

## Integrated Care Board

<b>Date of meeting</b>	5 July 2023
<b>Title of paper</b>	The Place Integration Deal
<b>Presented by</b>	Kevin Lavery, Chief Executive Claire Richardson, Director of Health and Care Integration (Blackburn with Darwen)
<b>Author</b>	Dr Victoria Ellarby, Programme Director – System Reform Claire Richardson, Director of Health and Care Integration (Blackburn with Darwen)
<b>Agenda item</b>	9
<b>Confidential</b>	No

### Executive summary

This paper sets out a vision for our four Lancashire and South Cumbria places and puts forward a Place Integration Deal (Appendix A) describing the way places will operate as part of the Integrated Care Board (ICB).

The report outlines the key content of the Place Integration Deal:

- **Why** the Place Integration Deal is key to meeting national and local expectations and ambitions, and in delivering our vision
- **What** will be planned and delivered in places
- **How** the Place Integration Deal could be implemented through a phased approach

It sets out how the Place Integration Deal will enable delivery of improved experiences and outcomes for our residents through moving resources and decision-making closer to our communities, and by greater involvement of our communities in decision-making.

Implementation of the Place Integration Deal is likely to be a 2-to-3-year journey for our places and key partners. A phased approach to implementation of the Place Integration Deal, and the high-level risks and mitigations associated with this programme of work are outlined for the Board.

Once agreed, this Deal will pave the way for further innovations in integrated working with local government and wider partners in place, which will be critical to ensuring our residents have healthy communities, high quality services and a health and care service that works for them.

### Recommendations

The Board is requested to:

1. Note the content of the report.

<ol style="list-style-type: none"> <li>2. Approve the proposed Place Integration Deal including the direction of travel, the scope in relation to the ICB and early priorities for delivery in places</li> <li>3. Note that the next steps following Board approval will be to develop a phased approach to implementation of the Place Integration Deal.</li> <li>4. Note the associated risks and mitigations.</li> <li>5. Receive a further report on progress on delivery of place priorities and implementation of the Deal in September 2023.</li> </ol>				
<b>Which Strategic Objective/s does the report contribute to</b>				<b>Tick</b>
1	Improve quality, including safety, clinical outcomes, and patient experience			✓
2	To equalise opportunities and clinical outcomes across the area			✓
3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees			✓
4	Meet financial targets and deliver improved productivity			✓
5	Meet national and locally determined performance standards and targets			✓
6	To develop and implement ambitious, deliverable strategies			✓
<b>Implications</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Associated risks	✓			<i>High level risks identified with associated mitigations</i>
Are associated risks detailed on the ICB Risk Register?	✓			<i>Risk ICB-016 – a key mitigation for this risk is the implementation of the Place Integration Deal</i>
Financial Implications	✓			<i>Initial financial implications identified. Further work to determine impact will be undertaken during 2023/4</i>
<b>Where paper has been discussed (list other committees/forums that have discussed this paper)</b>				
<b>Meeting</b>	<b>Date</b>		<b>Outcomes</b>	
Current place-based partnership forums	April – June 2023		Feedback used to support iterations of Place Integration Deal	
ICB Executive Team	23 May 2023 06 June 2023		Supported direction of travel	
ICB/Local Authority CEOs	12 June 2023		Supported direction of travel and priorities	
ICB Board Development session	21 June 2023		Provided feedback. Supported direction of travel and priorities	
<b>Conflicts of interest associated with this report</b>				
Not applicable				
<b>Impact assessments</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Quality impact assessment completed		✓		

Equality impact assessment completed		✓		
Data privacy impact assessment completed		✓		

<b>Report authorised by:</b>	Kevin Lavery, Chief Executive
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# Integrated Care Board – 5 July 2023

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## The Place Integration Deal

### 1. Introduction

- 1.1. Delivering improvements in health and wellbeing and putting our population's needs at the heart of everything we do requires the Integrated Care Board (ICB) to organise and deliver care at the most appropriate level and closest to the residents we serve. Our four places are at the heart of this and will be a key driving force in ensuring our residents have healthy communities, high quality services, and a health and care service that works for them.
- 1.2. This paper sets out a vision for our places and puts forward a Place Integration Deal (Appendix A) describing the way places will operate as part of the ICB. Once agreed, this Deal will pave the way for further innovations in integrated working with local government and wider partners in place.
- 1.3. Implementation of the Place Integration Deal is likely to be a 2-to-3year development journey for our places, our partners, and our system. It is our intention to move forward with a common ambition, a clear direction of travel and, most importantly, a clear articulation of the impact on improving experience and outcomes for our residents.

