Humber and North Yorkshire
Health and Care Partnership

NHS
Humber and
North Yorkshire
Integrated Care Board (ICB)

NORTH EAST LINCOLNSHIRE COUNCIL
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Humber and North Yorkshire ICB
and
North East Lincolnshire Council

Integrated working moving forward

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North East Lincolnshire's Journey since 2007, Section 75, and where we want to be.

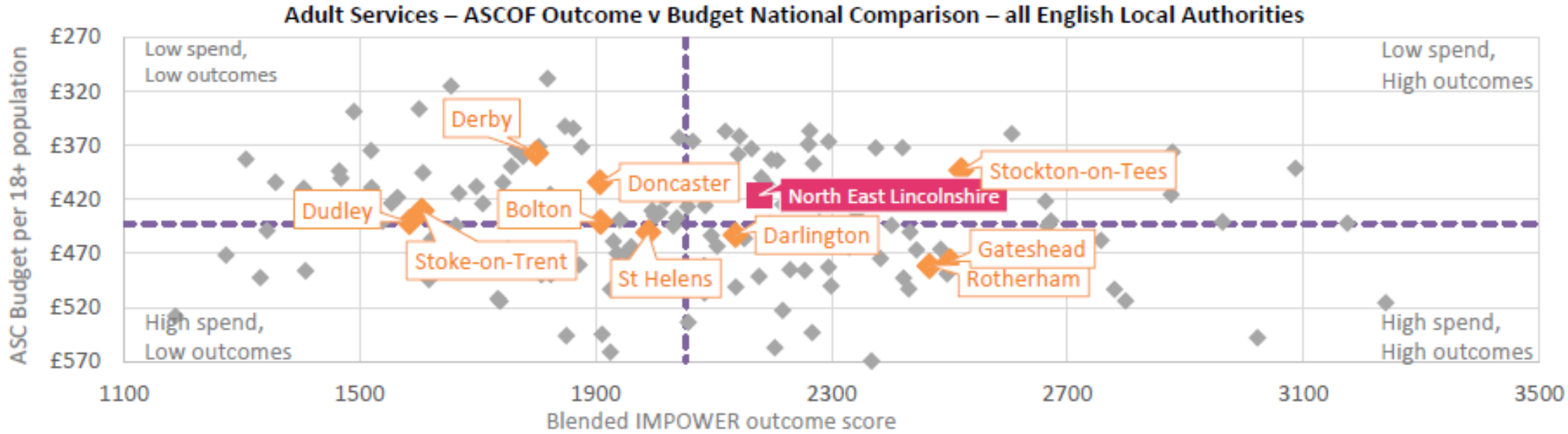
Key Benefits

- Joint decision making, therefore collective sign up at both a senior and operational level and therefore a greater chance of success and speed of implementation
- Collective agreements about who should fund things, the collective resource is used to fund the things that have been agreed need to be done
- Greater transparency that informs joint decision making and best use of collective resources
- Maximise the opportunities across the 2 organisations to access funding / funding flexibilities etc.
- Single contracts for providers who provide Health and social care services in NEL:
  - Benefit for ICB/Council is efficient administration of the contract, shared outcomes, better understand of the services provided to the individual, minimise cost shunting, reduced opportunity for providers to "play" Health and ASC off against each other
  - Benefit to the provider – 1 contract to manage, consistent uplifts applied to support financial planning and management, less handoffs, better strategic planning with the providers collectively – no competing priorities, seen as a positive for staff recruitment
  - Benefit to the Patient – reduced hand off between providers, use of the NHS number to support record sharing across professionals involved in a persons health and care needs.

Examples of some of the finance benefits:

- CHC spend £72.14/head in NEL c.f. £131.14/head average across the ICB (Source 22/23 accounts)
- S117 spend £12.26/head in NEL c.f. £31.04/head average across the ICB (Source 22/23 accounts)
- Social Worker/CCG staff develop sessions (gingerbread men!) – to understand the "costs" from a Health & Care perspective; "finance is all staff's responsibility, not just the finance team"
- HMRC Vat Agreement in place – to mitigate Vat impact of utilisation of Joint Premises
- Estates; Joint utilisation of Buildings (more cost effective), utilisation of council capital funding e.g. step down bedded facility

NEL achieves higher outcomes at a lower cost compared to its statistical neighbours



