#### COUNCIL CABINET 12 October 2022



Report sponsor: Strategic Director of People Services Report authors: Assistant Director of Public Health and Head of Democracy

# Establishment of the Derby and Derbyshire Integrated Care Partnership

**ITEM 8** 

### Purpose

- 1.1 The Health and Care Act 2022 details the creation of Integrated Care Systems that places several statutory requirements on the NHS and local government to promote improved partnership working. Integrated Care Systems are intended to deliver against four aims:
  - Improving outcomes in population health and healthcare
  - Tackling inequalities in outcomes, experience and access
  - Enhancing productivity and value for money
  - Helping the NHS contribute to social and economic development.
- 1.2 Integrated Care Systems are made up of two formal governance structures:
  - Integrated Care Boards (ICBs) bring the NHS together locally to improve population health and care. ICBs have inherited the commissioning functions of Clinical Commissioning Groups (CCGs).
  - Integrated Care Partnerships (ICPs) are 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.
- 1.3 This report asks Council Cabinet to approve the establishment of a joint committee, to be known as an Integrated Care Partnership for Derby and Derbyshire. Appended to the report are draft terms of reference developed in conjunction with Derbyshire County Council for the joint committee.

#### Recommendations

- 2.1 To note the development of the Derby and Derbyshire Integrated Care System as part of national NHS reforms set out in the Health and Care Act 2022.
- 2.2 To agree the establishment of the ICP as a Joint Committee of Derby City Council, Derbyshire County Council and NHS Derby and Derbyshire Integrated Care Board.
- 2.3 To approve the terms of reference for the ICP and to agree member and officer representation from Derby City Council as detailed at Appendix 1.
- 2.4 To agree that the ICP will be hosted by Derby City Council and to note that the ICP will inherit the procedure rules of the host authority, unless specified otherwise within the agreed terms of reference.

- 2.5 To note that the ICP will be subject to the health scrutiny arrangements of Derby City and Derbyshire County Councils.
- 2.6 To note that Council approved revised terms of reference for the Health and Wellbeing Board on 21 September 2022, to reflect its role within the Derby and Derbyshire Integrated Care System.
- 2.7 Subject to the agreement of recommendations 2.1 to 2.6, to request that the Director of Legal, Procurement and Democratic Services make consequential amendments to the Council Constitution under existing delegated powers.

#### Reasons

- 3.1 To ensure the Council meets its duty under the Health and Care Act 2022 to establish the joint arrangements necessary to formally establish the local ICP.
- 3.2 To establish robust governance arrangements for the ICP and to ensure relevant partners can fully participate in the work of the joint committee.
- 3.3 Derby City Council has agreed in principle to act as the host authority for the Joint Committee. A financial contribution has been determined, payable by Derbyshire County Council and the ICB, to cover officer time and other overheads likely to be incurred.
- 3.4 In accordance with the Local Government Act 2000, the ICP is to be established as a joint committee of the executive and will discharge executive functions, as detailed within its terms of reference. Therefore, the joint committee will be subject to each constituent council's established scrutiny arrangements.

### **Supporting information**

- 4.1 The Health and Care Act 2022, which received Royal Assent on 28 April 2022, sets out the requirements for every area in England to have an Integrated Care System (ICS) and within this there are statutory requirements that local government and the NHS need to follow. The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007 and the Health and Social Care Act 2012.
- 4.2 The ICS approach supports the implementation of the NHS Long Term Plan, and the aims and objectives outlined in the White Paper 'Integration and Innovation: Working together to improve Health and Social Care for all'.
- 4.3 Derby City Council has a key role in the development of the Derby and Derbyshire ICS. Effective working within an ICS requires much closer collaboration between NHS and local government partners than what has been seen in previous local health arrangements.

- 4.4 The Derby City Council and Derbyshire County Council local authority areas are now co-terminus with the Derby and Derbyshire ICS boundaries. The ICS builds on the relationships and planning which have been developed through Joined Up Care Derbyshire in recent years.
- 4.6 Integrated Care Systems are made up of two formal governance structures: Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs):

### **Integrated Care Boards**

- 4.7 Derby and Derbyshire ICB, which is in effect a new NHS body, brings together organisations to locally improve population health and care. ICBs are responsible for planning and delivering health services and have been created under an <u>Establishment Order</u> which came into effect on 1 July 2022.
- 4.8 The ICB takes on the commissioning functions of the clinical commissioning groups and some of NHS England's commissioning functions in time. The ICB will produce a five-year plan, updated every year, for how NHS services will be delivered to meet local needs.
- 4.9 Each ICB must publish a constitution. An ICB must consist, as a minimum, of a Chair appointed by NHS England with the approval of the Secretary of State, a Chief Executive appointed by the Chair with the approval of NHS England, and at least three other members, as follows:
  - at least one member nominated jointly by NHS trusts and foundation trusts
  - at least one member nominated jointly by primary care services
  - at least one member nominated jointly by the local authorities in the ICB area.
- 4.10 The Chair must ensure that at least one member has knowledge and experience of mental health services.
- 4.11 ICBs have the power to commission health services or facilities that improve the physical or mental health of people for whom they have responsibility and for the prevention, diagnosis and treatment of illness.
- 4.12 ICBs have a duty to arrange for the provision of health services or facilities to the extent it considers necessary to meet the reasonable requirements of people for whom it has responsibility. The services they must provide include:
  - Hospital services, such as medical services, and other health services including nursing and ambulance services; services for pregnant women and young people; services for the prevention of illness; palliative care services; the care of people suffering from illness and their after care; and services required for the diagnosis and treatment of illness.
  - Primary care services, including primary medical, dental services, ophthalmic services and pharmaceutical services.

