

**North Northamptonshire Health and Wellbeing Board
6 September 2022**

Report Title	Integrated Care Across Northamptonshire (iCan) Case for Change
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Contributors / Checkers/ Approvers	Ali Gilbert ICS Director of Place	23 August 2022
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Appendix A – iCAN Case for Change

1. Purpose of Report

This report provides an overview of the case for change for the current Integrated Care Across Northamptonshire (iCAN) transformation programme to develop into an iCAN collaborative. The iCAN programme's aim is to transform and improve care for our frail and elderly population and build on initiatives and in national programmes like Age Well, the Better Care Fund, Urgent Community Response, National Discharge programme and Enhanced Care in Care Homes.

The collaborative will aim to have delegated commissioning responsibilities, including some elements of the Better Care Fund (BCF) as of April 2023.

2. Executive Summary

- 2.1. A summary of iCAN aims progress and next steps discussed at the Integrated Care Board (ICB) on 21st April 2022. The ICB supported the broad direction and progress of iCAN and the plans to deliver specific improvements for winter/surge activity.
- 2.2. Work has also progressed on shaping the iCAN collaborative and road map for the contractual development of the collaborative to move from a programme approach into a permanent way of working.
- 2.3. The proposed operating model and initial scope for the iCAN collaborative case for change was discussed at the ICB in August 2022 with the outcome in response to the recommendations being:

- that iCAN aims and objectives remain valid
- the scope of services to form a collaborative arrangement from April 2023 need to be defined, and that iCAN should proceed to through a collaborative framework - Gateway 4 and develop proposals in relation to delegated budgets (including alignment in part with the BCF), workforce and contractual format. It was recognised and acknowledged that the case for change proposition was being socialised with the North Northamptonshire Council Executive members and decision making was progressing through the internal North Northamptonshire Council decision making process. It was also recognised that the accountability for the BCF oversight requires oversight within the council and national reporting requirements remain through the Health and Wellbeing Boards.
- that service user and staff engagement is progressed to inform arrangements for April 2023.

2.4 The North Northamptonshire Executive decision notice agreed on 25 August 2022 that:

Item 13	Integrated Care Across Northamptonshire (iCAN) Case for Change	<p>RESOLVED KEY DECISION</p> <p>That the Executive:</p> <p>a) Supported the broad direction of travel set out in the iCAN case for change.</p>
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3. Recommendations

3.1. It is recommended that the board:

- a) Support the broad direction of travel set out in the iCAN collaborative case for change and the ambitions and intentions to improve the experience of people
- b) Note the decision notice of North Northamptonshire Council and support the proposed approach to continue with the direction of travel for the iCAN collaborative development, whilst the council corresponds with the ICB Chair and Chief Executive Officer (CEO) to identify mutually agreeable ways to provide assurance and political oversight satisfactory to the Executive of the council.

3.2. Reasons for Recommendations:

3.2.1. The broad direction of travel is one that fits with the overarching priorities of the ICS and Health and Wellbeing Board.

3.2.2. Whilst socialising the case for change with Executive members within the council, there have been some concerns raised regarding their involvement in the decision-making arrangements and expenditure of funds intended for the benefit of North Northamptonshire residents. Member oversight of BCF performance and expenditure for which it is responsible is a fundamental requirement in ensuring that local-authority public money is spent in accordance with national requirements alongside the priorities set out in the corporate plan.

4. Report Background

4.1 Integrated Care Across Northamptonshire (iCAN) collaborative

4.1.1 Despite this progress within the iCAN programme, there remain significant opportunities to deliver better outcomes and manage demand more effectively to ensure more people stay well at home and avoid admissions to hospital where there is the potential to design and deliver better “out of hospital” services.

4.1.2 If we are to make sustained change, we need to formally commit to work within integrated service arrangements, exploring where pooled finances and staff working across a range of services may lead to greater benefits for people and better use of collective resources. This should mean all partners are working together in a person-centred approach, across our community and hospital pathways to improve outcomes. It will also build the foundation of future wider integrated services that shift our focus to prevention and community and enabling people to choose well, live well and stay well.

