

**CABINET
6 DECEMBER 2022**

HEALTH AND CARE INTEGRATION AND THE HEALTH AND WELLBEING BOARD

**Responsible Cabinet Member -
Councillor Kevin Nicholson, Health and Housing Portfolio**

**Responsible Director -
James Stroyan, Group Director of People**

SUMMARY REPORT

Purpose of the Report

1. To update Cabinet about suggested changes to the “place based” leadership in relation to the changes implemented through the development of the Integrated Care Board and Place based arrangements. In addition to agree a preferred option following discussion with partners across health, education, care and economic development.
2. To highlight potential changes to the role and function of the Health and Wellbeing Board following the publication of Draft Guidance by the Government.

Summary

3. The Health and Care Act 2022 received Royal Assent on 28 April 2022. The Act includes provisions to strengthen health and care integration which the Government set out in more detail in the Integration White Paper (February 2022).
4. Alongside other measures, the Integration White Paper offers 5 options for partnership working between health and social care at a place-based level. These options have been developed by NHS England with the Local Government Association. 'Place' is defined as upper tier Local Authority areas, for Darlington, these are the boundaries of Darlington Borough Council.
5. The Integration White Paper asks that health and care partners implement one of the 5 options in their 'places' by April 2023.
6. A health and care “Re-set Event” was hosted by the Council in July 2022 with subsequent meetings reviewed the number of options available.

7. The preference being for a Joint Committee to:
 - (a) Enable the North East and North Cumbria Integrated Care Board (ICB) to access additional benefits and opportunities for health and wellbeing outcomes for Darlington residents.
 - (b) Operate in 'shadow form' from January 2023 as detailed Government guidance is not currently available.
 - (c) Fully operational by April 2023.
8. The Act and Draft Guidance published in July 2022 gives an enhanced role to the Health & Wellbeing Board.
9. The Board's leadership of the health and care system is emphasised, and new responsibilities are proposed including:
 - (a) Oversight of any place-based governance arrangements such as a Joint Committee;
 - (b) Working with the Integrated Care Partnership to deliver a strategy (or plan) which will effectively address population health and inequalities.
10. These proposed changes are likely to mean that the HWBB will meet more frequently and have agendas which cover any Joint Committee and the shared duties with the Integrated Care Partnership

Recommendation

11. It is recommended that Cabinet: -
 - (a) Note the potential changes to health and care integration set out in the Health and Care Act 2022 and the Integration White Paper (February 2022);
 - (b) Agree the preferred option for future health and care integration is a Joint Committee to be:
 - (i) Co-produced with the ICB
 - (ii) Operate in 'shadow form' from January 2023
 - (iii) Fully operational from April 2023
 - (c) Note that further detailed discussion is needed with health and care partners and, that Government guidance may be published which would have an impact on the preferred option.
 - (d) Request further reports to be presented following discussions with health and care partners with more detailed proposals for consideration.
 - (e) Note the likely changes to the responsibilities of the Health & Wellbeing Board and the consequent changes to frequency of meetings and agendas.

Reasons

12. The recommendations are supported by the following reason;

- (a) To promote the health and wellbeing of the population, reducing health inequalities, identifying needs, and securing investment to meet those needs are key responsibilities of the council.
- (b) To discharge those responsibilities effectively, the council works in partnership with health and care organisations.
- (c) To sustain progress and keep a strong focus on Darlington a Joint Committee is believed to be the best of the options available.
- (d) To avoid duplication and ensure health and care partners are delivering on agreed priorities, the role of the Health & Wellbeing Board is likely to be extended and be enhanced.

James Stroyan
Group Director of People

Background Papers

- (i) NHS England and the Local Government Association 'Thriving Places: Guidance on the development of place-based partnerships' September 2021
- (ii) Department of Health and Social Care 'Health and Social Care Integration: Joining up care for people, places and populations' February 2022
- (iii) HM Government Health and Care Act 2022
- (iv) Department of Health and Social Care 'Health and Wellbeing Boards; draft guidance for engagement' 29 July 2022
- (v) Department of Health and Social Care 'Guidance on the preparation of Integrated Care Strategies' 29 July 2022

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S17 Crime and Disorder	No direct impact on the authorities' duties with respect to Crime and Disorder.
Health and Wellbeing	This has a significant and direct impact on the Health and Wellbeing of the citizens of the borough. The recommendations if accepted will set the conditions that the authority discharges its duties in the Health and Care Act 2022 and works together with the NHS through the Integrated Care Board for North East and North Cumbria.
Carbon Impact and Climate Change	This will have no immediate impact on the authorities duties or impact on carbon footprint and climate change priorities.
Diversity	Through these recommendations and working with the NHS the authority will ensure that health and care strategies, plans and services implemented in Darlington will reduce inequalities including inequalities or access and outcomes for those who have a protected characteristic.
Wards Affected	This will affect all wards in the borough
Groups Affected	This will affect all groups in the borough.
Budget and Policy Framework	This decision does not represent a change to the budget and policy framework.
Key Decision	This is a Key Decision as the recommendations and change in the partnership arrangements with the NHS will have a significant effect on the local communities in relation to the planning, commissioning and provision of health and care services in the future.
Urgent Decision	Non Urgent Decision
Council Plan	This delivers on key objectives relating to the council plan priority of supporting the economic growth by keeping the borough Healthy and Supporting the most vulnerable in the borough by: <ul style="list-style-type: none"> • Providing care and support when needed • Working with people to build on their strengths to maximise their potential • Working with partners
Efficiency	These recommendations will contribute to efficiency of the authority through streamlining processes and working more closely with other partners to reduce the burden on officer time, making planning and delivery of health and care services more efficient contributing to better value for money and more effective services. These recommendations will contribute to the allocation of NHS resources into the borough as well as providing a forum to bid and lobby for deployment or allocation of NHS resources through the Integrated Care Board in future.