- 4.13 Before the start of each financial year, each ICB and their partner NHS trusts and foundation trusts must publish a five-year joint forward plan, setting out how they propose to exercise their functions, including proposals for health services, and action on the ICB's general duties and financial duties. Plans must describe any steps taken to implement relevant joint local health and wellbeing strategies, to address the needs of children and young people under 25, and to address the needs of victims of abuse, whether adult or children. The ICB and its partner trusts must have regard to the plan.
- 4.14 The ICB and its partner trusts must consult people for whom the ICB has core responsibility and any others as appropriate and must involve each relevant Health and Wellbeing Board (HWB) in preparing or revising the plan. Each HWB must be given a draft of the plan, or any revised plan, and be consulted on whether it takes proper account of each joint local health and wellbeing strategy. HWBs must respond with their views on this. HWBs may give their views to NHS England, informing the ICB and partners if they do so.
- 4.15 A copy of published plans must be given to the system's ICP, each relevant HWB and NHS England. Published plans must include a summary of views from consultation and how these were taken into account, and the final opinions of each relevant HWB. A HWB may give NHS England its opinion on whether a published plan takes proper account of each joint local health and wellbeing strategy and if it does so, must give the ICB and its partners a copy of this opinion.
- 4.16 Each ICB must produce and publish an annual report on how it has discharged its functions in the previous financial year.

### **Integrated Care Partnership**

- 4.17 An ICP is a statutory joint committee of the upper-tier local authorities and Integrated Care Board and is prescribed in Section 116ZA of Local Government and Public Involvement in Health Act 2007, as amended.
- 4.18 ICPs have an important role within an ICS to facilitate joint action to improve health and care outcomes and experiences across the population. The ICP is a partnership body who, alongside the core membership, can invite other members. The legislation and associated guidance states that an ICP may determine its own procedure rules and therefore there is local discretion across Derby and Derbyshire partners as to what local arrangements need to be established. The terms of reference are attached as Appendix 1 and outline the proposed membership and arrangements.
- 4.19 It is proposed that to support the practical functioning of the committee procedure rules from Derby City Council will be followed and they will act as the host authority for the committee supporting the administration and coordination of the meetings.
- 4.20 The ICP will meet six times a year at approximately eight-week intervals for up to three hours, unless agreed otherwise by the chair.

- 4.21 The main statutory function of an ICP is to develop an Integrated Care Strategy to address the health, social care and public health needs of the local area. The first iteration of the strategy must be produced by December 2022. The ICB and local authorities will have due regard to that plan when making decisions and it will be reviewed by Derby Health and Wellbeing Board and informed by the Joint Strategic Needs Assessment. The strategy will consider how NHS bodies and local authorities could work together using section 75 of the NHS Act 2006 and the strategy may also state how service provision could be closely integrated.
- 4.22 The ICP has been meeting in shadow form since February 2022, pending formalisation of its governance arrangements by the constituent authorities and the ICB.

### Membership of the ICP from Derby City Council

- 4.23 As a statutory joint committee, the ICP is required to have a minimum membership. The ICP must consist of one member appointed by the ICB, one member appointed by each of the responsible local authorities who have social care and public health functions, and any other members appointed by the ICP.
- 4.24 The draft terms of reference require the following appointments to the Integrated Care Partnership from the constituent Councils:
  - Chair of the Derby and Derbyshire Health and Wellbeing Boards
  - Executive members with responsibility for Public Health
  - Executive members with responsibility for Adult Social Care
  - Executive members with responsibility for Children's Social Care
  - Statutory Officers who fulfil the role of Director of Adult Social Services
  - Statutory Officers who fulfil the role of Director of Children's Services
  - Statutory Officers who fulfil the role of Director of Public Health

In the case of Derby City Council at present this is:

- The Leader of the Council, who is also Chair of the Derby Health and Wellbeing Board
- Cabinet Member for Adults, Health and Housing
- Cabinet Member for Children and Young People
- Strategic Director of People Services
- Director of Public Health
- 4.25 It is proposed that the Chair of the Derby Health and Wellbeing Board and the Chair of the Derbyshire Health and Wellbeing Board rotate Chairing responsibilities for the ICP. Each Health and Wellbeing Board Chair will chair the ICP for three meetings. The Chair of the ICB will act as vice chair.
- 4.26 At this stage of the ICP development it is proposed that no specific functions are delegated from the Executive to the ICP. Further Cabinet approval will be sought in the future should these arrangements be required to facilitate the development of a more integrated approach to care and support across the NHS and local government.

