Southend-on-Sea City Council

Agenda Item No.

12

Report of Executive Director (Adults and Communities)
To

Cabinet

On

1st July 2022

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Integrated Care Partnership

People Scrutiny Committee
Cabinet Member: Councillor Kay Mitchell

1. Purpose of Report

1.1 The Health and Care Act 2022 ("the Act") received Royal Assent on 28 April 2022 and has important implications for Southend City Council, Thurrock Council, Essex County Council and Essex NHS organisations. It will see the abolition of GP-led clinical commissioning groups.

1.2 For Southend City Council and our residents, the Act introduces three main reforms:

1.2.1 It changes how the NHS is governed, creating integrated care boards and integrated care partnerships. This will take effect from 1 July 2022.

1.2.2 It introduces a new assurance regime of local authorities and the NHS jointly so that they can look at the performance of adult social care and the NHS jointly in an area. This will be carried out by the Care Quality Commission (CQC). This is expected to start in 2023.

1.2.3 It reforms the approach to charging for adult social care by changing financial eligibility thresholds and by introducing a new cap on eligible social care costs. This is expected to commence from October 2023.

1.3 This report deals specifically with the reforms to NHS structures and the establishment of integrated care systems.

1.4 These legislative changes have progressed through Parliament at a time of wider policy and legislative changes that will impact upon the commissioning and provision of health and care services across Essex, most notably the Government white papers, *Build Back Better: Our Plan for Health and Social Care* (September 2021) and *Health and Social Care Integration: Join-up Care for People, Places, and Populations* (February 2022).

2. Recommendations

2.1 Agree that Southend City Council makes arrangements to become a member of a new statutory joint committee (to be known as an Integrated Care Partnerships, or ICPs) between NHS integrated care boards and Essex County Council and Thurrock Council, the relevant upper tier authorities in the areas affecting Mid and South Essex (covering Basildon, Braintree, Brentwood, Castle Point, Chelmsford, Maldon and Rochford plus the unitary authorities of Southend and Thurrock).

2.2 Approve the terms of reference for the joint committee as appended to this report and delegate authority to the Monitoring Officer, in consultation with the Leader, to agree on behalf of Southend City Council any final amendments to the constitution/terms of reference of the joint committee.

2.3 Agree that the Chief Executive in consultation with the Leader will;

2.3.1 Nominate representative(s) to sit on the new NHS Integrated Care Board and will work with other authorities to agree joint nominations where possible.

2.3.2 Agree and confirm who will be the statutory nominee of Southend City Council on the Integrated Care Partnership.

2.4 Agree that the Southend Health and Wellbeing Board will update and refresh its membership to reflect changes to NHS organisations and structures.

2.5 Agree that the Executive Director for Adult Social Care, in consultation with the relevant portfolio holder, may update, amend, transfer or replace existing section 75 arrangements between the Council and Essex clinical commissioning groups to the new NHS integrated care boards.

3. Background

3.1 The Act establishes new statutory integrated care systems (ICSs), which will have four 4 core purposes:

3.1.1 improve outcomes in population health and healthcare
3.1.2 tackle inequalities in outcomes, experience, and access
3.1.3 enhance productivity and value for money
3.1.4 help the NHS support broader social and economic development

3.2 The Government confirmed that Southend City Council would be a member of one ICP, covering Mid and South Essex including the Essex County Council (ECC) areas of Basildon, Braintree, Brentwood, Castle Point, Chelmsford, Maldon, Rochford, as well as the unitary authorities of Southend and Thurrock.

3.3 ECC are also part of two further ICPs covering (1) Hertfordshire and West Essex (covering Epping Forest, Harlow and Uttlesford and most of Hertfordshire) and (2) Suffolk and North East Essex (covering Colchester and Tendring and most of Suffolk).

3.4 Each integrated care system will include two new bodies:

3.4.1 A new statutory NHS Integrated Care Board (ICB)

3.4.1.1 For Southend residents, ICBs will be responsible for NHS strategic planning, spending, and performance within its area. Each ICB will produce a five-year plan, updated every year, for how NHS services will be delivered to meet local needs. The ICB will have some responsibilities that currently sit with NHS England, such as community pharmacy, optometry, and dental services.

3.4.1.2 Clinical Commissioning Groups (which currently hold many NHS budgets and commission services) will cease to exist on 1 July 2022, with commissioning functions and staff transferring to the ICB.

3.4.1.3 ICBs will be governed by a single board, which must include provision for at least one local authority partner member, to be jointly nominated by the respective upper tier authorities within the relevant area. The ICB chief executive will be the accountable officer for the NHS money allocated to the NHS ICS body.

3.4.1.4 ICBs are further encouraged to delegate decision-making down to 'place' – typically a geography covering 250-500k populations.

3.4.1.5 NHS ICBs will be statutory organisations that bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnerships across the ICS. They will replace clinical commissioning groups and also take on some responsibilities from NHS England.

Each ICB must set out its governance and leadership arrangements in a constitution formally approved by NHS England and NHS Improvement.

The planned membership of the ICB is set out here:

Mid and South Essex
Chair, Prof Michael Thorne
Chief Executive, Anthony McKeever
2 x NHS and Foundation Trusts
1 x Primary Medical Services
1 x Essex County Council
1 x Southend on Sea City Council
1 x Thurrock Council
3 x non-executive members

1 x Director of Resources
1 x Chief Nurse
1 x Medical Director
1 x Chief People Officer

3.4.2 A new statutory Integrated Care Partnership (ICP)

3.4.2.1 Integrated Care Partnerships (ICPs) will be a new joint committee between the NHS integrated care board and the upper tier authorities in its area.

