the NHS and be able to promote action across

the life course and contribute to and influence the work of NHS commissioners, helping to lead a whole system approach across the public sector.

6. The Director of Children and Young People's Services (DCS) holds similar responsibilities individually and as a statutory member of local health and wellbeing boards, including a clear role in driving the development of the local Joint Strategic Needs Assessment (JSNA) and joint health and wellbeing strategy. The DCS will also help join up local commissioning plans for clinical and public health services with children's social care and education, where appropriate, to address the identified local needs. The DCS is responsible for any agreements made under section 75 of the National Health Service (NHS) Act 2006 between the local authority and NHS relating to children and young people – for example, pooled budgets for commissioning and/or delivering integrated services covering children's health, social care and education.
7. The Director of Adult Social Care Services has a key leadership role to deliver the local authority's part in promoting local access and ownership and driving partnership working, delivering an integrated whole systems approach to supporting communities and promoting social inclusion and wellbeing.
8. Therefore, the Council has a role in supporting the development of the Integrated Care System (ICS) and in particular through the statutory officer and Committee duties, working to ensure the ICS delivers improved outcomes for residents of all ages.

### **Integrated Care System Development in Nottinghamshire**

9. The Integrated Care System is an NHS led mechanism outlined in the NHS Long Term Plan. Nottinghamshire is part of two Integrated Care Systems; Nottingham and Nottinghamshire (NN ICS), and South Yorkshire and Bassetlaw (SYB ICS).
10. The NN ICS Board is attended by the Chair of the Health and Wellbeing Board, Chair of the Adult Social Care and Public Health Committee, and the Director of Adult Social Care and Health on behalf of the Chief Executive Officer of the Council. In SYB ICS, the Council engages in partnership events, not board meetings, for the Bassetlaw Integrated Care Partnership (ICP). District and Borough Councils and voluntary, community and social enterprises attend ICPs and the Primary Care Networks (PCN) are operational delivery units. Adult services are organised to link with PCNs.
11. Prior to the Covid-19 pandemic, the two ICS delivered these outputs which have previously been considered by Committee:
  - Strategic Plan
  - Governance structure
  - Integrated Care Partnerships
  - Primary Care Networks development plan
  - Outcomes framework
  - Clinical Services Strategy
  - System Financial plan for NHS Organisations
  - Bassetlaw Local Plan.

12. Public Health produced PCN population profiles. Officers attend relevant workstreams, such as mental health and universal personalised care. The Local Authority is a partner and makes inputs such as providing budget and performance information to help planning. There are no formally agreed section 75 or joint commissioning arrangements that sit at ICS level, and no formal outputs or influence into the Adult Social Care and Public Health or Children & Young People's Committees. There is a section 75 agreement with both CCGs that supports historic joint finance arrangements and the Better Care Fund management overseen by the Health and Wellbeing Board, and a section 75 with both CCGs to enable Child Health joint commissioning as below.
13. The Integrated Children's Commissioning Hub is independent of ICS and was developed prior to its inception. The Hub integrates commissioning across child health and brings together strategic commissioning activity from the two CCGs, the city and the county.
14. Nottingham and Nottinghamshire ICS is currently looking at its governance and leadership for the third time. Recruitment for the ICS Chair is underway with an appointment expected for the New Year. The leadership and management arrangements are due to be reviewed as the emergency planning period ends.
15. The NN ICS has sought contributions to the costs of supporting the ICS. It is recommended that the County Council does not contribute to the costs at this stage as the current outputs do not deliver to County Council work. Support is offered in kind through the participation in numerous workstreams and areas within the work programme. The System Plan is an NHS planning requirement and the ICS outputs for performance management are directly linked to the Long Term Plan and NHS assurance to which the County Council is not subject.
16. SYB ICS has not requested contributions from Local Authority Partners.

### **Emergency Planning and Impact of Covid-19**

17. Through the response to Covid-19, partnership and strategic structures were paused and emergency planning structures in the Local Resilience Forum (LRF) stood up.
18. In SYB ICS, partnership activity has been about networking, rather than planning. NN ICS reconvened the ICS Board in the early Autumn, but with a reduced agenda. ICS Chief Officers have continued to meet regularly as a group.
19. The emergency planning structures set up through the LRF have delivered excellent integrated and system approaches to the pandemic response. Of particular benefit to the County Council the LRF is system wide and includes Bassetlaw in one planning mechanism.
20. Key areas of activity have been:
  - Data Cell and system reporting, routine and ad-hoc reports - analysts from across the system, but particularly from Public Health (city and county) and the CCG work to provide 'one version of the truth' with data and intelligence about the pandemic. There is regular reporting as well as impact reporting on key areas of risk such as excess deaths or mental health.

