

1 April 2019**Agenda Item: 10****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND
HEALTH****UPDATE ON THE INTEGRATED CARE PROVIDERS AS PART OF THE TWO
INTEGRATED CARE SYSTEMS WITHIN NOTTINGHAMSHIRE****Purpose of the Report**

1. This report advises Members on progress with the development of the two Integrated Care Systems (ICSs) within Nottinghamshire, including an overview of recent changes to the configuration of Integrated Care Providers (ICPs) within the Nottingham and Nottinghamshire ICS and developments with the Bassetlaw Integrated Care Provider Framework. This report seeks the following:
 - a. the reaffirmation of the Council's commitment to working with the Nottingham and Nottinghamshire Integrated Care System in light of the new configuration of three Integrated Care Providers.
 - b. to note that Council representatives on the Nottingham and Nottinghamshire ICS Board have been fully engaged with the decision-making process.
 - c. to highlight the further developments achieved within Bassetlaw as part of the South Yorkshire and Bassetlaw Integrated Care System.
2. The report also provides Members with an up-to-date diagram of the four ICPs and two ICSs within Nottinghamshire (attached as **Appendix A**).

Information**Background**

3. 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.
4. Nottinghamshire County Council covers both the Nottingham and Nottinghamshire ICS and the South Yorkshire and Bassetlaw (SYB) ICS.
5. 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 by the Primary Care Networks (PCNs), ICPs and ICSs respectively.

6. PCNs are the key delivery unit for integrated care at a Neighbourhood level and are responsible for populations of around 30,000 to 50,000. ICPs are the key organisational body at a Place level, responsible for populations of around 250,000 to 300,000. ICSs provide leadership at a system level and cover populations of roughly 1,000,000.
7. The Council's membership of the ICS Board was approved by the Adult Social Care and Public Health Committee in January 2019.
8. The work of the South Yorkshire and Bassetlaw ICS is governed by a Collaborative Partnership Board.
9. The terminology stated for ICPs within the NHS Plan is 'Integrated Care Provider'. Bassetlaw is yet to adopt this terminology, referring to their ICP as an 'Integrated Care Partnership'.

ICP Developments in the Nottingham and Nottinghamshire ICS

10. Up until November 2018, the direction of travel was that of establishing and resourcing two Integrated Care Providers (one in Mid-Nottinghamshire and one in South Nottingham and Nottingham City).
11. In November 2018, Nottingham City Clinical Commissioning Group (CCG), Nottingham City Council and the City PCNs advocated the ICS to reconsider the proposal for two ICPs. Instead they proposed establishing 3 ICPs – a South Nottinghamshire ICP and a Nottingham City ICP in addition to the Mid-Nottinghamshire ICP. This argument for a third ICP is predicated on the distinct and different needs and characteristics of the City population. It is also supported by the national guidance in the LTP on the recommended population size for ICPs at a Place level.
12. Price Waterhouse Cooper (PWC) was commissioned to undertake an independent review of the best arrangements for ICPs in the South Nottingham and City of Nottingham footprint, which included interviews with system leaders and an assessment of the emerging evidence-base and best practice.
13. The outcomes of the PWC commission on ICP options have now been concluded and shared with those system partners specifically engaged in the review.
14. The ICS Board considered the findings of the review at its meeting on 15 February 2019. Key decisions made at the meeting for constituent organisations to consider are:
 - a. ICS Board agreed through a vote that to maintain pace, no further work should take place to review the appropriate number of ICPs.
 - b. ICS Board agreed through a vote that the preferred number of ICPs in the Nottinghamshire ICS is three. The County Council agreed the recommendation with an addendum that a further piece of work be completed to explore how consistency will be maintained across ICPs.

