



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

CABINET

Thursday, 13 October 2022

Report of the Executive Director - Adult Social Care and Health

Establishment of ICP Joint Committee and nominations
(Cabinet Member for Health and Communities)

1. Divisions Affected

1.1 County-wide

2. Key Decision

2.1 This is a Key Decision because it is likely to be significant in terms of its effect on communities living or working in an area comprising two or more electoral areas in the County.

3. Purpose

3.1 This report informs Cabinet of the establishment of the Integrated Care System for Derby and Derbyshire and seeks approval for the establishment of a joint committee, known as an Integrated Care Partnership. Cabinet is also asked to agree Terms of Reference for the Integrated Care Partnership and agree the changes to the Derbyshire Health and Wellbeing Board which are required due to the establishment of the Integrated Care System.

4. Information and Analysis

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 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 Derbyshire County Council has a key role in the development of the Derby and Derbyshire Integrated Care System (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 and Derbyshire ICS now also includes services and planning for the population of Glossopdale as the ICS is now operating on the same boundary in the north of the county as the local authority. Derby City Council local authority area and Derbyshire County Council local authority area 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.
- 4.5 Nationally, Integrated Care Systems need to deliver against four aims, and these are:
 - a) Improve outcomes in population health and healthcare
 - b) Tackle inequalities in outcomes, experience and access
 - c) Enhance productivity and value for money
 - d) Help the NHS contribute to social and economic development
- 4.6 Integrated Care Systems are made up of two formal governance structures – a statutory Integrated Care Board (ICB) and an Integrated Care Partnership (ICP).
- 4.7 **Derby and Derbyshire Integrated Care Board**

Derby and Derbyshire ICB, which is in effect a new NHS body, brings together organisations to locally improve population health and care. ICB's are responsible for planning and delivering health services and have been established under an Establishment Order which came into effect on 1 July 2022.
- 4.8 The Integrated Care Board will take 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 others:
- at least one nominated jointly by NHS trusts and foundation trusts
 - at least one nominated jointly by primary care services
 - at least one 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.
- 4.11 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.
- 4.12 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.

- 4.13 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.
- 4.14 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.
- 4.15 Each ICB must produce and publish an annual report on how it has discharged its functions in the previous financial year.

4.16 Integrated Care Partnership

An Integrated Care Partnership is a statutory joint committee of the local upper tier local authorities and Integrated Care Board and is prescribed in Section 116ZA of Local Government and Public Involvement in Health Act 2007.

- 4.17 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 Integrated Care Partnership 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 2 and outline the proposed membership and arrangements.
- 4.18 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
- 4.19 The ICP will meet six times a year at approximately eight-week intervals for up to three hours, unless agreed otherwise by the chair.

4.20 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 the Derbyshire 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.

4.21 Members of the ICP from Derbyshire County Council

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.

4.22 Cabinet is asked to agree the following representatives from the County Council are members of the Integrated Care Partnership:

- Chair of the Derbyshire of Health and Wellbeing Board
- Executive member with responsibility for Public Health
- Executive member with responsibility Adult Social Care
- Executive member with responsibility Children's Social Care
- Statutory Officer who fulfils the role of Director of Adult Social Services
- Statutory Officer who fulfils the role of Director of Children's Services
- Statutory Officer who fulfils the role of Director of Public Health

In the case of Derbyshire County Council at present this is:

- Cabinet Member for Health and Communities, who is also Chair of the Derbyshire Health and Wellbeing Board
- Cabinet Member for Adult Social Care and Health
- Cabinet Member for Children's Services and Safeguarding
- Executive Director of Adult Social Care and Health
- Executive Director of Children's Services
- Director of Public Health

4.23 It is proposed that the Chair of the Derbyshire Health and Wellbeing Board and the Chair of the Derby 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.

4.24 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.

4.25 **Role of Health and Wellbeing Boards alongside the Integrated Care System**

The Derbyshire Health and Wellbeing Board (HWB) role remains alongside the new legislation and NHS arrangements. In Derbyshire it has been agreed via a process of engagement and involvement with HWB members that the Board will:

- Have joint accountability with the ICP for the delivery of agreed shared population health and health inequalities outcomes.
- Lead on driving preventative action and on the wider determinants contributing most to the health and wellbeing of the populations of Derby and Derbyshire.
- Support action that will facilitate improved health and care provision.
- Mobilise HWB member organisations and local partnerships to operationalise and support delivery.

4.27 For Derbyshire this has resulted in a specific agreement for the HWB to focus on primary and secondary preventative actions, linked to the wider determinants of health, within the joint local health and wellbeing strategy. The membership has also been strengthened, recognising the important roles that district and borough councils can bring to this agenda via a partnership approach.

