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North
Northamptonshire
Council

Democratic Services
The Corby Cube,
George Street,
Corby,
Northants,
NN17 1QG

Meeting: EAP Health & Wellbeing and Vulnerable People
Date: Friday 1st October, 2021
Time: 9.30 am
Venue: Council Chamber, Cedar Drive, Thrapston, NN14 4LZ

Committee Membership:

Councillors Harrison, Harrington, Lawal, McGhee, Roberts, Shacklock and Smith-Haynes

A G E N D A SUPPLEMENT

The following additional report and appendix have now been published which were not available at the time the agenda was published.

This supplementary agenda has been published by Democratic Services.
Contact: democraticservices@northnorthants.gov.uk

Item	Subject	Page no.
07.	Health & Wellbeing Papers <ul style="list-style-type: none">Initial feedback presentation following the Health & Wellbeing Board workshop	5 - 26

Adele Wylie, Monitoring Officer
North Northamptonshire Council

A handwritten signature in black ink, appearing to read 'Adele Wylie'.

Proper Officer
30 September 2021

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Members are reminded of their duty to ensure they abide by the approved Member Code of Conduct whilst undertaking their role as a Councillor. Where a matter arises at a meeting which **relates to** a Disclosable Pecuniary Interest, you must declare the interest, not participate in any discussion or vote on the matter and must not remain in the room unless granted a dispensation.

Where a matter arises at a meeting which **relates to** other Registerable Interests, you must declare the interest. You may speak on the matter only if members of the public are also allowed to speak at the meeting but must not take part in any vote on the matter unless you have been granted a dispensation.

Where a matter arises at a meeting which **relates to** your own financial interest (and is not a Disclosable Pecuniary Interest) or **relates to** a financial interest of a relative, friend or close associate, you must disclose the interest and not vote on the matter unless granted a dispensation. You may speak on the matter only if members of the public are also allowed to speak at the meeting.

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If Members have any queries as to whether a Declaration of Interest should be made please contact the Monitoring Officer at – Adele.Wylie@northnorthants.gov.uk

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Health, Wellbeing and Vulnerable People Executive Advisory Panel 01 October 2021

Report Title	Health and Wellbeing Board, Place and the Integrated Care System
Report Author	David Watts Executive Director for Adults, Communities and Wellbeing
Lead Member	Cllr Helen Harrison, Executive Member for Adults, Health and Wellbeing

Key Decision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for call-in by Scrutiny?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there public sector equality duty implications?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information (whether in appendices or not)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Applicable paragraph number for exemption from publication under Schedule 12A Local Government Act 1974	

List of Appendices

Appendix: 1 Health and Wellbeing Board, Workshop on place presentation

1. Purpose of Report

- 1.1. To provide the EAP with a further update on the continued development of the Integrated Care System (ICS), specifically the recent workshop that focused on place and sub place and the relationship with the Integrated Care System.

2. Executive Summary

- 2.1 The Government's Health and Care White Paper "Integration and Innovation: working together to improve health and social care for all" was introduced to the House of Commons on 11th February 2021.
- 2.2 On 6th July 2021, the Health and Care Bill was introduced to parliament and received its second reading on 14th July 2021.

- 2.3 Following publication of the health and care white paper the local health and care system commissioned a targeted piece of work to explore ICS design opportunities and changes required to meet the requirements set out. The local system was keen not to merely lift and shift current commissioning arrangements into the Integrated Care Statutory body and wanted to maximise the opportunities for partnership working.
- 2.4 On 23 September 2021 a workshop took place with North Northamptonshire Health and Wellbeing Board (HWB) to explore the potential relationship between the ICS, HWB and how health and care through integration may be delivered at a Place, Community and Neighbourhood level.
- 2.5 The workshop explored the following questions:
- Whilst HWBB have some limited statutory functions what are the opportunities for HWBB to go further in shaping more local approaches at the place, community and neighbourhood levels?
 - As each HWBB creates its own strategy, what opportunities are there to align the NHCP and HWBB?
 - If each North and West HWBB strategy has common elements, how do we achieve the right balance, for example will there be times where it is right to do things twice (once in each place) or do it once, (one approach across the system) and how will these decisions be made?
 - What membership of HWBB do we want for North Northamptonshire?
 - How does the HWBB influence strategy at an ICS/NHCP level in order to see services shaped and mobilised in the right way around communities and neighbourhoods?
 - How does the HWBB ensure that place and neighbourhood structures encompass and are recognised in the ICS development?
 - How can the HWBB assure itself that place based services and the become a fifth engine for driving service integration and improvement where this falls outside of provider collaboratives?
 - What are the key design principles we would want to see in delivery at a place level?
- 2.6 A repeat of the workshop will be taking place on 30 September 2021 with West Northamptonshire HWB. Once the content output has been summarised, officers from both West and North Northamptonshire Councils will consider whether one report or a separate report for each HWB will be developed to provide feedback to the ICS system leaders setting out the responses to the questions posed in the workshops.