- **Overall:** When Adult Social Care Outcomes Framework (ASCOF) measures are combined and measured against budget NEL is achieving better outcomes for less budgeted spend that its statistical neighbours
- **High outcomes:** Areas where outcomes are high in comparison include % self directed (clients), % learning disability clients in their own home, % easy to find info (carers)
- **Lower outcomes:** Lower scoring areas include % direct payments (clients), % direct payments (carers), % short term care sequel not long term care
- **Regional comparators:** Four local authorities have a higher outcomes / £ than NEL – N. Lincolnshire, York, Lincolnshire and Bradford

IMPOWER

Data source: 'NHS Digital, Measures from the Adult Social Care Outcomes Framework (ASCOF), England, FY2122' & 'DCLG, Local authority revenue expenditure and financing England: budget individual local authority data, FY2122'

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EDGE WORK

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Who am I and how much do I cost?

Care at home

£198 per week

Older person residential care

£566.44 per week

Bed based reablement

£1,350 per week

hospital admission

£4,200 per week

A and E attendance

£208 per episode average

Unpaid carers, info & Advice

£0 per week

Eleanor

Eleanor is a 29 year old lady. She had recently suffered a number of seizures and had a number of repeat visits to hospital as a result. She was admitted to Cambridge Park in October 2021. Eleanor was diagnosed with functional neurological disorder (FND) and was unable to weight bear on admission to Cambridge Park. Eleanor worked with the therapy team and progressed from a stand aid and support from two care workers to being able to walk 30 metres independently. Eleanor had been living with friends as she was struggling to manage her day-to-day care needs, even with equipment. Her confidence was low.

Eleanor has subsequently been discharged to her own home without further support. Work with partners from the DWP helped to ensure she had access to financial support which was important to her as she was currently unable to fulfil her role as a carer in the community.

Eleanor is hoping to be able to return to her care role soon.

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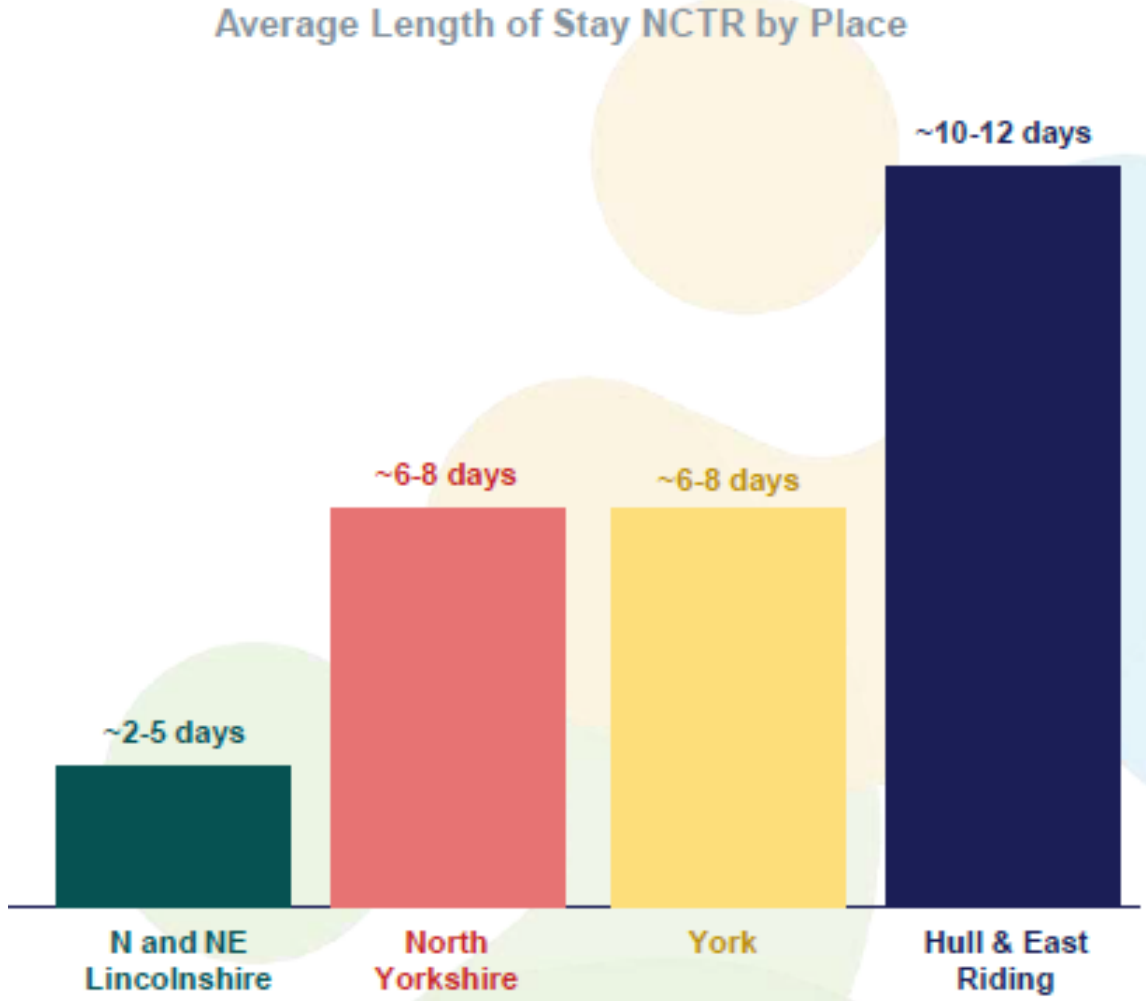
Quality and performance