3.4.2.2 ICPs will be responsible for bringing together a wider set of partners to promote partnership arrangements.

3.4.2.3 The key statutory function of an ICP is to develop a new statutory document called 'an integrated care strategy'. The role of the strategy is to set out how the assessed needs of its area are to be met by the ICB, NHS England and the local authorities. In particular, the use of joint working is to be considered. The assessed needs are those assessed in the JSNA which is prepared by the Director of Public Health and approved by health and well-being boards.

3.4.2.4 The Government has said that it will publish further guidance in July 2022 on who ICPs should consult with as they produce their integrated care strategies, but the law requires them to consult with healthwatch and involve the public who live or work in the ICP's area.

3.4.2.5 The government originally stated that ICPs must produce their integrated care strategy by March 2023. Recent guidance advises ICPs to publish an interim integrated care strategy by December 2022 to influence the first 5-year forward plans for healthcare that ICBs are required to publish before April 2023.

3.4.2.6 Other than the minimum of one member appointed by each LA and one by the ICB, the ICP is free to determine its own membership. National guidance suggests that alongside local government and NHS organisations, ICPs should include representatives of local Voluntary and Community Sector organisations, social care providers, housing providers, independent sector providers, and local Healthwatch organisations.

3.4.2.7 The Chair of the ICP will be Professor Mike Thorne, Chair of the NHS ICB. The Chairs of the Essex, Southend and Thurrock health and wellbeing boards will be vice-chairs.

3.5 The Act does not change the statutory role of health and wellbeing boards, which remain a duty on upper tier authorities under the Health and Social Care Act 2012. The Government has indicated that some updated guidance on health and wellbeing boards and how they relate to ICBs and ICPs will be published in July 2022.

3.6 The duties of local authority Health Overview and Scrutiny committees remain largely unchanged, which will continue to play an important role in considering any major service changes as well as more general scrutiny. Consideration may need to be given as to how joint health overview and scrutiny arrangements may be put in place to effectively scrutinise as a system rather than County/Unitary footprint.

3.7 A separate report will be brought to Cabinet at a later date to outline the implications and requirements of the CQC assurance regime on local authorities and the new social care charging reforms.

4. Other Options

4.1 The Act provides some scope for local discretion, building on existing foundations and tailoring ways of working to best tackle local need and circumstances.

4.2 The Integrated Care Partnership, is a statutory committee, bringing together a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. Together, the ICP will generate an integrated care strategy to improve health and care outcomes and experiences for their populations, for which all partners will be accountable. Further guidance on this is expected from NHS England in July 2022. The Membership including SCC representatives can be found at Appendix A and therein at Appendix 2.

4.3 Therefore, as the ICPs and ICBs are required under the Act, there is no feasible, other option.

5. Reasons for Recommendations

The Council has little choice following the abolition of CCGs but to participate in ICPs and ICBs. Both are public bodies carrying out public functions, meaning that they must have robust decision making processes and therefore need to agree their terms of reference, a draft of which is appended at Appendix A.

6. Corporate Implications

If the service were allowed to fail the Council would need to immediately intervene to protect its service users. The Council no longer employs the staff to undertake this function.

7 Contribution to the Southend 2050 Road Map

7.1 Safe and Well

7.1.1 We protect and improve the quality of life for everyone in our community, including the vulnerable.

7.1.2 Southenders are remaining well enough to enjoy fulfilling lives, throughout their lives.

8 Financial Implications

8.1 There is no material impact on the Council's budget through the recommendations in this report alone. The wider reforms through the Act including the CQC assurance regime and changes to social care charging will have significant financial impact and associated risks but are outside the scope of this report. These will be detailed in a separate report to Cabinet.

8.2 The technical changes to the Better Care Fund will mean that there is no immediate impact other than to update formal governance and legal agreements in the transition to ICBs. The forthcoming policy framework effective from the 2023/24 financial year is expected to widen opportunities to make best use of the BCF pooled fund. This may increase financial risk to the authority and if there are may require a further report to Cabinet.

8.3 The new approach to integration at place level set out in the Integration White Paper comes with the expectation of (though not mandating) further aligning and pooling of budgets between local authorities and health. While again this will not have an immediate impact, the policy direction should be noted as a potential for further opportunities around best use of system resources, as well as associated risks to the Council that would need to be evaluated. Once this policy has been worked through with the associated financial implications and risks to the Council this may necessitate a further report to Cabinet.

9 Legal Implications

9.1 The Council has no choice but to participate in ICPs and ICBs. Both are public bodies carrying out public functions, meaning that they must have robust decision making processes.

9.2 Any local decision making arrangements must ensure that it is clear how disagreements are resolved and basic issues such as who decides what items are included on the agenda, how people are notified about meetings, and how any deadlock is resolved. The draft documents from Mid and South Essex do not include this in any significant detail. A late change to the Act means that it is the ICP, not the sponsor organisations who decide the rules of procedure. These will need further work.

10 People Implications

No Southend City Council staff will be directly affected by the implementation of the recommendations in this report

11 Property Implications

None.

12 Consultation

No consultation is required for this decision

13 Equalities and Diversity Implications

13.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:

(a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by statute which makes discrimination etc. on the grounds of a protected characteristic unlawful.
(b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
(c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.

13.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. Statute states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).

13.3 This Council understands from ECC that equality impact assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic.

14 Value for Money

There are no associated value for money issues at this stage

15 Environmental Impact

There are no immediate environmental issues to consider

16 Background Papers

- Integration and Innovation: working together to improve health and social care for all (February 2021)
- Build Back Better: Our Plan for Health and Social Care (September 2021)
- Health and Social Care Integration: join up care for people, places and populations (White Paper February 2022) plus Essex County Council response (April 2022)
  Health and Care Act 2022

17 Appendices

A. Integrated Care Partnership Terms of Reference Draft v2