3. Recommendations

3.1 It is recommended that the EAP:

- a) Receive and consider the presentation and questions discussed at the HWB
- b) Receive a verbal update from the Executive Member for Adults Health and Wellbeing and the Executive Director for Adults, Communities and Wellbeing on their reflections from the HWB workshop and
- c) Provide feedback and suggestions to the Executive member on areas of further development that the Executive and officers may wish to consider in relation to the ongoing work surround the creation and implementation of the ICS

3.2 The reasons for the recommendations can be summarised as follows:

- a) To enable the EAP to understand the approach to date and provide advice to executive member that may inform either the Executive Member, the Executive and officers that it may feel is relevant in future discussions and development of the ICS.

4. Report Background

4.1 The Government's Health and Care White Paper "Integration and Innovation: working together to improve health and social care for all" was introduced to the House of Commons on 11th February 2021.

4.2 On 6th July 2021, the Health and Care Bill was introduced to parliament and received its second reading on 14th July 2021.

4.3 The proposals are the culmination of two years of Government work alongside the NHS, local councils, and the public. The aim of the White Paper is one that delivers "greater integration, reduces bureaucracy and supports the way that the NHS and social care work when they work at their best: together".

4.4 It should be highlighted that neither the white paper nor bill contain proposals for the long-term reform of social care. A link to the white paper is available at section 8 or this report.

4.5 Following publication of the health and care white paper the local health and care system commissioned a targeted piece of work to explore ICS design opportunities and changes required to meet the requirements set out. The local system was keen not to merely lift and shift current commissioning arrangements into the Integrated Care Statutory body and wanted to maximise the opportunities for partnership working.

4.6 The workshop explored the following questions:

- Whilst HWBB have some limited statutory functions what are the opportunities for HWBB to go further in shaping more local approaches at the place, community and neighbourhood levels?

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- How can the HWBB assure itself that place based services and the become a fifth engine for driving service integration and improvement where this falls outside of provider collaboratives?
- What are the key design principles we would want to see in delivery at a place level?

4.7 A repeat of the workshop will be taking place on 30 September 2021 with West Northamptonshire HWB. Once the content output has been summarised, officers from both West and North Northamptonshire Councils will consider whether one report or a separate report for each HWB will be developed to provide feedback to the ICS system leaders setting out the responses to the questions posed in the workshops.

4.8 The document attached as Appendix 1 is the document that was used to facilitate the HWB workshop and is provided as background information for the EAP.

5 Progress to date

5.1 The document attached as Appendix 1 is the document that was used to facilitate the HWB workshop and is provided as background information for the EAP.

6 Implications (including financial implications)

a. Resources and Financial

- i. At the point of writing this report there are no direct financial implications of relating to the contents of this report
- ii. Closer, more integrated working aims to deliver more efficient services with better outcomes for people, however continued work is required to agree respective roles and responsibilities of respective organisations and bodies such as the HWB

b. Legal

- i. As previously stated, the white paper and Health and Care Bill referred to in paragraphs 5 to 5.3 of this report set out the underlying legislative context to the development of Integrated Care Systems.
- ii. Currently there are also Better Care Fund (BCF) arrangements that also allow for integrated care arrangements to be put in place between local authorities and NHS commissioners. With the ICS being required to put in place a statutory body and there being significant similarities in the ambitions of both BCF arrangements and ICS it is likely that at some point the arrangements around BCF and ICS will evolve locally to deliver the ambitions of both.
- iii. The creation of Integrated Care systems does not take away the responsibilities of councils in relation to the role of both Health and Wellbeing Boards and the Health Scrutiny function, however part of this and future phases of work will go further to clarify the relationships between all three functions.

