

Committee(s): Community Environment and Enforcement Committee	Date: 19 September 2022
Subject: Brentwood and Basildon Alliance	Wards Affected: All
Report of: Kim Anderson, Corporate Manager - Communities, Leisure and Health	Public
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Summary

The Health and Care Act (2022) will see the development of 42 Integrated Care Systems (ICSs) across England. These are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. The NHS Mid and South Essex Integrated Care Board cover Brentwood, Basildon, Rochford and Castlepoint. This is split into two separate Alliances Brentwood and Basildon and Rochford and Castlepoint. Each Alliance is made up of several partners (see 5.) which each contribute to the improvement of the lives of the people that live and work in the area. The recommendation of the report is to agree the representation at the of officers and Members at the various levels of the Board and the Alliance. Officers will also look at opportunities for collaborative working across the area, the pooling of budgets to deliver initiatives for the Brentwood and Basildon Alliance and the Brentwood Health and Wellbeing Board.

Recommendation(s)

Members are asked to:

- R1. Agree to delegate authority to the Director of Community and Health in consultation with the Chair of Community, Environment and Enforcement Committee to agree the representation of Officers and Members at various levels for Brentwood and Basildon Alliance.**
- R2. Officers to identify opportunities for collaborative working and pooling of budgets to deliver local initiatives through the Brentwood and Basildon Alliance and Brentwood Health and Wellbeing Board.**

Main Report

Introduction and Background

1. The Integrated Care Systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. Following several years of locally led development, recommendations of NHS England and NHS Improvement and Royal Assent of the Health and Care Act (2022), 42 ICSs will be established across England on a statutory basis on 1 July 2022.
 2. NHS England set out four core purposes of the Integrated Care Systems
 - To improve outcomes in population health and healthcare
 - Tackle inequalities in outcomes, experience and access
 - Enhance productivity and value for money
 - Help the NHS support broader social and economic development
 3. The Integrated Care Board is the NHS Mid and South Essex Integrated Care Board and covers Brentwood, Basildon, Braintree, Castle Point, Chelmsford, Maldon, Rochford, Southend on Sea and Thurrock.
 4. There are wider determinants of health that play a big, or bigger role in people's health. Our environment (10%) which includes housing quality and our built environment. Social economic factors (40%) which include education, healthcare (20%) which includes access to good quality care. Our behaviours (30%) which will includes diet/exercise, smoking, alcohol use and poor sexual health.
 5. The Brentwood and Basildon Alliance is established by the Integrated Care Board to help people in Brentwood and Basildon to live well by improving population health through person centred, holistic and integrated working across the whole system. create opportunities for the benefit of residents, to support health and wellbeing, to bring care closer to home and to improve and transform services by providing oversight and assurance to the ICB. new planned structure of the ICS
1. The vision is helping people in Basildon and Brentwood to live well and improving population health through person-centred, holistic and integrated working across the whole system
 2. The principles are:
 - Person centred (people not patients)
 - Working upstream (prevention)
 - Population focused (not organisation)
 - Building on/strengthening community assets
 - People take responsibility for their health and community
 - Integrating, aligning, coordinating support and services across the system
 - Building a collaborative system beyond the Alliance
 3. The behaviours that the Alliance that will deliver the Vision will be:
 - Work collaboratively with partners and residents

- Learning orientated
- Open-minded
- Outward looking
- Pushing at boundaries, using informal authority to influence
- Honest, including about the pressures we face
- Accountable
- Working with people, not doing to them
- Committed

Issue, Options and Analysis of Options

4. The Integrated Care Board (ICB) will use its resources and powers to demonstrate progress on these aims, collaborating to tackle complex challenges including:
 - Improving the health of children and young people
 - Supporting people to stay well and independent
 - Acting sooner to help those with preventable conditions
 - Supporting those with long-term conditions or mental health issues
 - Caring for those with multiple needs as populations age
 - Getting the best from collective resources so people get care as quickly as possible
5. Brentwood and Basildon Alliance Executive Group is established by the Alliance Committee as part of the functions and decisions structure of the Board of ICB as a Group of the Committee reporting structure. The Groups main purpose is to oversee the Alliance Delivery plan and coordinate the Alliance governance and leadership responsibilities. The Membership will comprise of:
 - Alliance Director (Chair)
 - the Senior Responsible Officer for each of the 6 Live Well domains
 - Alliance Clinical Lead
 - Executive leads for the following organisations if not represented by the Senior Responsible Officer (SROs):
 - Mid and South Essex Integrated Care System
 - Essex Partnership University NHS Trust (EPUT)
 - Essex County Council
 - North East London Foundation Trust (NELFT)
 - Basildon Council
 - Brentwood Council
 - Essex County Council
 - St Luke's Hospice
 - Six Primary Care Networks (Billericay, Brentwood, East Basildon, Central Basildon, west Basildon and Wickford)