Impact on Looked After Children and Care Leavers	No
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MAIN REPORT

Information and Analysis

13. Darlington Borough Council has a strong track record in integrating health and care services over many years. The Council and partners have:
 - (a) Integrated Adult Care and NHS Community Services and formed stronger working relationships with primary care
 - (b) Sustained integrated teams in Hospital Discharge and Rapid Response
 - (c) Revised our partnership structures in April 2021 in anticipation of changes in the Health and Care Act 2022

14. In February 2022, the Government published the Integration White Paper which set out its ambitions for future joint working between health and care. In summary, the White Paper:
 - (a) Recognised the joint challenges facing health and care in increasing and more complex demand, resources, prevention, and workforce
 - (b) Acknowledged the work done so far by the health and care sectors and the commitment to do more learning from the experience of Covid-19
 - (c) Set out its ambition to 'level up health outcomes' and put 'much greater emphasis on prevention'
 - (d) Defined successful integration as 'the planning, commissioning, and delivery of co-ordinated, joined up seamless services to support people to live healthy, independent, and dignified lives and which improves outcomes for the population. Everyone should receive the right care, in the right place at the right time'

15. The White Paper has some specific proposals, such as:
 - (a) A shared outcomes framework for health and care in Darlington
 - (b) A designated person with responsibility to deliver the shared outcomes framework
 - (c) Changes to nationally determined regulations about workforce, digital and data, financial pooling, and assurance mechanisms with underpin integration
 - (d) Proposals to strengthen the health and care services in place that feel familiar to the people living in them, while strategic planning
 - (e) Is carried out in the North East and North Cumbria level 'places will be the engine for delivery and reform'

16. The White Paper offers 'places' 5 options which have been developed with the Local Government Association. These include:
 - (a) A Consultative Forum led by the ICB with an advisory role on changes to health and care
 - (b) The delegation of decisions to an 'individual executive' or other staff by the statutory bodies in a 'place'
 - (c) A committee of a statutory body. This could be the ICB or Council acting alone or together
 - (d) A Joint Committee of health and care partners with delegated defined decision-making functions which are consistent with the Constitutions of the statutory bodies
 - (e) A lead provider, such as an NHS Trust, managing resources on behalf of partners under a contract with the ICB and/or the Council for a defined set of services
17. On 4 July 2022, wide range of partners met as part of a 'Re-set Event' to consider options for place-based governance in Darlington. A summary of the 'Re-set Event' is attached at Appendix 2. Participants in the Reset Event considered which of the options would:
 - (a) Help us to deliver our ambitions for integrated care in Darlington
 - (b) Build on the strengths of our current partnerships
 - (c) Support the wider aims of the Health & Wellbeing Board to reduce health inequalities
 - (d) Is the most effective way to address our shared demand, complexity, workforce, finance, and assurance challenges
 - (e) Involve all partners including the voluntary sector and HealthWatch
18. The participants in the 'Reset Event' concluded that the preferred option is a Joint Committee. This option meets the criteria set out above. Unlike the other options, it includes all partners and gives the maximum potential to integrate health and care.
19. In May 2022, the Chief Executive of the ICB suggested that the ICB would co-produce a Joint Committee with the local authorities. This would include arrangements for:
 - (a) Leadership, accountability, and finance
 - (b) Shared planning and managing delivery against an outcome's framework
 - (c) Shared risk identification and management
 - (d) Common systems to use data and maximise the impact of digital innovation on health and care
 - (e) Clear accountability to partners especially statutory partners

- (f) Financial frameworks and incentives
 - (g) Oversight of and support for the quality of services
 - (h) The inclusion of a wide range of services such as Adult Social Care, Children and Young People's Services, Public Health, Commissioning and Supported Housing
20. On 24 June 2022 ICB staff met with partners from local authorities, the voluntary sector, NHS Trusts, and patient groups to discuss each of the options. This meeting helped clarify the possible role, governance, membership and functions of a Joint Committee and the importance of the Health & Wellbeing Board.