c. Risk

- i. There are no significant risks arising from the proposed recommendations in this report. However, it should be noted that there are tight timescales to undertake the statutory elements of putting in place the ICS statutory body for Northamptonshire and therefore decision making is required at pace to ensure the necessary consultation activities with NHS staff that are affected are able to be completed in time for an April 2022 implementation of the ICS statutory body.

d. Consultation

- i. Appropriate public consultation was required and undertaken by Central Government through both the publication of the white paper and subsequent publication and legislative processes followed for the Health and Care Bill at which the bill is currently at committee stage in the House of Commons.
- ii. Significant local engagement has been taken with system partners to explore and support the overall proposals that the health and care system as a whole believe will work best within the local system.

e. Consideration by Scrutiny

- i. Whilst not considered by the scrutiny commission it is proposed that future updates on the ICS development will be brought forward to the EAP.

f. Climate Impact

- i. There are no known direct climate impacts of associated with this report or its recommendations however as integrated approaches continue to progress there are opportunities that can be explored around shared use of estates, supply chain initiatives and locating care closer to communities that have the potential to have positive impacts on the council's climate commitments.

g. Community Impact

- i. The intended consequences of closer integration of health and care are expected to deliver better health and wellbeing outcomes for residents of North Northamptonshire.

7 Background Papers

“Integration and Innovation: Working together to improve health and social care for all (Department of Health, 11 February 2021) online. [Integration and Innovation: working together to improve health and social care for all \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/92122/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all.pdf) [accessed 2021.07.19]

[Health and Care Bill - Parliamentary Bills - UK Parliament](#)

8 Appendices

- a. Appendix 1: Health and Wellbeing Board, Workshop on place presentation

Northamptonshire

Health and Care Partnership



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Health and Wellbeing Board Workshop on Place