### 2. Our vision for places as part of the integrated care system

- 2.1 It is our ambition in Lancashire and South Cumbria to have a world class, all age, community centric, integrated care system which has our four places at its heart, driving the transformation and changes that we need to see to improve health and care outcomes and experiences for our population.
- 2.2 Our aims are:
  - **A much stronger focus on prevention**, transforming health and care services from being reactive to proactive, and designing new and improved prevention strategies.
  - **A step change in community-based services**, with much greater integration of planning and provision between the NHS and local councils.
  - **Delivering world class care** for priority diseases, conditions, population groups and communities.
  - **Getting better value from our collective resources** – money, people, buildings and digital assets.

- **Using data and intelligence to focus on local needs**, making better use of what is available across different organisations to inform planning and delivery
- **Strengthening of places and neighbourhoods** to ensure decision-making happens closer to and with local people, moving resources and changing the way organisations invest in, provide and manage services.

2.3 These aims will be delivered more effectively through the implementation of the Place Integration Deal, where resources from the ICB and other partners over time are embedded further into our neighbourhoods and places. In the future, delegated decision making will support further aligning and/or pooling of resources with local authorities, ensuring a targeted approach to local need and making better use of our collective resources.

2.4 Our places will continue to deliver against a number of common priorities during the remainder of 2023/24:

- Population health – addressing inequalities
- Primary care – development of Integrated Neighbourhood Teams (INTs) and transformation
- Scope of the Better Care Fund (BCF) and Section 75/256 agreements regarding pooling of resources
- Community services – transaction and transformation
- Continuing Health Care

These workstreams reflect the Transforming Community Services element of the ICB recovery and transformation plan, encompassing community services, integrated neighbourhood teams and enhanced care at home, ensuring a strong interface remains across the ICB and each place.

2.5 This clear set of common priorities will ensure our ICB ambitions are better targeted to meet the needs of local populations, to be more effective in improving outcomes and reducing inequalities.

2.6 The Directors of Health and Care Integration (DshCI) hold responsibilities as convenors of partners in places around agreement and delivery of shared priorities. Empowering them further, through a clear set of delegations, will ensure agile and responsive decision making for the ICB.

### 3. The Place Integration Deal

3.1 The Place Integration Deal sets out the way in which places will operate as part of the integrated care system, specifically in relation to the ICB. It describes:

- **Why** the Place Integration Deal is key to meeting national and local expectations and ambitions, and in delivering our vision
- **What** will be planned and delivered in places

- **How** the Place Integration Deal could be implemented, through a phased approach

### **Why the Place Integration Deal is key to meeting national and local expectations and ambitions, and in delivering our vision**

- 3.2 Many recent national publications set out expectations and ambitions regarding the role of places. Our own vision, local expectations and ambitions as an ICB and wider system are fully aligned with these. The Place Integration Deal embodies these ambitions. It will enable deeper integration of all age health and care; improvement of experiences, outcomes, and population health; and reduce inequalities, by ensuring that decision making and spend on public services is as close to people and communities as possible.

### **What will be planned and delivered in places**

- 3.3 Key to the Place Integration Deal is the principle that the majority of planning and delivery will happen in our places, with most day-to-day care for individuals and families being delivered in neighbourhoods. The document sets out the way in which places will operate as part of the integrated care system, specifically in relation to the NHS via the ICB, and also outlines which NHS functions / services will be planned and delivered at place.
- 3.4 These services range from health creation, through to community-based crisis intervention, with a strong focus on those services providing on-going support to allow individuals to remain at home.
- 3.5 Phasing for the transition to place-based planning and delivery will be structured to ensure those service areas fundamental to the delivery of key operational priorities for our places happen first. Each of the 4 places have agreed a number of integration priorities which will be delivered during 2023-4.

### **What will be the impact of place integration**

- 3.6 Aligned to the scope of place delivery, our key operational priorities and the phased approach to delegations, a set of core metrics will be used to measure successful integration and delivery in places. An example of what the impact of place integration will mean for local people is outlined within the Place Integration Deal and it is proposed that a set of metrics be developed alongside this, that allow all partners, including residents, to gauge the impact of their collaboration and integrated working.
- 3.7 A performance reporting framework will also be implemented to enable places to track local progress, and for the ICB to understand how delivery through the four places is contributing to collective achievement across the ICB as a whole.

### **How the Place Integration Deal will be implemented**

- 3.8 To enable successful implementation of our place-based working, we will need to be clear on what resources (people and funding) are available to support

planning and delivery, and what our governance and decision-making arrangements will be. The Place Integration Deal proposes that a phased approach to the further alignment of people, finances and decision making to our places be developed once the Board has agreed the premise of the Deal.

- 3.9 Leadership throughout implementation will be driven by the DsHCI, working closely with other ICB teams and partners including the Voluntary, Community, Faith and Social Enterprise (VCSFE) Sector and our residents.

