UNION BOARD

Agenda Item: 6

Date of Meeting: November 2020

Subject: Humber Coast and Vale Sustainability and Transformation Partnership Update

Presented by: Helen Kenyon, Chief Operating Officer

Status of Report (auto check relevant box):

For Information ☐

For Discussion ☒

Report Exempt from Public Disclosure ☐ No ☐ Yes

Executive Summary:

The Purpose of this paper is to provide the Union Board with an update on the continued development of the Humber Coast and Vale Integrated Care System (ICS), and the sub structures that are being formed to support the overall operation and delivery of services to the population.

This paper focus's predominantly on the development of the Humber Geographical Partnership, the establishment of strategic commissioning arrangements and at the NEL place level the development of an Integrated Care Partnership.

ICS overview

The ICS was established in April 2020, with 2 geographical partnerships, Humber and North Yorkshire and York identified as part of its infrastructure to improve outcomes and support linkages to the dispersed communities that sit across the ICSs footprint.

Three Provider Collaboratives have been established across the ICS footprint, namely, MH, Acute, Community, with a view to them sharing learning, having more autonomy and taking on more responsibility (including commissioner budgets) for delivery of specialist / at scale services

The ICS is looking to have all the system architecture in place by the 1st April 2021, so that it can commence operating in shadow form.

Humber Geographical Partnership

The Humber geographical partnership consists of the:

- 4 Local authorities
- 4 CCGs
- 3 mental health providers
- 2 community providers
- 2 acute trusts

- 2 Ambulance providers
- 18 PCNs

There are 4 Key elements to ICS and Humber Geographical partnership

1. Strategic commissioning - to provide system-wide service planning across the Humber footprint, develop of an understanding of needs and requirements at a population level, setting the outcomes to be achieved, monitoring system performance, and ensuring best value for the taxpayer and ensure that providers are facilitated to work together to deliver clinically led change at every level
2. Provider collaboratives - that will support delivery of specialist services, high cost low volume services, and where there are capacity constraints that would otherwise lead to service sustainability issues and shared learning and innovation and clinical engagement
3. Place based collaboratives - where the providers & commissioners (LA & Health) come together to deliver services to the local population, respond to local pressures, and agree how services should be transformed to best meet the needs of the population, mobilising local community leadership capacity and clinical leadership across pathways and making best use of local assets as part of that response
4. PCNs – who through integrated teams will deliver services at a 30-50 popn / neighbourhood level, able to adapt and respond quickly to the changing needs of the populations they serve. PCNs will need support to ensure that they are able to effectively contribute as part of the place based collaboratives and ensure that clinically led service change is delivered across pathways

<u>Overview of Progress to date</u>

The 4 CCGs have been working together for some time on the development of strategic commissioning and to provide a consistent approach to those services that require a population of approx. one million to be viable and sustainable.

A Strategic Commissioning Board has been established and is currently operating in shadow form. Over the coming months the CCGs will need to consider what responsibilities they will delegate to the strategic commissioning Board as it become formally operational with effect from 1st April. To enable the Strategic Commissioning Board to operate effectively it will need a shared leadership team to undertake the day to day work associated with the functions delegated to it by the CCGs.

On a North and North East Lincolnshire basis the CCGs and Mental health providers (adults and children's) have established a mental health form, to support collaborative working in order to, support service resilience; develop services to fill gaps in provision, for example the establishment of the 24/7 all age Mental health help line, which the 3 providers plus the voluntary sector are all supporting; and effectively input into the ICS Mental health provider collaborative, without everyone needing to be present at every meeting. This model is working well and could be used as a basis for other collaboratives with either North Lincs or all of the Humber places where relevant.

At a place level the providers and the union leadership have started work to progress the development of a place based Integrated Care Partnership (ICP), through which the main health and care providers will come together to ensure that the collective health and care resource available to them is shaped around the identified needs and priorities of our population.

A sub group of the Health and Executive has been established to undertake the detailed work to develop the ICP.