Appendix

September 2021

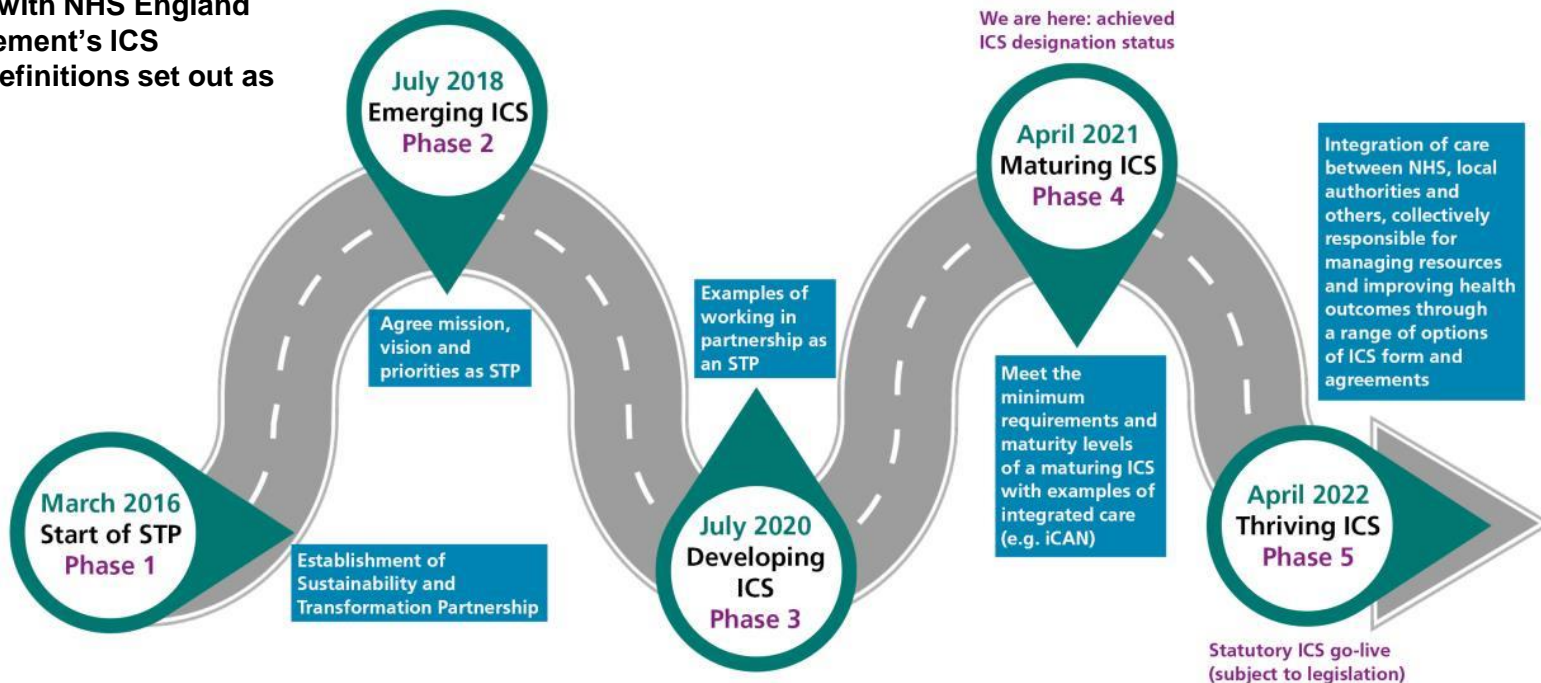
Purpose

- **To discuss with the Health and Wellbeing Board and stakeholders the development of “place” in Northamptonshire**
- **To discuss how we connect together to deliver improved services**
- **To discuss responsibilities and to consider how we would deliver and oversee those responsibilities**
- **To discuss potential timelines and next steps**

Our ICS road map

This road map highlights Northamptonshire's Integrated Care System journey, with NHS England and NHS Improvement's ICS maturity matrix definitions set out as key milestones.

Our goal is to establish Northamptonshire as a 'thriving ICS' by April 2022, which, subject to legislation, is the point when Integrated Care Systems are expected to become established in law.





Our areas of focus

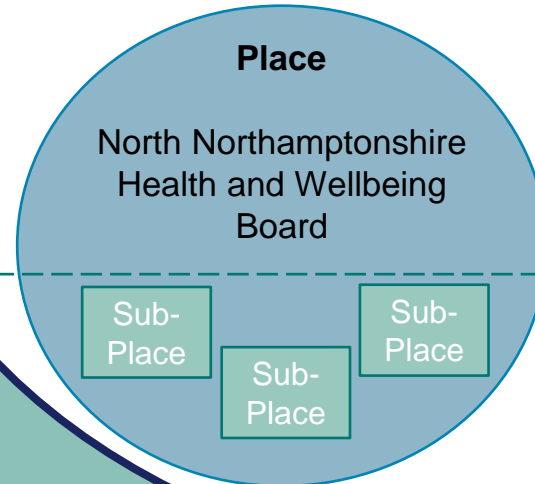
Integrated Care System



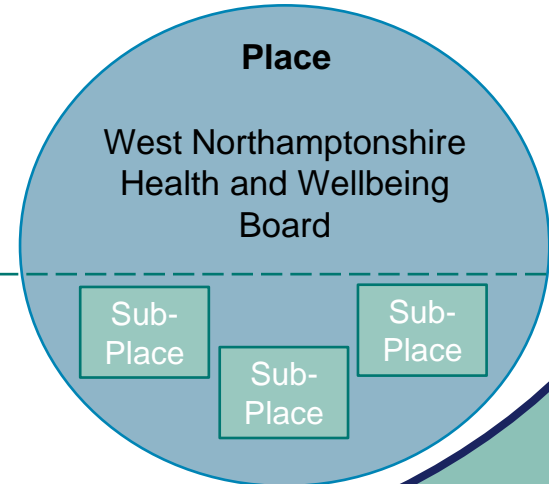
System-wide



Place



Place



Combined leadership for health and care system

Collaboratives

System-wide service redesign, transformation and delivery (Lead Provider/Alliance)

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Oversee **place-based** joint commissioning and delivery

Neighbourhood (sub-place)

arrangements will be needed, as a basis of effective integration and tailoring of services to local needs. Delivery and business is done at this level.



