

## PUBLIC MEETING OF NHS LINCOLNSHIRE INTEGRATED CARE BOARD

<b>Agenda Number:</b>	8 (i)
<b>Meeting Date:</b>	30 <sup>th</sup> January 2024
<b>Title of Report:</b>	Briefing on the delegation of Specialised Commissioning and update on the East Midlands ICB Collaborative Arrangements
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<b>Presenter:</b>	Mrs Sandra Williamson, Director for Health Inequalities, Prevention and Regional Collaboration
<b>Appendices:</b>	N/A

To approve <input type="checkbox"/>	For assurance <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	For information <input type="checkbox"/>
Recommendation or particular course of action, e.g approve the strategy, endorse the direction of travel.	Assure the Board/Committee that controls and assurances are in place.	Receive and note implications, may require discussion to help share/develop item.	Note, for intelligence of the Board/Committee without in-depth discussion.

### Recommendations

To note the briefing on the East Midlands ICB Collaborative Arrangements and overview of the approach to Specialised Commissioning.

### Summary

The purpose of this paper is to:

- a) Provide the ICB Board with high level information of the East Midlands Collaborative Arrangements and to;
- b) Provide the ICB Board with overview of the approach to Specialised Commissioning.

#### ***1. Update on East Midlands collaboration***

##### **1.1 Purpose and Principles**

The East Midland ICBs (Derby and Derbyshire, Leicester Leicestershire and Rutland, Lincolnshire, Northamptonshire and Nottingham and Nottinghamshire) have agreed to collaborate in areas that are most effectively undertaken at scale.

A key operating principle for the collaboration is that working at scale should add value to common goals, whilst retaining local ICB population health sensitivity where appropriate. Distributed leadership across all five members is also a key component.

## **1.2 Scope**

The collaborative arrangements cover:

- NHSE delegated commissioning responsibilities to ICBs (pharmacy, optometry, dentistry [PODs])
- Oversight of future NHSE commissioning delegations (including specialised commissioning, vaccinations)
- Other East Midlands wide commissioning policy (eg non-specialised, initially assisted reproduction)
- 111 and ambulance commissioning
- Commissioning Committee governance
- Commissioning Support Units
- Strategic partnerships with East Midlands bodies (including Local Government Association, Association of Directors of Adult Social Services, Cancer Alliance, clinical networks)

## **1.3 Leadership and Governance**

A tiered committee structure has been established as the mechanism for joint decision making (Appendix 1). Tier 1 is an oversight and strategy setting function, with CEO and Chair membership.

Tier 2 undertakes operational commissioning functions and makes most of the commissioning decisions. Although decisions are made jointly, each ICB representative applies local knowledge to the development and approval of decisions. Tier 3 provides subject matter expertise for quality, finance and contracting in support of tier 2 decision making. Tier 3 groups have considerable technical and subject matter expertise.

ICB Boards have delegated POD commissioning decisions to the tiered committee structures, so this function is exercised jointly. ICB Boards can also choose to delegate additional specific decisions to the joint structures. A recent example of this is the outcome of the 111 procurement.

## **1.4 Hosting Arrangements**

Nottingham and Nottinghamshire ICB is the East Midlands host for the POD team and will host the East Midlands Cancer Alliance from April 2024. A hosting agreement is in place and the host responsibilities are:

- Staff transferred to the host (employing) ICB under TUPE arrangements, with shared liability across the five East Midlands ICBs.
- Staff within the hosting arrangements operate on behalf of all five ICBs and commissioning decisions / operations are exercised jointly through the joint governance arrangements.
- The host ICB determines the continuous professional development and provides line management support to the hosted team.

## **1.5 Distributed leadership arrangements**

Each ICB contributes to the work of the East Midlands Collaborative through a number of routes:

- Each CEO has specific lead sponsor responsibilities, meaning that they lead collaborative work in their area and can represent the views of all five ICBs. The CEOs meet monthly, alternately in person and via Teams.

- An executive group has been established, with a nominated executive director for each ICB. This group enables discussion and agreement of preferred approaches and helps to gain alignment. The frequency of meetings depends on the work schedule at that time. Lead executives also attend joint working groups with NHSE, particularly concerning delegations and areas of joint working with NHSE.
- Each ICB contributes some of their leadership capacity to support the collaborative. This may be to support the work of their CEO lead sponsor or it may be to provide expertise into the committee tiers.

The collaborative has considered appointing designated programme support capacity, but this has been put on hold considering the current financial and running cost allowance constraints. This will be reconsidered in future months, now that the new CEO is in place for Leicester, Leicestershire and Rutland ICB.

Lead areas are distributed as follows:

ICB	Lead Area
Derby and Derbyshire	NHS111, Ambulance Services
Leicester, Leicestershire and Rutland	Specialised Commissioning (linking with Birmingham & Solihull ICB as combined East and West hosting organisation).
Lincolnshire	Broader collaboration with Local Authority, Cancer Alliance and Cardiovascular Disease and Respiratory (CVD-R) Clinical Network and Commissioning Policies
Northamptonshire	Collaborative governance and Commissioning Support Unit arrangements.
Nottingham and Nottinghamshire	Primary Pharmacy, Optometry & Primary and Secondary Dental Services (PODs) and vaccinations.