4.2 Reasons for the collaborative case for change

- The ICAN programme is a five-year transformation plan, it has already achieved some early results in our hospitals and community.
- External support ends December 2022 - we need to secure existing and new ongoing benefits from our work.
- There is now a need to move from a programme to embedding those new ways of working into business-as-usual practice and processes, by developing a service delivery model that formalises/embeds what has been achieved and creates the conditions for long term integrated working and better outcomes.
- As a multi-year programme of work, any changes will be made in tranches rather than all together. In the first tranche of work, a range of out of hospital services and partners are brought together as pooled resources to develop and deliver more integrated pathways of care.
- There are already a set of pooled budgets and contracted out of hospital services within the Better Care Fund (BCF) that support much of the activities

in iCAN, which could be used as a foundation for future collaborative developments. BCF budget and monitoring is monitored by Health & Wellbeing Boards, subject to section 75 arrangements (pooling of resources) and has a national performance framework that aligns to iCAN.

- The national BCF policy for 2022/23 states two objectives:
 1. enable people to stay well, safe, and independent at home for longer
 2. provide the right care in the right place at the right time

The alignment of these objectives with iCANs, the mandatory nature of the BCF S75 and the need for a formal agreement between commissioners working together to deliver the iCAN vision all suggest the use of the BCF S75 as a key vehicle for iCAN delivery. However, the current proposals within the iCAN case for change do not clearly set out how Health and Well-being Boards and elected members will maintain oversight and involvement within this development.

5. Issues and Choices

- 5.1 Collaborative outcome-based contract approaches can be utilised for both Lead Provider and Direct Contracting approaches and all organisations will need to be comfortable with governance, decision making and commissioning arrangements.

6. Implications (including financial implications)

6.1 Resources and Financial

- 6.1.1 Whilst further work is required to explore different contracting and resourcing arrangements it is not possible to fully assess any potential financial implications. However broadly speaking, current proposals are that those services that are currently delivering on iCAN priorities could be delivered through the iCAN collaborative approach, allowing greater flexibilities in directing resources in more agile ways. This could mean a range of integrated teams or making changes to what those teams do in order to meet anticipated or un-anticipated fluctuations in demand, or potentially directing resources to other organisations to deliver targeted or universal services where appropriate.
- 6.1.2 Where pooling of budgets is used, the North Northamptonshire Executive and North Northamptonshire Health and Wellbeing board should have sufficient confidence in the governance arrangements to ensure that spend, such as that out in the Better Care Fund, and intended to be used for the benefit of North Northamptonshire residents has an element of protection, or ring-fencing, to ensure that the council is able to account for and evidence that those funds have been spent for the benefit of North Northamptonshire residents.

Legal and Governance

The legal context for Integrated Care Systems and the Better Care Fund are set out within various legislation. For example, the Care Act (2014), whereby closer integration and an emphasis on wellbeing and prevention run strongly throughout the legislation and guidance documentation.

The Health and Care Act (2022), led to the dis-establishment of Clinical Commissioning Groups (CCG), and led to the implementation of Integrated Care Systems and Integrated Care Boards from July 2022.

Risk

- 6.3.1 There are pressures within the local health and care system that increase risks around the deliverability of plans.
- 6.3.2 There are concerns that were raised during discussions with elected members regarding financial decision making (set out in paragraph 7.1.2) and sufficiency of governance arrangement to ensure elected members sighted on and in agreement with decisions being made that may impact on council budgets and performance or the work of Health and Wellbeing boards.

Consideration by Executive Advisory Panel

- 6.4.1 The Case for Change was discussed with the Health, Wellbeing and Vulnerable People EAP and comments invited to be returned by EAP members to be fed back to Executive and the Integrated Care Board.

Consideration by Scrutiny

- 6.5.1 Updates have been provided to Scrutiny Commission to ensure that the commission was sighted on direction of travel and any subsequent changes as they have occurred.

Equality Implications

- 6.6.1 There are no direct equality implications as a result of the production of the case for change document, however equality impact assessments will need to be undertaken at any point that changes are made to services in order to understand the impact on groups of people with protected characteristics.

Climate and Environment Impact

- 6.7.1 There are no direct impacts because of the case for change, however where changes impact on how buildings, fleet or workforce are used there will be opportunities to consider, and measure, the impact on the climate of those changes.

Community Impact

The intention of the case for change is to improve the health and wellbeing outcomes of our population. Evaluation of that impact will form a key part of how we monitor the benefits for our communities over the term of the programme.

Crime and Disorder Impact

None directly as a result of the case for change report

7.0 Background Papers

Appendix A