AT A GLANCE: Defining Place & sub place

System - Northamptonshire

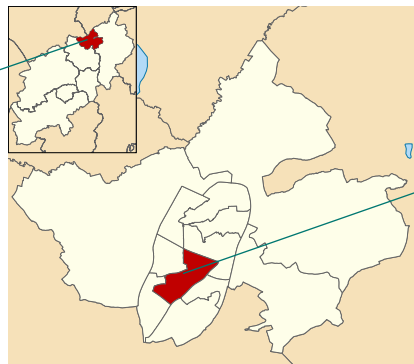


Place – North or West Northamptonshire



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Community - An area within place with an identity



Neighbourhood – part of a community

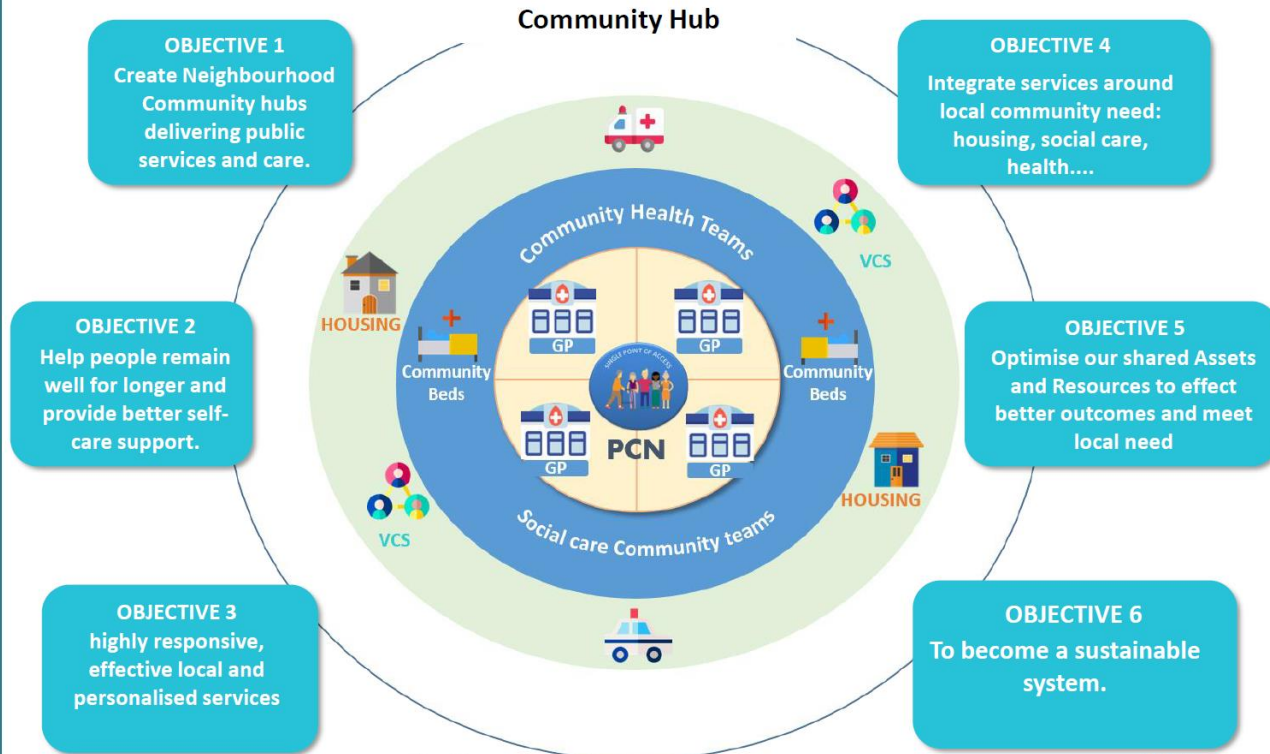




At a neighbourhood level we want to create integrated hubs delivering a range of services that meet local needs and outcomes set out in place based Health and Wellbeing Strategies

Discussed at Partnership board in May 2019

What we want to achieve



Our system vision and pillars

A positive lifetime of health,
wellbeing and
care in our community.

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Children & Young People

Elective Care

ICAN (Integrated Care
Across
Northamptonshire)

Mental Health & Learning
Disabilities



Current HWBB strategy and pillars

Our vision is to improve the health and wellbeing of all people in Northamptonshire and reduce health inequalities by enabling people to help themselves.

Priority 1: Every Child gets the Best Start

Priority 2: Taking Responsibility and Making Informed Choices

Priority 3: Promoting Independence and Quality of Life for Older Adults

Priority 4: Creating an Environment for all People to Flourish

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As each HWBB creates its own strategy is there an opportunity to align the NHCP and HWBB?