*People employed by the ICB working in place*

- 3.10 Initially a core team would be deployed into place which, in the first phase, will lead place development and delivery of operational priorities, population health planning and delivery, and place-based communications and engagement. Wider ICB team members will then be aligned, in line with the agreed scope and phasing plan. Opportunities for greater alignment with people/teams from partner organisations will also be explored during implementation.

*Financial allocations to place*

- 3.11 The financial allocations to places will be defined by the agreed scope of the Place Integration Deal. The following are proposed to be implemented by April 2024, with accountability / responsibility being to the DsHCI in the first instance:

- BCF (already jointly managed with local authorities)
- Population Health

- 3.12 Further work is required to identify budgets that are most appropriate to be managed at place level (or in neighbourhoods) and timeframes for delegation. Detailed work is needed to determine allocation methodologies, with various options for consideration including historic budgets (based on CCG footprints/spend), population size (resident / GP registered), and/or health inequality/deprivation adjusted. Any risks and mitigating actions associated with financial allocations in place will be considered as part of this work.

- 3.13 A key ambition of the Place Integration Deal is to further develop pooled budget arrangements, bringing together spend across the NHS, local authority and wider partners and building on existing Section 75 agreements aligned to the BCF. We will ensure provider involvement in these developments, including the Voluntary, Community, Faith, and Social Enterprise sector, in pathway redesign and system flow in places, aligning incentives where necessary, through our place-based partnership arrangements.

*Effective governance and decision-making arrangements*

- 3.14 Robust and inclusive partnership arrangements at each place will be required to a point where they are capable of holding delegations from the ICB and enacting place-based decision-making. The Place Integration Deal sets out the intention to evolve from having place partnership arrangements that act as a

consultative forum to support the DsHCI to becoming committees holding formal delegations.

- 3.15 Governance arrangements would be developed in a way that allows for differing arrangements in each place, whilst ensuring decisions are taken across places or a system level where it makes sense to do so. Over time, decision-making would be increasingly focused on local population need and create greater transparency and accountability to the public through involvement, engagement, and co-production.
- 3.16 Further work is required to determine how the transition to place-based arrangements will be enacted through governance and decision-making arrangements in the ICB, and what amendments will need to take place to the existing Scheme of Reservation and Delegation. A task and finish group, led by the ICB Director of Corporate Governance has been established to lead this work.

#### **4. Key risks and mitigations**

- 4.1 The ICB Corporate Risk Register contains the following risk:

**ICB-016:** There is a risk that places will not develop with sufficient speed and/or with sufficient resources allocated from the ICB directorates because the operating model for the ICB is not yet clear, and therefore the delegations to places/ responsibilities of places are not yet defined, nor the resources to match these. This will result in Places being unable to deliver on the needs of the population as set out in the Integrated Care Partnerships (ICP) Integrated Care Strategy, the ICB's Joint Forward Plan and their own locally defined priorities.

Development and implementation of the Place Integration Deal is a key mitigating action to minimise both the consequence and likelihood of this risk.

- 4.2 Related to the above, a number of areas of risk have been identified in the course of engaging on the Place Integration Deal, these can be categorised as risks for people (staff and residents), financial risks and potential risks around variation in provision. The phased approach to implementation, as outlined within this report, allows for specific risks to be captured relevant to each theme and mitigations agreed through implementation planning. The Board will be sighted on these risk and mitigations development of Place Integration plans.
- 4.3 Feedback during engagement has also identified that the Place Integration Deal will benefit from an aligned programme of organisational development to support the transition to place-based ways of working and mitigate risks for our staff. This will be beneficial for the evolving place-based teams as they become more established and take on greater responsibilities for delivery and local decision-making, and senior leaders across key organisations who will be shaping the future of deeper integration, pooled use of resources and joint decision-making.

## **5. Conclusion**

- 5.1 The paper sets out the vision for places as part of the Lancashire and South Cumbria integrated care system and summarises the key content of the Place Integration Deal (provided as Appendix A). It describes how the Place Integration Deal will enable delivery of improved experiences and outcomes for our residents through moving resources and decision-making closer to our communities, and greater involvement of our communities in decision-making. This will enable deeper integration and allow us to achieve better value from our collective resources.

## **6. Recommendations**

- 6.1 The Board is requested to:

1. Note the content of the report.
2. Approve the proposed Place Integration Deal including the direction of travel, the scope in relation to the ICB and the early priorities for delivery in places
3. Note that the next steps following Board approval will be to develop a phased approach to implementation of the Place Integration Deal.
4. Receive a further report on progress on delivery of place priorities and implementation of the Deal in September 2023.

**Dr Victoria Ellarby, Programme Director – System Reform**

**Claire Richardson, Director of Health and Care Integration (Blackburn with Darwen)**

**23<sup>rd</sup> June 2023**