## Role of the Health and Wellbeing Board and Overview & Scrutiny arrangements

- 4.27 Derby Health and Wellbeing Board will continue to be a committee of the local authority providing a forum where political, clinical, professional and community leaders from across the care and health system come together to improve the health and wellbeing of the local population and reduce health inequalities. Along with partners, the HWB will continue to lead action to improve people's lives at place level and remains responsible for promoting greater integration and partnership between the NHS, public health and local government.
- 4.28 The Health and Wellbeing Board will also continue to be responsible for:
  - Assessing the health and wellbeing needs of the area and publishing a joint strategic needs assessment (JSNA)
  - Publishing a Joint Local Health and Wellbeing Strategy (JLHWS) that:
    - sets out the priorities for improving the health and wellbeing of its local population, and how the assessed needs will be addressed including addressing health inequalities
    - reflects the evidence of the JSNA.
- 4.29 The role and function of the Adults and Health Scrutiny Committee remains unchanged. The committee will continue to undertake scrutiny functions of local health decisions via engagement with the ICB and other partners as appropriate.
- 4.30 As a joint committee of the executive of Derby City and Derbyshire County Councils, the ICP will discharge executive functions and therefore is subject to the health scrutiny arrangements of the constituent authorities. The decisions of the ICP are also subject to the call-in criteria of each council.
- 4.31 The potential for the relevant Derby and Derbyshire scrutiny committees to hold joint sessions to consider key issues affecting both areas is being explored, although it is not considered necessary to constitute a joint scrutiny committee solely for this purpose.

### Public/stakeholder engagement

5.1 Trilateral engagement was undertaken by Department of Health and Social Care, NHS England and Local Government Association following the publication of 'ICP engagement document: integrated care system (ICS) implementation' in September 2021.

#### Other options

- 6.1 The establishment of the ICP is a legal requirement as described in the Health and Care Act 2022. Therefore, there are limited alternative options, but Cabinet could consider the following:
- 6.2 To establish a joint committee with revised membership different to that described in the terms of reference to deliver the statutory functions of the Integrated Care Partnership.

6.3 To establish a joint committee with different locally defined rules to reflect local priorities and governance. The ICP has been meeting in shadow format since February 2022 and has had Cabinet Member and senior officer engagement throughout this period and workstreams have sought to develop and define the proposed arrangements with a range of stakeholders.

### Financial and value for money issues

- 7.1 The ICP will not take decisions related to financial matters. These decisions will be taken by constituent member organisation and their decision-making structures.
- 7.2 Derby City Council will host the ICP. It has been agreed in principle that Derbyshire County Council and Derby and Derbyshire Integrated Care Board will each provide a financial contribution to cover a third of the running costs associated with the administration of this committee. The amount will be agreed annually between the parties based on the number of scheduled meetings.

### Legal implications

- 8.1 The establishment of the ICP is a statutory requirement of the Health and Care Act 2022.
- 8.2 Each ICB and each 'responsible' local authority in the ICB (local authorities whose area coincides with or falls either jointly or partially within the board's area) must establish a joint committee of the ICB an Integrated Care Partnership (ICP).
- 8.3 ICPs must include one member appointed by the ICB, one member appointed by each of the responsible local authorities and any members appointed by the ICP. An ICP may determine its own procedure, including its quorum.
- 8.4 Each ICP must produce an integrated care strategy setting out how the assessed needs of its area are to be met by its ICB, NHSE and its local authorities
- 8.5 Article 11 of the Council Constitution pertains to the establishment of Joint Arrangements by either the Council or the Council Cabinet.

#### **Climate implications**

9.1 None directly arising.

### Other significant implications

- 10.1 Nationally an <u>impact assessment</u> has been prepared for the change in legislation and is provided in the background papers section. A local Equalities Impact Assessment will be drafted for the Integrated Care Strategy.
- 10.2 The ICS and respective bodies will enable the council to work in partnership with the NHS to help develop interventions and services which contribute to the following Council Plan outcomes, under the theme of a Resilient City:

- Reduced inequalities, with healthier and wealthier residents
- Empowered, strong and independent communities
- A safe city, where those that need support can access services at the right time for them
- 10.3 Working with local NHS partners and other partner agencies within the ICS will support decisions that consider value for money as joint working may enable efficiencies to be identified within the health and social care system.

#### This report has been approved by the following people:

Role	Name	Date of sign-off
Legal		
Finance		
Service Director(s)		
Report sponsor		
Other(s)	Robyn Dewis, Director of Public Health	21/09/2022
Background papers:	Health and Care Act 2022	
	B1770-integrated-care-boards-establishment-order-2022.pdf	
	<u>(england.nhs.uk)</u>	
	Derby and Derbyshire Integrated Care Board Constitution	
	Health and wellbeing boards: draft guidance for engagement	
	Health and Care Act 2022 Core Measures Impact Assessment	
	(publishing.service.gov.uk)	
List of appendices:	Annandix 1 - Integrated Care Partnership Ter	ms of Reference
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