LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Cllr Sue Woolley, Chairman Lincolnshire Health and Wellbeing Board and John Turner, Chief Executive NHS Lincolnshire Clinical Commissioning Group

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**1 December 2020**
Subject:	**Health and Wellbeing Board Review – proposal to incorporate the functions of the anticipated Lincolnshire Integrated Care System Partnership Board**

Summary:

This report sets out proposals to incorporate the functions of the anticipated Lincolnshire Integrated Care System Partnership Board (ICSPB) with the Lincolnshire Health and Wellbeing Board (HWB). Discussions have taken place since the last Board meeting in September 2020 to explore the options to identify a workable solution for Lincolnshire.

Formal proposals to change the role and purpose of the HWB will require agreement from the Leader of the County Council and amendments to the Constitution will need to be approved by full Council.

Actions Required:

The Health and Wellbeing Board is asked to:

a) Note the content of the report;
b) Confirm it supports the proposal to incorporate the functions of the anticipated ICSPB with the HWB;
c) Agree to officers developing revised terms of reference and for these to be presented at the Board meeting in March 2021;
d) Agree to the membership set out in Section 1.3

1. Background

1.1 Context

At the meeting on 29 September 2020, the HWB agreed to review its purpose, membership and terms of reference. As part of the discussion at the HWB, John Turner, Chief Executive, Lincolnshire NHS Clinical Commissioning Group (CCG) put forward a proposal to incorporate the functions of the ICSPB with the HWB. This had not been considered in the original scope for the review, therefore the first phase of review has been refocused to explore this proposal.

NHSEI requires each local health system to have an Integrated Care System (ICS) in place by April 2021 which brings together local organisations to design, care and improve population health. They are being seen as a 'pragmatic and practical way of delivering the triple integration of primary and specialist care, physical and mental health services, and health and social care'.[1] The ICSPB will provide system wide governance (including NHS, local government and wider partners) to enable collective responsibility and decision making between partners. A summary of the ICS model, including details on setting up an ICSPB is shown in Appendix A.

1.2 Proposed Way Forward

There are some obvious areas of overlap between the role of the HWB and the emerging role of the ICSPB. The need for closer integration across health and social care is a key driver for both boards. The Covid-19 pandemic has brought health inequalities into sharp focus and highlighted the need for a more joined up approach to how partners across the county address these issues locally. The introduction of ICSs provides an opportunity to reinvigorate partnership working and develop more joined up approaches to deliver the shared priorities agreed through the HWB in the Joint Health and Wellbeing Strategy (JHWS).

There is no national model for how HWBs and ICSPBs should work together, other than an expectation that local leaders from the health and care system will agree arrangements that respond to the needs and requirements of the place. Learning from early adopters of ICS arrangements, such as Manchester, although helpful in providing context aren't easily transferable to Lincolnshire.

Discussions have taken place at a strategic level between LCC and the CCG on the proposal. There is consensus across the local health and care system for the need to develop an approach that works for Lincolnshire which provides the opportunity to work in a cohesive and integrated way. The new board will provide an overarching strategic partnership for the health and care system. It will be supported by a series of operational boards which will deal with day to day management and provide assurance to the strategic board. Further work will be needed over the next few months to develop the terms of reference, mode of operation and to agree governance mechanisms.

This is a bold evolutionary step and, to the LGA's knowledge, is not actively being considered elsewhere in the country. It puts Lincolnshire in the vanguard of thinking and offers a potential model for other areas to replicate. The advantages of this approach for Lincolnshire are:

- it builds on the existing strong partnership working ethos cultivated through the HWB since 2013. The members for the board have collectively and individually been responsible for promoting integration and prevention, providing a shared vision and driving improvements in health and wellbeing
- the move towards population health management will ensure place based and neighbourhood working is focused on delivering outcomes based on the needs of the population

[1] NHSE. Online version of the NHS Long Term Plan – Section 5: Local NHS organisations will increasingly focus on population health – moving to Integrated Care Systems everywhere. Jan 2019. https://www.longtermplan.nhs.uk/online-version/chapter-1-a-new-service-model-for-the-21st-century/nhs-organisations-focus-on-population-health/

