

## Executive 5<sup>th</sup> August 2021

<b>Report Title</b>	<b>Integrated Care System Design Principles</b>
<b>Lead Member</b>	Cllr Helen Harrison, Portfolio Holder for Adults, Health and Wellbeing
<b>Lead Officer</b>	David Watts Executive Director for Adults, Communities and Wellbeing

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

### List of Appendices

#### Appendix 1 – ICS Outline Design

##### **1. Purpose of Report**

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- 1.1. To provide the Executive with an update on progress in developing a Northamptonshire Integrated Care System (ICS) and present the ICS design principles for endorsement by the Executive.

##### **2. Executive Summary**

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- 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 11<sup>th</sup> February 2021.
- 2.2 On 6<sup>th</sup> July 2021, the Health and Care Bill was introduced to parliament and received its second reading on 14<sup>th</sup> 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 The document attached as Appendix 1 “ICS Outline Design” sets out the summary of work undertaken and the design principles that are presented to the Executive for endorsement.
- 2.5 The design principles will have been considered at the Health, Wellbeing and Vulnerable People EAP on the 30 July 2021.

### **3. Recommendations**

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3.1 It is recommended that the Executive:

- a) Consider and endorse the design principles for the Northamptonshire ICS as summarised in Appendix 1, slide 26
- b) Consider the feedback received from the Health, Wellbeing, and Vulnerable People Executive Advisory Panel (EAP)
- c) Make any recommendations on the future role that the Executive, EAP, or other fora could, or would like to, play in the continued development of the ICS alongside the role of North Northamptonshire Health and Wellbeing Board

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

- Some of the design principles are required following the publishing of the Health and Care White Paper. Other principles have been proposed following extensive stakeholder engagement with health and care delivery partners in Northamptonshire aiming to ensure that the design principles are not considered contentious.
- Significant work has been undertaken locally to reach the current set of design principles.
- The design principles formulate the start of the process of becoming an integrated care system and there will be more opportunities for councillors to play an important role in advising the executive on policy development around integrated approaches with health services in North Northamptonshire that have the potential to positively impact on the health and wellbeing of all residents.

### **4. Report Background**

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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 11<sup>th</sup> February 2021.

- 4.2 On 6<sup>th</sup> July 2021, the Health and Care Bill was introduced to parliament and received its second reading on 14<sup>th</sup> 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 of 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 document attached as Appendix 1 sets out the summary of work undertaken and the design principles that are presented to the Executive for endorsement. The design principles will have been considered at the Health, Vulnerable People EAP on the 30<sup>th</sup> July 2021.

## **5 Issues and Choices**

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- 5.1 Significant engagement of health and care partners has taken place during the first phase of work and consensus has been reached that the principles presented are both balanced but also capture the ambition to be expansive in what an ICS could be in Northamptonshire and aim to deliver better outcomes for our residents in North Northamptonshire.
- 5.2 Throughout the process of engagement these principles have been refined and as the recommendations state, the Executive is being recommended to endorse the design principles but with the recognition that further work is required on how the ICS will then be delivered, with the full implementation being delivered effectively in three further phases.

### 5.3 The following sets out the design principles for endorsement and provides a short summary of each of the elements:

