ACH/20/123
Cabinet/ Committee
11 March 2020

THE NHS LONG TERM PLAN AND INTEGRATED CARE SYSTEMS

Report of the Chief Executive Officer

1. Recommendations

1.1 To consider and approve the proposal for the Integrated Care System (ICS) Board and agree to its establishment in "shadow" form in March 2020 (Annexe A)

1.2 To consider, approve and agree to sign the Memorandum of Understanding to secure "system" working. (Annexe B)

1.3 To consider and approve the system assurance framework as the means of ensuring effective governance of the ICS (Annexe C)

2. Background: The NHS Long Term Plan

2.1 The NHS Long-Term Plan (LTP) has set many priorities nationally including clinical services, learning disabilities, digital, workforce and care closer to home. It also signalled a fundamental shift towards integrated care and place-based systems, with an increasing focus on population health.

2.2 Integrated care happens when NHS organisations, Local Authorities and other key partners work together to meet the needs of their local population. The most ambitious forms of integrated care aim to improve population health by tackling the causes of illness and the wider determinants of health.

2.3 The NHS LTP requires all organisations in each health and care system to join forces, so they are better able to improve the health of their populations and offer well-coordinated efficient and sustainable services to those who need them. To make this happen there is an ambition that every part of the country should be an ICS by 2021.

2.4 Over the last 12 months each Sustainable Transformation Partnership has been producing their own LTP. In Devon, the County Council's Health and Adult Care Scrutiny Committee has been engaged in the development of the Devon LTP, including a Standing Overview Group session on the 24 February that focussed on the emerging governance and architecture proposals of a Devon ICS set out in Annexes A, B and C.

2.5 All local government organisations (Devon, Plymouth and Torbay) plus all NHS organisations are being asked to consider these documents and respond to the proposals made so that the Devon ICS may operate in shadow form from April 2020.

2.6 The Devon Health and Wellbeing Board (HWB) is a forum for key leaders from the health, public health and care systems to work together to improve the health and wellbeing of the population and reduce health inequalities. Board members collaborate to understand communities' needs, agree priorities and encourage commissioners to work in a more joined up way.

2.7 The Board has a duty to encourage integrated working for the purpose of advancing the health and wellbeing of the people in its area, it will have a key role in the Devon ICS alongside the HWBs in Plymouth and Torbay and they have all been engaged in the development of the Devon LTP alongside and collectively with Scrutiny colleagues.

3. Future Governance Arrangements

3.1 Devon County Council is to be part of the Devon ICS and like all sovereign organisations is asked to support the proposed arrangements with a shadow ICS board in operation from April 2020.

3.2 An ICS is not a legal entity, it is a "partnership" of the key statutory agencies bound through a Memorandum of Understanding that work with other key partners in a collaborative manner. Each sovereign organisation maintains their own statutory accountabilities. Governance and any devolved decision-making powers are developed through the partnership.

3.3 There is not a national blueprint for ICSs, Devon is developing its own model and the attached papers set out the proposals that build on many years of collaboration between sovereign organisations. This remains the statutory position as we continue to work together to build and deliver the future of health and care across Devon.

3.4 There are three documents attached to this report that set out the detail behind the recommendations for Cabinet consideration. In considering the position and coming to a decision, Cabinet may wish to consider the following statements in the following paragraphs of the Memorandum of Understanding (Annexe B). Annexe D provides a supporting glossary of terms to inform members of the technical meaning behind some language in these decisions.

3.5 Paragraph 1.7 of the MOU (Annexe B): *'Local government's regulatory and statutory arrangements are separate from those of the NHS. Councils are subject to the mutual accountability arrangements for the partnership. However, because of the separate regulatory regime certain aspects of these arrangements will not apply. Most significantly, Councils would not be subject a single NHS financial control total and its associated arrangements for managing financial risk. However, through this Memorandum, Councils agree to align planning, investment and performance improvement with NHS partners where it makes sense to do so. In addition, democratically elected councillors will continue to hold the partner organisations accountable through their formal Scrutiny powers.'*

3.6 Paragraph 2.6 of the MOU (Annexe B): *'Nothing in this Memorandum is intended to, or shall be deemed to, establish any partnership or joint venture between the Partners to the Memorandum, constitute a Partner as the agent of another, nor authorise any of the Partners to make or enter into any commitments for or on behalf of another Partner'*

3.7 Paragraph 3.1 of the MOU (Annexe B)*: 'The Partnership does not replace or override the authority of the Partners' Boards and governing bodies. Each of them remains sovereign and Councils remain directly accountable to their electorates.'*

3.8 Financial sustainability is central to building a system for the future. In that respect a set of financial principles have been agreed which will apply to NHS organisations as described in paragraph 5.3:

Paragraph 5.3: '*We will collectively manage our NHS resources so that all Partner organisations will work individually and in collaboration with others to deliver the changes required to deliver financial sustainability.'*

Cabinet should note that local authorities are not within the NHS resources definition and that resource issues with DCC continue to be governed in the same way as now. Our statutory duty to cooperate remains and will be a key feature of the ICS.

4. Summary

4.1 DCC has been involved in partnership working for many years; for more than a decade health and care teams have been collocated across Devon providing integrated care.

4.2 Together we have a number of joint strategic commissioning strategies, long standing partnership agreement and arrangements whereby some duties (but not responsibilities) are delivered in and through partnerships.

4.3 There are a number of joint posts across both NHS and DCC commissioning and operations, and NHS and DCC commissioners are now located together at County Hall to further improve system collaboration.

4.4 Our work has also been increasingly focussed on the wider determinants of health, inequalities and population health management. The nationally mandated approach set out in the NHS LTP will further support this work and the approach to shaping health and care services that we are already seeing in places like Okehampton, Holsworthy and Budleigh.

Legal Considerations

The lawful implications/consequences of the proposals/recommendations/proposed course of action have been considered and taken into account in the preparation of this report/formulation of the recommendations set out above

Carbon Impact Considerations

The Devon CCG has recently made a declaration of a Climate Emergency and that the NHS in Devon is represented on the Devon Climate Emergency Response Group.

All other considerations have been taken into account in producing this paper.

Phil Norrey, Chief Executive Officer

[**Electoral Divisions**: All]

Leader of the Council: Councillor John Hart

Cabinet Member for Adult Social Care and Health Services: Andrew Leadbetter

Chief Executive Officer: Phil Norrey

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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