Possible Governance

21. A Joint Committee would enable collective decisions to be made within its scope of delegated authority on behalf of several organisations such as the ICB and the Council. The Joint Committee would bring about multi-agency decision making and delegation of resources to address the health and care needs of residents more effectively.
22. A Joint Committee would have a direct line of reporting and assurance to the ICB, the Health & Wellbeing Board and Cabinet. It would require agreement by all partners but especially the statutory bodies of the ICB and the Council to levels of delegated authority. It would be expected that levels of delegated authority, governance and operating principles would be set out in a formally agreed Memorandum of Understanding

Possible Membership

23. As a minimum it is expected that the membership of a Joint Committee would include:
- (a) A chair jointly appointed by Joint Committee members
 - (b) Senior ICB officers
 - (c) Senior Local Authority officers covering services such as Adult Care, Children and Young People's Services and Public Health
 - (d) Clinical leaders from Primary, Community and Secondary care
 - (e) Senior officers from NHS Trusts
 - (f) The voluntary sector
 - (g) Patients and service users
 - (h) HealthWatch

Possible Functions

24. A Joint Committee could:

- (a) Develop and agree a plan to meet the healthcare needs of the local population. This would build on our current Health & Wellbeing Strategy and Commissioning and Delivery Plan.
- (b) Plan and commission services (to include developing business cases and procurement strategies) in line with the ICB and Council's schemes of delegation and delegated financial limits
- (c) Commission local primary care services (excluding nationally negotiated GP contracts)
- (d) Develop local clinical leadership including clinical pathway redesign and helping to shape the commissioning of acute services
- (e) Build on existing strong relationships with communities and the wider local system including HealthWatch, the voluntary sector and other local public services
- (f) Foster service development and delivery with a focus on neighbourhoods and communities, ensuring local engagement and consultations are undertaken as necessary
- (g) Monitor local service quality and the place-based delivery of key enabling strategies as agreed by the ICB, the Council and partners
- (h) Monitor and deliver target outcomes and outputs set by the Secretary of State, NHS England, NICE, CQC, the Council and partners and providing assurance on progress.

25. In addition, the Joint Committee will work with ICB place teams to:

- (a) Coordinate NHS input into local partnerships to improve public health prevent disease and reduce inequalities
- (b) Fulfil the NHS's statutory advisory role in adults and children's safeguarding
- (c) Jointly commission local integrated community-based services for children and adults including:
 - (i) Care homes and domiciliary care
 - (ii) Continuing health care
 - (iii) Personal health budgets
 - (iv) Community mental health, learning disability and autism
 - (v) Children and young people's services (including transitions, special educational needs, and disabilities, looked after children)
 - (vi) Service integration initiatives and jointly funded work through the Better Care Fund and Section 75 agreements.

Health & Wellbeing Board

26. Throughout the discussions with the ICB the importance of the Health & Wellbeing Board has been emphasised. Boards will have a central role to play in developing plans and strategies but also in monitoring the operation and progress of the Joint Committee. This is in line with the Board's role to promote integrated working.

Financial Implications

27. In Darlington, we currently have shared funding arrangements with Health, for example the Better Care Fund. The Integration White Paper (February 2022) suggests that greater flexibility to pool budgets and share resources could be given to Joint Committees. This will lead to discussions about:
 - (a) How shared budgets will be set, agreed, and monitored. It is likely that the Council's Budget and Policy framework and audit systems will continue to apply to Council funds put into shared budgets
 - (b) How we manage budget pressures, underspends, and overspends.

Scrutiny and Corporate Oversight

28. The work of a Joint Committee would be within the scope of Overview and Scrutiny Committees. It is expected, that as now, the Darlington Overview and Scrutiny Committees would receive reports from a Joint Committee and can scrutinise performance and progress against objectives. In addition Darlington's Overview and Scrutiny Committees would, as now, be able to carry out more detailed examinations leading to service improvements and better outcomes
29. The Joint Committee will have an agreed chair. It is expected that the senior staff who are part of the Joint Committee would report back to their organisations. For the Council this would be via Corporate Management Team. For other senior staff it would include the ICB Executive and NHS Trust Executives.
30. As part of the discussions with health and care partners we will need to identify which duties and responsibilities could be delegated to the Joint Committee. This will require the advice and support of the Councils Legal and Democratic Services Team to ensure consistency with the Council's Constitution.
31. Cabinet may wish to note that guidance from the Government about the 5 options for 'place' based working, finance and resources mentioned in the White Paper has not yet been published but is expected in late summer or early autumn.

Conclusion

32. Darlington has a strong track record in the integration of health and care. The Integration White Paper and Health and Care Act 2022 provides opportunities to build on our success. The option for 'place' based working offered by the White Paper which would appear to deliver our ambitions for integration and our wider aims for health and care is a Joint Committee.

Legal Implications

33. The detailed guidance about 'place' based working is yet to be published. However, the Joint Committee option is likely to have significant Legal implications including potential delegation of duties and budgets.

Procurement Advice

34. The Joint Committee option will enable further collaboration on procurement between health and care partners.

Consultation

35. The Reset Event involved a wide range of partners in discussions about place-based governance. In developing the Joint Committee, we would consult with partners and people who use services.

Equalities considerations

36. People who use health and care services have protected characteristics and these will be considered as part of the co-production of the Joint Committee.