Discussion: Questions to explore

- Whilst HWBB have some limited statutory functions what are the opportunities for HWBB to go further in shaping more local approaches at the place, community and neighbourhood levels?
- As each HWBB creates its own strategy, what opportunities are there to align the NHCP and HWBB?
- If each North and West HWBB strategy has common elements, how do we achieve the right balance, for example will there be times where it is right to do things twice (once in each place) or do it once, (one approach across the system) and how will these decisions be made?
- What membership of HWBB do we want for North Northamptonshire?



Our possible future...

*A place based vision linked
to the system vision*

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Agreed Pillars

Agreed Pillars

Agreed Pillars

e.g. Diabetes at place,
community &
neighbourhood



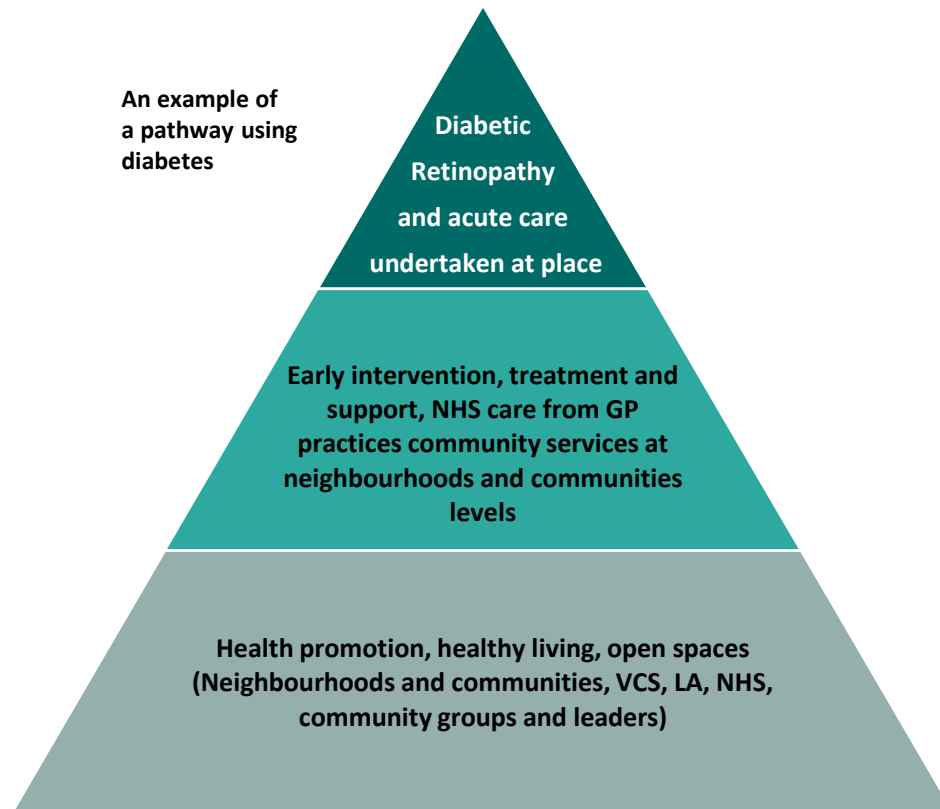
Each pillar has one vision and agreed shared goals with a delivery plan that could include...

A collaborative of organisations working together (VCS, LA and wide NHS)

Individual organisations

Community led initiatives

An example of a pathway using diabetes

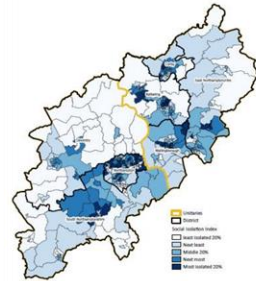


Integrated care in Communities and Neighbourhoods

Not just health and care...A unique recipe

- Information/Data
- People
- Assets
- The built environment
- Green space & leisure
- Places of worship
- History

Figure 2: Social Isolation Index by LSOA showing quintiles, Northamptonshire, 2019



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 **kingswood**
Children's Centre and Community Nursery



Questions to explore

- How does the HWBB influence strategy at an ICS/NHCP level in order to see services shaped and mobilised in the right way around communities and neighbourhoods?
- How does the HWBB ensure that place and neighbourhood structures encompass and are recognised in the ICS development?
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Next steps and timelines

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Thank you

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Health and Care Partnership

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