- Discharge to Assess - work to develop virtual integrated discharge hubs across the county and linking to the three hospitals was led through the Discharge Cell. This has driven consistency in approach and delivery across the county and led to a community focussed model of support.
  - The two-key leadership fora have been the Public Health led Tactical Commissioning Group and the Health and Social Care Tactical Commissioning Group with an NN ICS Lead. This has enabled system leadership, engagement with partners and sharing of resources when needed.
  - The Care Home and Home Care Cell is jointly chaired between Nottinghamshire CCG and the County Council and has provided a place for rapid decision-making, oversight and shared governance for social care market infection control and support. This has been a crucial part of the system leadership from a County Council perspective and has been essential in delivering a joined-up approach to delivering statutory duties of Health and Social Care.
21. The Local Resilience Forum exists apart from the ICS and has delivered huge gains in integrated working across housing, health and care. It is recognised that an important driver for this is the shared focus on responding to the emergency giving clarity and shared vision. The working style of bringing key people together to work differently is also thought to be a key factor in the success.
  22. From a County Council perspective, an important factor is the countywide planning footprint and having all partners in the room to agree a way forward in a way the two ICS do not afford us.
  23. This way of working must be maintained as the county recovers from Covid-19 and as the partnerships with Health develop through the Health and Wellbeing Board and the Integrated Care Systems, the learning from what makes that work successful must be taken forward in the design of those partnership structures.

### **Integrating care: next steps to building strong and effective integrated care systems – NHS England and NHS Improvement consultation**

24. The above-mentioned paper, which is attached as **Appendix 1**, builds on the commitments and ambitions set out in the NHS Long Term Plan for health and care to be joined up locally around people's needs. It refers to a renewed ambition to support greater collaboration between partners in health and care systems and to help accelerate progress in meeting critical health and care challenges.
25. It is also intended to open up discussion with the NHS and its partners about how ICSs could be embedded in legislation or guidance and presents options for how to do this.
26. The consultation document sets out the future of Integrated Care Systems and outlines two options for ICSs to become legal entities by April 2022, subject to legal reform. National Health Service England and National Health Service Improvement (NHSEI) are inviting views on the proposed legislative options by Friday 8<sup>th</sup> January 2021.
27. The document builds on the NHS Long Term Plan and outlines proposals to promote greater collaboration between NHS bodies and between NHS and other partners to:

- improve population health and healthcare
  - address inequalities in health and outcomes
  - enhance productivity and value for money, and
  - help NHS to support broader social and economic development.
28. Integrated care systems will lead stronger partnerships in local places between NHS, local government and others with a greater role for primary care, provider collaboration, strategic outcome-based commissioning, and connecting data across providers and commissioning.
  29. The document gives a commitment to devolution of functions and resources including planning, commissioning and organisation of some specialised services, and to devolve greater share of primary care funding and improvement resource. There is also a focus on place; for most ICSs place will mean local authority boundaries. There is recognition that economies of scale may need more strategic commissioning and delivery at ICS, regional or even national level.
  30. The document outlines two options for placing ICSs on a statutory footing: creating them as a statutory joint committee, bringing together current statutory organisations, or a statutory corporate NHS body which includes current CCG functions.
  31. The consultation document gives a clear preference for option two. There would be local government representation in each option but the nature of the relationship between the NHS and local government will be affected by the legal form the Board takes. **Option 1 is a statutory committee model** with an Accountable Officer that binds together current statutory organisations. **Option 2 is a statutory corporate NHS body model** that additionally brings CCG statutory functions into the ICS.
  32. The paper ends with next steps for ICS Boards and gave a commitment for the Department of Health and Social Care and NHSEI to lead conversations with different types of health and care organisations, local councils, people who use and work in services, and those who represent them to understand their priorities for further policy and legislative change. It is noted that the timeframe for the conversation was short and coincided with the response to the pandemic and the Christmas period.

### **Summary of key messages, concerns and questions in response to the consultation**

33. Placing the ICS on a statutory footing has an impact on the County Council and will initiate a review of engagement in both ICS Boards, the relationship between Health and Wellbeing Board, Children and Young People's Committee and Adult Social Care and Public Health Committee.
34. The County Council remains committed to building strong partnerships and collaborations with NHS partners (and other partners in the system) and the principle of integrated health and care that gives a benefit to the resident or improves population health and wellbeing.
35. The County Council supports the principle of collaboration and system working in the commissioning and delivery of health services as well as the principle of subsidiarity where delegation of budget and decision making is linked to place and population.