- it ensures a continued focus on the wider determinants of health which have an impact on an individual's health and wellbeing, for example housing, employment, growth and transport and will broaden the ICS view out from purely NHS considerations
- the coterminous boundary offers Lincolnshire advantages over other areas that are operating across multiple ICS footprints and maximises the opportunity to work collaboratively together by removing potential for competing demands or duplicating work
- it reflects a genuine desire across the local health and care system to develop innovative ways of working and to capitalise on the advances made during the Covid-19 pandemic

The CCG has had initial conversations with NHSEI to socialise the proposal and is due to enter more formal discussions from December 2020 as part of establishing the ICS arrangements in Lincolnshire. As the approach being put forward by Lincolnshire is a variation of the model set out in Appendix A, formal agreement will need to be obtained from NHSEI to proceed. This will also need to include agreeing to Lincolnshire not having a non-executive chairman for the ICSPB.

1.3 Membership

The proposal would require some changes to the current membership of the HWB, particularly to reflect the fact the four CCGs are now merged into one and to ensure wider representation from health providers and primary care networks. Moving forward, the proposed membership will comprise of:

- The Executive Councillor for NHS Liaison, Community Engagement
- The Executive Councillor for Adult Care, Health and Children's Services
- Four further County Councillors
- The Director of Public Health
- The Executive Director of Children Services
- The Executive Director of Adult Care and Community Wellbeing
- Chair, NHS Lincolnshire CCG
- Chief Executive, NHS Lincolnshire CCG
- GP/Clinical Lead, NHS Lincolnshire CCG
- Chair, Primary Care Network Alliance
- Chair, Lincolnshire NHS System Leaders Board
- Chief Executive, NHS Provider
- A designated representative from NHSEI
- One designated District Council representative
- The Police and Crime Commissioner for Lincolnshire
- A designated representative of Healthwatch Lincolnshire
- A designated representative for the Voluntary and Community Sector

1.4 Timescale

Subject to NHSEI approval and sign off, the principles set out in the paper will be developed into detailed terms of reference for the next meeting scheduled for March 2021.

The necessary steps to update the Council's Constitution will be progressed at the beginning of the new municipal year.

1.5 Review of Priorities

The second phase of the review to refocus the priorities in the Joint Health and Wellbeing Strategy, particularly in light of the pandemic, has been put on hold until the early 2021 due to the continuing situation with Covid.

2. Conclusion

Every area is required to have an ICS by April 2021 with an overarching board in place to provide a strategic steer and to oversee the work of the local integrated health and care system. The proposal to incorporate the function of the ICSPB with the HWB puts Lincolnshire in a unique position and at the forefront of partnership working.

3. Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy

The Council and Clinical Commissioning Groups must have regard to the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

The development and publication of the JSNA and JHWS will continue to be a key function and responsibility of the board.

4. Consultation

Not applicable

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	NHS Long Term Plan – Integrated Care Systems

6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Alison Christie, Programme Manager Strategy and Development, who can be contacted on 01522 552322 or alison.christie@lincolnshire.gov.uk

NHS Long Term Plan – Integrated Care Systems

The NHS Long Term Plan, published in 2019 sets out the ambition to establish Integrated Care Systems (ICS) across England by April 2021. Every ICS will have:

- a partnership board, drawn from, and representing commissioners, trusts, primary care networks, and – with the clear expectation that they will wish to participate – local authorities, the voluntary and community sector and other partners;

- a non-executive chair (locally appointed, but subject to approval by NHS England and NHS Improvement) and arrangements for involving non-executive members of boards/governing bodies;

- sufficient clinical and management capacity drawn from across their constituent organisations to enable them to implement agreed system-wide changes;

- full engagement with primary care, including through a named accountable Clinical Director of each primary care network;

- a greater emphasis by the Care Quality Commission (CQC) on partnership working and system-wide quality in its regulatory activity, so that providers are held to account for what they are doing to improve quality across their local area;

- all providers within an ICS will be required to contribute to ICS goals and performance, backed up by a) potential new licence conditions (subject to consultation) supporting NHS providers to take responsibility, with system partners, for wider objectives in relation to use of NHS resources and population health; and b) longer-term NHS contracts with all providers, that include clear requirements to collaborate in support of system objectives;

- clinical leadership aligned around ICSs to create clear accountability to the ICS. Cancer Alliances will be made coterminous with one or more ICS, as will Clinical Senates and other clinical advisory bodies. ICSs and Health and Wellbeing Boards will also work closely together.

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