

## **North Somerset Council Decision**

### **Decision Of: Executive Member for Adult Services, Health and Housing**

**With Advice From: Director of Public Health & Regulatory Services and Assistant Director Legal & Governance**

**Directorate: Public Health & Regulatory Services (and also affecting other directorates)**



### **Decision No: PH029**

**Subject: Integrated Care Systems – Healthier Together Memorandum of Understanding (MoU)**

#### **Key Decision: No**

Reason: The decision has no direct financial implications and does not directly affect two or more wards albeit future decision making and service delivery will affect whole of North Somerset and residents.

#### **Background:**

By April 2022, all Clinical Commissioning Groups (CCG) will be replaced by Integrated Care Systems (ICS). In November 2020, the Bristol, North Somerset, and South Gloucestershire Sustainability Transformation Partnerships (STP), Healthier Together, was designated a 'maturing ICS' which is the penultimate stage of the journey towards becoming an ICS. Healthier Together is currently consulting on the Memorandum of Understanding (MOU) for the BNSSG ICS which sets out transitional arrangements, partnership arrangements, and the shared principles and values that will underpin the BNSSG ICS. The MOU requires all Healthier Together partners to be signatories to the MOU. The working draft MOU is attached as Appendix 1 to this report.

- On 11 February 2021, the Department of Health and Social Care published the white paper *Integration and innovation: working together to improve health and social care for all*, which sets out legislative proposals for a health and care bill. The white paper brought together proposals that build on the recommendations made by NHS England and NHS Improvement on integrating care.
- The white paper proposed the creation of Integrated Care Systems; new partnerships between participating organisations such as clinical commissioning groups, NHS trusts, local authorities, and the voluntary and community sector, that work together to meet health and care needs across an area. They will coordinate services to deliver the NHS Long Term Plan and develop ways to improve population health and reduce inequalities between different groups. ICS will replace CCGs and build on the work of existing STPs.
- It is intended that all parts of England are served by an ICS from April 2021 and that ICSs should become statutory bodies by April 2022. The Health and Care Bill is intended to provide the mechanism for establishing ICSs in law and to remove legal

barriers to integrated care for patients and communities. North Somerset Council has worked with BNSSG Health Partners and Local Authority partners to develop the MOU, to ensure that Local Authorities are well represented, have parity in decision-making over the issues that matter to them, in keeping with their leadership on areas such as social care, population health, and inequalities.

- It should be noted that the arrangements set out in this MOU are transitional, temporary arrangements and will be succeeded by detailed legal arrangements when the Health and Care Bill becomes law and the ICS is fully established. This MOU will not preclude the constitution of the ICS from being amended in the future.
- ICS present an opportunity to strengthen and continue our partnership working to deliver joined-up support that meet people's needs which will enable us to deliver BNSSG shared ambition to tackle health inequalities, help communities thrive and achieve the very best for everyone. ICS also present an opportunity to invest in community health and preventative measures and ensure that the NHS and social care have a sustainable foundation for the long term.

### **Decision:**

To enter into the BNSSG Healthier Together Memorandum of Understanding ("the MOU"): a temporary agreement that sets out transitional arrangements, partnership arrangements, and the shared principles and values underpinning the developing BNSSG Integrated Care System, and

To agree that the Chief Executive agrees the final wording of the MOU in consultation with the Directors of Public Health & Regulatory Services, Adult Services and Children's Services

### **Reasons:**

This decision is required to allow for finalising the Integrated Care System Memorandum of Understanding and then completing it along with partner organisations

### **Options Considered:**

Options for different wording or more formal arrangements were considered but not felt to be appropriate at this point given the transitional period we are still in and the ongoing consideration of the Health and Care Bill which is in the House of Commons committee stage meaning that its final requirements are not yet known.

### **Financial Implications:**

There are no specific financial implications related adoption of the MOU. However, it represents a direction of travel to greater integration between health and social care and increasingly there will be negotiations about jointly funded and integrated programmes, which is an expectation of signing up to the MOU.

### **Costs:**

Costs are limited to officer and member time in considering the draft MOU and work on its development.

### **Funding:**

Costs have been met from existing budget provision

**Legal Powers and Implications:**

As the MOU is not a legally binding document it has no legal force but completion will enable the Council to meet the current obligations contained in the White Paper  
*“Integration and innovation: working together to improve health and social care for all”*

**Climate Change and Environmental Implications:**

There are no direct implications for Climate Change and Environment as a result of signing the MOU. However, the MOU indicates a direction of travel to integrated services, which has the potential to reduce multiple journeys to people who use the services and to reduce waste as a result of closer joint working.

**Consultation:**

The working draft has been considered by officers across directorates and by Corporate Leadership Team as well as by members with plans having been discussed with the Health and Wellbeing Board and the Health Overview and Scrutiny Committee

**Risk Management:**

To delay the signing the MOU could potentially risk BNSSG missing the national deadline, April 2022, for all areas in England to have statutory ICS bodies. It could also create reputational risk for the area.

**Equality Implications:**

None arising directly from this decision

**Corporate Implications:**

As detailed throughout this decision paper

**Appendices:**

Working draft Integrated Care System Healthier Together Memorandum of Understanding

**Background Papers:**

Working draft Integrated Care System Healthier Together Memorandum of Understanding  
Department of Health and Social Care white paper *Integration and innovation: working together to improve health and social care for all*

**Signatories:****Decision Maker(s):**

Signed:

Title: Executive Member for Adult Services, Health & Housing

Date: 6 October 2021

**With Advice From:**



Signed:

Title: Director of Public Health & Regulatory Services

Date: 6 October 2021



Signed:

Title: Assistant Director Legal & Governance

Date: 6 October 2021

**Footnote: Details of changes made and agreed by the decision taker since publication of the proposed (pre-signed) decision notice, if applicable:**