4.26 As such the HWB Terms of Reference have been amended and updated and are attached as Appendix 3. A summary of the changes is described below:

- The vision, objectives and non-statutory functions of the Board have been updated to reflect HWB development session outcomes which has agreed the Board will focus on activity linked to primary prevention, health inequalities and the wider determinants of health.
- The statutory functions of the Board have been revised to include the requirements to review the annual report of the ICB, the ICB plan and performance statement
- The membership of the Board has been revised to include representatives from the ICB replacing representatives from the clinical commissioning group.
- The membership of the Board has been widened to include representatives from all district and borough councils, rather than there just being two nominated representatives. This reflects the

important contribution that district and borough leadership have in prevention and wider determinants of health.

- Health and Wellbeing Board members can no longer send substitutes to meetings if they are unable to attend. This will enable a core group of officers to work collaboratively to develop the role of the Board and the joint local health and wellbeing strategy.
- Re-worded section regarding support arrangements and operational arrangements to ensure more details are provided about how the work of the Board is supported.

4.27 Role of Health Scrutiny Committee

Health Scrutiny Committee have received updates on the development of the Integrated Care System for Derby and Derbyshire and this committee will continue to undertake scrutiny functions of local health decisions via engagement with ICS and other partners. Derby City has an Adults and Health Scrutiny Committee and options to explore how Derby and Derbyshire scrutiny committees can hold sessions together to consider key issues will be explored.

5 Alternative Options Considered

- 5.1 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:
- 5.2 Alternative Option 1 - Establishing 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.
- 5.3 Alternative Option 2 – Establishing 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.

6 Implications

- 6.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

7 Background Papers

- 7.1 [Health and Wellbeing Board Terms of Reference – draft for consultation](#)
- 7.2 [NHS Long Term Plan](#)

- 7.3 [Health and Care Act 2022](#)
- 7.4 [B1770-integrated-care-boards-establishment-order-2022.pdf \(england.nhs.uk\)](#)
- 7.5 [Derbyshire Integrated Care System](#)
- 7.6 [Derby and Derbyshire Integrated Care Board Constitution](#)
- 7.7 [Health and wellbeing boards: draft guidance for engagement - GOV.UK \(www.gov.uk\)](#)
- 7.8 [Health and Care Act 2022 Core Measures Impact Assessment \(publishing.service.gov.uk\)](#)

8 Appendices

- 8.1 Appendix 1 – Implications
- 8.2 Appendix 2 – Terms of Reference for Derby and Derbyshire Integrated Care Partnership
- 8.3 Appendix 3 - Terms of Reference for Derbyshire Health and Wellbeing Board

9 Recommendations

That Cabinet:

- a) Notes 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.
- b) Agrees the establishment of the Integrated Care Partnership as a Joint Committee of Derbyshire County Council, Derby City Council and NHS Derby and Derbyshire Integrated Care System.
- c) Approves terms of reference for Integrated Care Partnership attached as Appendix 2, which also includes details of which officers and elected members will participate in the meeting from Derbyshire County Council.
- d) Agrees that the ICP will be hosted by Derby City Council and the committee will utilise the procedure rules of this authority.
- e) Notes that existing health scrutiny arrangements will remain in place.
- f) Agrees the revised terms of reference for the Health and Wellbeing Board, attached as Appendix 3, subject to approval at Health and Wellbeing Board on 6 October 2022.
- g) Agrees that the Director of Legal and Democratic Services utilising delegated powers will update and amend the council constitution to include the terms of reference for the Integrated Care Partnership and revised terms of reference for the Health and Wellbeing Board.

10 Reasons for Recommendation(s)

- 10.1 To enable Integrated Care Partnership partners to establish the Joint Committee with robust governance arrangements in place and secure the Council's involvement and participation in this statutory body.
- 10.2 To agree the Integrated Care Partnership Terms of Reference.
- 10.3 To ensure the Council has appropriate lead elected member and senior officer representation on the Integrated Care Partnership.
- 10.4 To note scrutiny arrangements for the Integrated Care Partnership.
- 10.5 To note the revised terms of reference for the Health and Wellbeing Board which will be reported to Full Council, subject to approval at Health and Wellbeing Board on 6 October 2022.
- 10.6 Agrees that the Director of Legal and Democratic Services can, under existing delegated powers update the council constitution as necessary to reflect the establishment of the ICP and revision to the HWB terms of reference.

11 Is it necessary to waive the call in period?

No

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Strategic Intent

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Implications

Financial

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

Legal

- 2.1 The establishment of the ICP is a statutory requirement of the Health and Care Act 2022.
- 2.2 Each ICB and each 'responsible' local authority in the ICB (local authorities whose area coincides with or falls jointly or partly within the board's area) must establish a joint committee of the ICB – an integrated care partnership.
- 2.3 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 quorum.
- 2.4 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

Human Resources

- 3.1 There are no human resource implications for Derbyshire County Council as a result of the establishment of the Integrated Care Partnership. Any projects or programmes of work developed by the ICP will be subject to separate decision making processes via Cabinet or Cabinet Member as required.

Equalities Impact

- 5.1 Nationally an impact assessment 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.

Corporate objectives and priorities for change

- 6.1 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 objectives:
- Resilient, healthy and safe communities
 - High performing, value for money and resident focused services
 - Effective early help for individuals and communities
- 6.2 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.