- c. ICS Board agreed that the decision in 14b be reviewed in 12 months' time to support good governance and to provide assurance that ICPs are working in line with principles and guidelines.
 - d. ICS Board agreed the proposed principles for ICPs to work within. A workshop will be facilitated to ensure a common understanding of what these principles mean in theory and practice, so that by the end of March, a consistent set of principles, objectives and behaviours for the operation of the ICPs within the ICS context will be formulated.
15. The three ICPs within the Nottingham and Nottinghamshire ICS will cover:
- a. The City of Nottingham (329,000 residents)
 - b. Broxtowe, Gedling and Rushcliffe (345,800 residents)
 - c. Ashfield, Mansfield, and Newark and Sherwood (355,800 residents).

Bassetlaw ICP Developments in South Yorkshire and Bassetlaw ICS

- 16. The Nottinghamshire district of Bassetlaw sits within the NHS planning footprint of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS). Bassetlaw has its own ICP which is also an associate of the Nottingham and Nottinghamshire ICS, though sitting within the SYB ICS.
- 17. Bassetlaw, along with the other five areas within the SYB ICS footprint, has developed its own ICP Place plan entitled *Better in Bassetlaw: Place Plan*. This plan stipulates how Bassetlaw will undertake local delivery of the SYB ICS priorities.
- 18. An ICP Board is in place to oversee the implementation of the Bassetlaw Place plan and is underpinned by a memorandum of understanding. Through the ICP, the partners support developments and strategy at Place level for all of Bassetlaw's 116,00 residents.
- 19. The *Better in Bassetlaw: Place Plan* sets out how partners will work to deliver improvements in health and wellbeing for all of Bassetlaw's 116,000 citizens by 2021, through simpler, integrated, responsive and well-understood services.
- 20. The Bassetlaw ICP has made the most progress amongst all ICPs within Nottinghamshire on developments at a Neighbourhood level (PCNs). PCNs have been and still are known within Bassetlaw ICP as 'Primary Care Homes' (PCHs), but this is set to change in the near future to bring them in alignment with NHS LTP terminology. All three of Bassetlaw ICP's PCHs have been established: Larwood and Bawtry PCH went live in November 2018; Newgate PCH went live in December 2018; and Retford and Villages PCH went live in January 2019.

Other Options Considered

- 21. Council representatives have been fully engaged with the decision-making process across both Integrated Care Systems and no other options have been considered by The Council for this report.

Reasons for Recommendations

22. The Council's participation within Health planning systems both as provider and commissioner is voluntary and not legally required. However, as a key partner to Health and to ensure good outcomes for Nottinghamshire citizens, it is important for the Council to have a leadership role within the ICS Board, and commitment to working with and participating in the supporting, planning and governance arrangements.
23. To ensure appropriate oversight of the outcomes for citizens, it is important that The Council be kept informed of developments within both the South Yorkshire and Bassetlaw ICS and Bassetlaw ICP, and the Nottingham and Nottinghamshire ICS.

Statutory and Policy Implications

24. 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

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

RECOMMENDATIONS

That the Committee:

- 1) reaffirms the Council's commitment to working with and participating in the Nottingham and Nottinghamshire Integrated Care System.
- 2) considers whether there are any further actions required in relation to the issues contained within the report.

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Constitutional Comments (EP 18/03/19)

26. Adult Social Care and Public Health Committee is the appropriate body to consider the content of the report. If Committee resolves that any actions are required it must be satisfied that such actions are within the Committee's terms of reference.

Financial Comments (CT 21/03/19)

27. The financial implications are contained within paragraph 25 of the 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.

Establishing an Integrated Care System Board for Nottingham and Nottinghamshire - report to Adult Social Care and Public Health Committee on 7 January 2019

Better in Bassetlaw: Place Plan 2019-2021 - Draft Plan of the Bassetlaw ICP (click [here](#))

Integration and Partnerships in North Nottinghamshire (Bassetlaw) - report to Adult Social Care and Public Health Committee on 4 February 2019

Electoral Division(s) and Member(s) Affected

All.

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