## 1.6 Additional collaborative working

There are some collaborative arrangements across the whole of the Midlands Region. The Midlands Leadership Team meets fortnightly and is chaired by the Regional Director. Members include regional executives and ICB CEOs.

The Midlands Decision Making Network is a membership learning and development collaborative for analyst development and joint analytical programmes.

ICBs are also collaborating at a sub-East Midlands level where this makes sense. For example, Leicester Leicestershire and Rutland ICB formally collaborate with Northampton where this makes sense in terms of shared provider leadership. Nottingham and Nottinghamshire ICB and Derby and Derbyshire ICBs are beginning to collaborate on skills pipelines and workforce planning and meet jointly to consider further opportunities linked to the forthcoming devolution deal.

## 2. Specialised Commissioning

### 2.1 Background

The Health and Social Care Act 2022 enabled NHS England to delegate some of its commissioning to other NHS bodies along with its statutory finances and liability to follow the function that is delegated.

On the 6<sup>th</sup> December the NHS England Board approved plans to delegate 59 specialised acute services to the Midlands, North West and East regions. The remaining regions will continue with Joint Working until delegation in April 2025.

The overarching aim is to better align specialised services with ICBs responsibilities for population health management and integrating care.

## **2.2 Planning arrangements**

Planning arrangements to enable delegation arrangements to be effective in the East Midlands are well advanced. These arrangements are being progressed on a partnership basis between the East Midlands ICBs, West Midlands ICBs and NHS England.

## **2.3 Further Delegation**

Equally the Midlands ICBs and NHSE Midlands are working closely together in terms of further specialised and vaccination services which are currently due to be delegated in 2025.

## **2.4 Finance**

The budget for these services will be transferred to ICBs upon delegation. ICB Directors of Finance and NHS England, through the finance working group are developing mechanisms for financial governance.

## **2.5 Delegation Process**

Delegation agreements will be between individual ICBs and NHS England, who will be required (through clause 8 in the delegation agreement) to form joint working arrangements with other ICBs within a Multi-ICB footprint. This will be supported by formal ICB Collaboration Agreements which will be between the East ICBs and the West ICBs.

The Multi-ICB commissioning footprints for the Midlands are:

- East Midlands (Notts and Nottinghamshire ICB, Derby and Derbyshire ICB, Lincolnshire ICB, Leicester, Leicestershire and Rutland ICB, and Northamptonshire ICB)
- West Midlands (Birmingham & Solihull ICB, the Black Country ICB, Shropshire, Telford and Wrekin ICB, Staffordshire & Stoke-on-Trent ICB, Herefordshire and Worcestershire ICB, Coventry and Warwickshire ICB).

The ICB Board will receive a detailed report and proposal at its March 2024 meeting in relation to confirming the arrangements for the 59 specialised services. The Delegation Agreement will cover matters such as:

- Governance arrangements
- Financial arrangements
- Joint committees
- Information governance and sharing
- Commissioning hub arrangements

The Delegation Agreement and Collaboration Agreement will need to be approved by ICB Boards before the end of March 2024.

<b>How does this paper support the ICB's core aims to:</b>			
Aim 1: Improve outcomes in population health and healthcare.	The key objective of delegation is to join up fragmented pathways to improve outcomes for patients.		
Aim 2: Tackle inequalities in outcomes, experience and access.	Breaking down organisational barriers across pathways of care will help reduce health inequalities.		
Aim 3: Enhance productivity and value for money.	Working at scale will add value to common goals.		
Aim 4: Help the NHS support broader social and economic development.	Adopting a population health approach which is sustainably led and supports inclusive growth.		
<b>Conflicts of Interest</b>			
No conflict identified	<b>Summary of conflicts</b>		
<b>Risk and Assurance</b>			
<p>Specialised commissioning has the potential for significant variation in spend levels due to the high cost of procedures. As with the delegation of POD services, consideration is being given to establishing a financial risk framework which governs the way in which risk is managed.</p> <p>The focus of the risk share is a pooled resources enabling risks to be understand and managed.</p>			
<b>Implications (legal, policy and regulatory requirements)</b>			
Does the report highlight any resource and financial implications?	Yes		
Does the report highlight any quality and patient safety implications?	Not applicable to this paper.		
Does the report highlight any health inequalities implications/	Yes.		
Does the report demonstrate patient and public involvement?	Not applicable to this paper.		
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found <a href="#">here</a> )	Not applicable.		
<b>Inclusion</b>			
Has a Data Protection Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has an equality impact assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has a Quality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<b>Report previously presented at:</b>			
Not applicable.			
<b>Is the report confidential or not?</b>			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			