ICS design element	Items requiring endorsement from Boards, ahead of the next phase of work to develop the detail
Collaboratives	<ol style="list-style-type: none"> <li>1. Collaboratives will be formed around four system priorities.</li> <li>2. Collaboratives will be commissioned at a system level, and operate system wide, but operate services which are tailored to meet needs at Place and neighbourhood level.</li> <li>3. Our Collaboratives will operate under one of two Collaboration Models – either an Alliance or a Lead Provider. Further work is required to determine which model will be used for each collaborative, as well as leadership arrangements</li> </ol>
Place arrangements and Health and Wellbeing Boards	<ol style="list-style-type: none"> <li>4. Our ICS will have two places – aligning with the footprints for the new Unitary Authorities.</li> <li>5. ICSs will require an overall system strategy to be developed by the ICS Partnership. We propose that this will incorporate our two (planned) Joint Health and Wellbeing Strategies – producing a single, system-wide strategic plan for meeting health, care and wider wellbeing needs across the County.</li> <li>6. Joint commissioning for integrated health and care services will continue to take place at Place level (through Better Care Fund and current joint programmes). The ICS strategic commissioner and Local Authority commissioners will form joint arrangements for each Place in order to undertake this activity.</li> </ol>
Neighbourhood (sub-place) arrangements	<ol style="list-style-type: none"> <li>7. ‘Neighbourhood’ arrangements will be needed as a basis of effective integration and tailoring of services to local needs. We will support our Places to develop the neighbourhood arrangements which best work for them, as an explicit work stream during the next phase of design work.</li> <li>8. Our collaboratives will operate services which are tailored to needs at Place and neighbourhood level. They will co-design services in consultation with Place, Sub-Place and general practice representatives.</li> </ol>
ICS Statutory Body and ICS Partnership	<ol style="list-style-type: none"> <li>9. The (small) size of our system means that we have an opportunity to build a Board which includes the most comprehensive possible range of NHS and Local Authority partners. <i>This means that our ICS statutory Board will be able to take a ‘whole system’ perspective, and will therefore play a relatively larger role – and our ICS Partnership a relatively smaller role – within our overall system governance arrangements when compared to other, larger systems. The precise membership and ways of working for the ICS statutory body will be determined in the next phase of work.</i></li> <li>10. Our ICS Partnership will be made up from the membership of our two Health and Wellbeing Boards and our ICS statutory Board.</li> <li>11. The Partnership will meet twice per year, in order to (i) consider progress against our Outcomes Framework over the past year, and (ii) agree a systemwide health and care strategy (or an update to the existing strategy, as appropriate) to improve population outcomes. This then forms the key mandate for the ICS statutory board, our Places and our Collaboratives.</li> <li>12. The precise remit of the ICS Partnership – and its relationship to other parts of the system - will be developed during the next phase of work. This will include considering whether the ICS Statutory Body Independent Chair should also chair the Partnership Board.</li> </ol>

## **6 Implications (including financial implications)**

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### **6.1 Resources and Financial**

- 6.1.1 At the point of writing this report there are no direct financial implications of endorsing the design principles.
- 6.1.2 Closer, more integrated working aims to deliver more efficient services with better outcomes for people, however the specific piece of work being undertaken primarily looks at design of the governance and delivery arrangements that will deliver those efficiencies.
- 6.1.3 Whilst having no direct financial implications at this point it is important to note that there continue to be significant plans developing around Integrated Care Across Northamptonshire (iCAN).
- 6.1.4 There is the potential for subsequent proposals to be brought forward at a later date and it is intended to provide executive with an update on iCAN at the Executive meeting on 26<sup>th</sup> August 2021. Currently the proposals do not include a financial contribution by the local authorities to deliver this transformation programme, however there is exploration as to whether iCAN has the potential to provide additional efficiencies above and beyond those designed into the Adults Target Operating model that were launched in October 2020.
- 6.1.5 Any proposals for local authority contributions towards iCAN will need to be clearly supported by evidence showing how benefits would be realised by the local authority through that investment and any risks associated that may affect realisation of those efficiencies.

### **6.2 Legal**

- 6.2.1 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.
- 6.2.2 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.
- 6.2.3 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 the next phases of work will go further to clarify the relationships between all three functions.

### **6.3 Risk**

- 6.3.1 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.

### **6.4 Consultation**

- 6.4.1 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.
- 6.4.2 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.

### **6.5 Consideration by Scrutiny**

- 6.5.1 Whilst not considered by the scrutiny commission due to timescales involved the opportunity has been taken to take the proposed design principles to the Health, Wellbeing and Vulnerable People EAP and a summary of those discussions will be provided verbally during the discussion element of the Executive consideration of this report.

### **6.6 Climate Impact**

- 6.6.1 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.

### **6.7 Community Impact**

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

## **7 Background Papers**

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“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://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/91242/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all.pdf) [accessed 2021.07.19]

**Appendix 1: ICS Outline Design**



ICS outline design -  
updated following Pa