- Integrated team employed by the ICB, no duplication, 92% providers are on a joint (health and social care) framework
- Contracts for social care and CHC provision are all procured through NHS procurement and all providers have an NHS contract
- One approach to quality, quality improvement and contract management, significant success with supporting providers with quality improvement across health and social care. No inadequate providers with the majority being rated as GOOD by CQC.
- Social care (ASCOF) measures show NEL as performing well against other councils (high outcome and low expenditure) and very well against CIPFA statistical neighbours.

Performance - Discharge



Proposed Principles for delegation to Place/NEL:

- Where a service is jointly funded by the ICB and Council it is delegated to place for management and oversight.
- Where services are solely delivered within a specific place geography
- Where services are delivered by a provider who's footprint is solely or predominantly within one place or
- Where an integrated approach across sector providers is required to achieve effective delivery of a services / pathways, e.g. those services which are currently delivered predominantly within primary and community (inc Mental Health) care settings.

If these principles are applied the value of ICB resource that would be delegated to place would be in the region of £120 to £150K initially, further detailed work required re some areas.

The Value of the Council ASC resource would be circa £50m, with a potential to add more in the future relating to Public Health, and Childrens social care.

Governance and Operating Model

Good place governance is in place and clear line of sight by ICB Place leadership.:

- Place Director & Finance Director & Director of nursing on would be on Joint Committee, and reporting would go to the ICB under existing arrangements.
- Strong Procurement and strategic contract management in place via the Jointly established Health and care contracting group, which includes the above plus Head of Contracts and planning
- Place team structure is made up of staff working across Health and Adult social care – single team serving both areas, ASC staff also in other key directorates for NEL, e.g. Contracting and procurement
- Joint Policies are already in place across Health and ASC which to streamline processes and decision making. These are being sharing to support join working across the ICB

Place providers and Place director & council are still part of the wider ICS working

The Place accountability agreement can be used to ensure that place continues to focus on the key areas of performance delivery etc that must be delivered (the 31 key NHS targets for example)

Both parties operating in good faith on historical working practices, not underpinned by formal agreement which needs to be reestablished.

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Timeline

The ICB and Council have a Task and Finish Group to work through papers/actions/risks and issues as part of due diligence

Date	Description
October 2023	• Exec mtg ICB to outline intentions/scope/benefits (date to be agreed) • 11th Oct ICB Board 'in private' outline the proposal/process and governance • Informal cabinet 18th to outline plans/steps and process
November 2023	• ICB Board 8th 'in public' paper to propose the Joint Committee • Cabinet 16th paper to propose the JC
January 2024	• Shadow arrangements with new members/ways of working within current delegation framework • ICB Audit committee – not sure but Q's re SoRD/ToR etc and delegation
February 2024	• Tuesday 13th Cabinet Formal sign off to move to JC including budget • Wed 14th ICB Formal sign-off to move to Joint Committee from April '24 including budget
April 2024	• Joint Committee established and reporting framework agreed both frequency and were