In order to hold a delegated budget the ICP will need have a formal legal standing, such as a formal partnership agreement, so that the union can formally delegate responsibility to the ICP to deliver Health and care services to the population on its behalf. It will need to have a formal management structure through which the work of the partnership will be delivered.

Rather than having a representative from every organisation having to attend the various Humber and ICS meetings the ICP will identify the most appropriate people to represent the place at the meetings and report back to the place on any developments and actions required. This approach will release management and clinical time to focus on delivering the key priorities for place, whilst assuring the NELs voice is heard at the Humber and ICS levels.

The ICP will also create a stronger mechanism through which the health and care providers can engage and contribute to broader priorities of the place board, such as skills and learning, strong economy, as well as Health and Wellbeing.

Work is taking place with the PCNs to support their development and enable them to be both active participants in the ICP arrangements, but also to deliver effective integrated services to their registered population.
The PCNS have indicated that they want to be involved in shaping effective service delivery for place and therefore as part of the development of the ICP we will need to ensure that it is set up in a way that enables them to do that effectively, and without creating an unnecessary burden pulls the GPs away from their clinical commitments.

Over the coming months as the work on all 4 areas of the future system architecture develops regular updates will be provided to the Union Board.

Contribution to the Union's Priorities:

The Union has committed to supporting the integration of health and care services which lead to improvements in the services provided to its population. Through the establishment of the arrangements outlined in the paper it is expected that this will lead to improvements in service provision, improve resilience and sustainability, reduce duplication, therefore improved use of resources.

Recommendations:

The Union Board is asked to:

1. note the work taking place to develop the place, Humber and ICS system architecture.
2. support the further development and formal establishment of the Strategic Commissioning Board with a shared leadership structure to undertake the strategic commissioning functions delegated to it from the 4 CCGs, noting that any items for delegation would require formal agreement by the CCG / Union and have not been determined at this time
3. support the development of partnerships/collaboratives to support the effective delivery of services to meet the needs of our population

Reasons for Decision:

Collaboration is required to deliver joined up services for the population as many patient pathways currently cross different organisations. By enabling & requiring providers and the commissioners to work more collaboratively the experience for the individual should improve as gaps and duplication are identified and removed

Risks and Opportunities:

There is a risk that if the place and Humber cannot clearly articulate how they will effectively work together, then a top down arrangement may be imposed onto them from the NHS, thus jeopardising the years of partnership working between the health and the Council in North East Lincolnshire.

The union and the Health and Care Executive providers are currently at the forefront of thinking around how these collaborative and partnerships will need to operate in the future and therefore are in a strong position to shape and influence the broader system development.

Finance Implications:

There are no financial implications directly attributable to this report, however as the work on the development of the system progresses there will be a need for the Union to determine what budgets it would delegate to either the Humber or ICP arrangements being established.

Legal Implications:

There are currently no legal or legislation issues associated with this report, however we understand that there will be some legislation in the new year that may impact on some or all elements of the paper. The Union leadership will continue to work with others to try and ensure that the work undertaken is in accordance with the expected legislative requirements

Quality Implications:

Whilst there are no quality implications arising directly from this report, it is expected that the changes outlined once implemented should lead to an improvement in the quality of services and the experience of service users.

Engagement Implications:

So far there has been some engagement with the local Health and Care Executive providers, the PCN clinical leads and with the Humber Geographical Partnership Executive lead who are broadly supportive of the direction of travel. As the work on detail in the paper continues further commissioner and provider engagement will take place.

Environmental and Climate Change Implications:

There are no direct environmental or climate change implications from this paper, however through greater collaboration and use of technology it should be expected that over time this should reduce the number of patients journeys that are required to health and care facilities, which would have a positive impact on the environment and climate change.

Other Options Considered:

The Union could continue with the existing arrangements in place with local providers for a period of time, however this would not create the benefits anticipated from the above changes

Supporting Papers:

None