36. The County Council remains concerned that decision-making at a strategic level in the NHS is divided between two NHS regions and two ICS Boards. This threatens the ability of the County Council to 'do policy once', tackle health inequalities, and integrate key strategic functions given the duplication of effort.
37. The Local Government Association (LGA), the NHS Confederation, NHS Clinical Commissioners, NHS Providers, the Association of Directors of Adult Social Services (ADASS) and the Association of Directors of Public Health (ADPH) published joint principles that must underpin effective integrated care. They are:
- collaborative leadership
  - subsidiarity - decision-making as close to communities as possible
  - building on existing, successful local arrangements
  - a person-centred and co-productive approach
  - a preventative, assets-based and population-health management approach
  - achieving best value.
38. The County Council is very supportive of the proposal to place ICSs on a statutory footing and shares the view put forward by ADASS. This is support for the general direction of travel, including the intention to shift resources and decision-making closer to people and communities; and welcome recognition of an important role for councils, as well as the ambition to create an offer that puts people at the heart of their own care. With agreement in principle to the proposals, judgement is reserved on the proposed amendments to legislation until further detail is available. This includes more about how the principle of subsidiarity will be achieved in practice and how the role of health overview and scrutiny will be assured.
39. The consultation document is not clear on delivery and how the objectives will be realised through the two options proposed. The Local Authority has a role in both options, but without the detail of what this looks like it is difficult to assess the implications for it.
40. The document is high level and is not explicit about co-production and patient involvement in the statutory ICS Board or how wider stakeholders would participate in a large statutory Board. The paper implies this would be for local determination.
41. The Local Government Association has made a response to the consultation (<https://www.local.gov.uk/parliament/briefings-and-responses/lga-response-nhs-england-and-nhs-improvement-consultation>) and in support of greater integration, place based working and local accountability, it is calling on the government to introduce:
- **a new statutory reciprocal duty of collaboration to improve population health and address health inequalities** on all NHS organisations and local authorities
  - **a legal requirement on ICSs to involve health and wellbeing boards** (HWBs) in the development of plans and to devolve the development of place or locality plans to HWBs
  - **a new power for HWBs to 'sign off'** on all ICS plans
  - **commissioning to continue to have a strong place-based focus**, with a strong and proactive role in HWBs in approving commissioning plans

- **a statutory duty on ICSs to be accountable to their local communities** through existing democratic processes.

42. The County Council supports this and has made this part of its response to the consultation (**Appendix 2**).
43. The consultation response was drafted with involvement of the Leader, Chair of Adult Social Care and Public Health Committee, senior officers of the Council, and senior leaders within the health and care system. Views from the sector including the LGA and ADASS were considered. The Council has also had the opportunity to contribute to the consultation response submitted by the Nottingham and Nottinghamshire Integrated Care System.

### **Other Options Considered**

44. There are no other options considered. The Council is required to make a decision regarding the level of partner contribution to the Nottingham and Nottinghamshire Integrated Care System.
45. The Council could choose not to contribute to the consultation on the future arrangements of Integrated Care Systems, but the proposals have a significant impact on the Council.

### **Reason/s for Recommendation/s**

46. The report acknowledges the progress that has been made in relation to the development of the Integrated Care Systems and the Council's contribution to these. However, given that the current outputs of the NN ICS do not contribute to County Council priorities the report recommends that no financial contribution to the ICS is made at this time. The Council will continue to offer support through participation in numerous workstreams and areas within the work programme.
47. The Council's consultation response supports the direction of travel of the proposals relating to the future of ICSs, with a focus on engaging the local authority as an essential and equal partner in the local health, wellbeing and care system. The Council would like to see proposals build on the strong and effective partnerships that already exist between the NHS, local government and other key partners at place level.

### **Statutory and Policy Implications**

48. 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**

49. There are no financial implications arising from the report if the Committee approves the recommendation not to contribute to the Nottingham and Nottinghamshire Integrated Care System in 2020/21.

## **Implications for Service Users**

50. The proposals relating to Integrated Care Systems and the NHS Long Term Plan are based on the goal of joining up health and care support around people to provide a better experience, with collaboration between health, housing and social care organisations at a local level.

## **RECOMMENDATION/S**

That the Adult Social Care and Public Health Committee

- 1) reviews the progress made in the health and care system working across Nottinghamshire over the last year.
- 2) agrees that no financial contribution to the Nottingham and Nottinghamshire Integrated Care System is made in 2020/21.
- 3) endorses the County Council's response to the consultation.

**Melanie Brooks,**  
**Corporate Director, Adult Social Care and Health**

**For any enquiries about this report please contact:**

Jennie Kennington  
Senior Executive Officer  
T: 0115 9774141  
E: [jennie.kennington@nottsc.gov.uk](mailto:jennie.kennington@nottsc.gov.uk)

## **Constitutional Comments (CEH 21/01/21)**

51. The recommendations fall within the remit of the Adult Social Care and Public Health Committee under its terms of reference.

## **Financial Comments (KAS 27/01/21)**

52. As per paragraph 49 of the report, there are no financial implications arising from the report if committee approve the recommendation not to contribute to the Integrated Care System in 2020/21.

## **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.

[The NHS Long Term Plan – report to Adult Social Care and Public Health Committee on 4th March 2019](#)

[Adult Social Care and Public Health alignment to the two Integrated Care Systems architecture for Bassetlaw, Mid Nottinghamshire and South Nottinghamshire – report to Adult Social Care and Public Health Committee on 9th September 2019](#)

**Electoral Division(s) and Member(s) Affected**

All.

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