- Healthwatch
 - Voluntary Sector
- 6. Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular subject matter.
- 7. The separate Brentwood and Basildon Health and Wellbeing Board's report into the Brentwood and Basildon Alliance Committee and currently also report in the Essex County Council Health and Wellbeing Board which is a statutory board as set out in the Governance structure in Appendix A (slide 14).
- 8. The Structure as set out in Appendix A (Slide 14) also looks at the various delivery groups to work across all age groups which include the following and where there are currently comparatively poor outcomes:
 - **Start Well** - giving children and young people to have the best start in life
 - Dental decay
 - Pupil absence
 - Education qualifications
 - Childhood obesity
 - **Feel Well** – People enjoy mental health and wellbeing
 - Self-harm
 - Depression
 - Suicide
 - Loneliness
 - Mental Health access
 - Integrated Primary and Community Care
 - **Be Well** – People are empowered to make healthy lifestyle choices
 - Physical activity
 - Obesity
 - Smoking
 - Alcohol
 - Chlamydia
 - Community empowerment and development
 - Voluntary Sector to develop support services
 - Asset mapping to support community development and support needs
 - **Stay Well** – People stay supported to stay well and reduce risk of early ill health
 - Cancer screening
 - Diabetes
 - Prevention
 - Long-term conditions such as hypertension and Respiratory
 - SMI and Learning Difficulties
 - Support for Carers

- Wider determinants of health
 - **Age Well** - People live safely and independently as they grow older
 - Integration of health and social care
 - Frailty
 - Risk stratification
 - Social care market resilience
 - Dementia
 - System flow and resilience
 - **Die Well** – Individuals nearing end of life have choices around care
 - Choices register
 - Preferred place of death
9. The Council will have involvement in all of the 'Well' domains, but officers from Brentwood and Basildon Council will take the lead on the Be Well domain.
 10. Members of the Brentwood Health and Wellbeing Board met in July to discuss how the Brentwood Health and Wellbeing Board will fit into the new Brentwood and Basildon Alliance and the presentation (Appendix A is attached).
 11. There will also need to be representation from Officers and Members of Brentwood Council at Brentwood and Basildon Alliance Executive Group.

Reasons for Recommendation

12. Brentwood and Basildon Councils are key partners in the delivery of community-based services for our residents within the Alliance structure. The Council's also play a key part in promoting preventative work such as smoking cessation and the benefits of healthy lifestyle. The Councils also have a role to play when looking at Asset Based Community Development programmes to maximise the use of their facilities to improve and health and wellbeing of its residents and to input into the wider socio-economic determinants of health.

Consultation

13. The development of the new ICS and ICB along with the Alliances has involved a number of sessions with partners to look at the structure and the 'Well' domains which will support our residents. These are aligned with the Live Well workstreams that sit under the Health and Wellbeing Boards. This should minimise the duplication of any works.

References to Corporate Plan

14. The Brentwood and Basildon Alliance will sit under the Developing our Communities strand and supporting our most vulnerable residents.

Implications

Financial Implications

Name/Title: Jacqueline Van Mellaerts, Corporate Director (Finance & Resources)
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There are no direct financial implications in regard to Brentwood and Basildon Alliance apart from officer and member time to attend any relevant meetings.

Legal Implications

Name & Title: Claire Mayhew, Corporate Manager (Democratic Services and Deputy Monitoring Officer)
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The ICB is established by order made by NHS England under powers in the 2006 Act.

The ICB is a statutory body with the general function of arranging for the provision of services for the purposes of the health service in England and is an NHS body for the purposes of the 2006 Act.

The main powers and duties of the ICB to commission certain health services are set out in sections 3 and 3A of the 2006 Act. These provisions are supplemented by other statutory powers and duties that apply to ICBs, as well as by regulations and directions (including, but not limited to, those made under the 2006 Act).

In accordance with section 14Z25(5) of, and paragraph 1 of Schedule 1B to, the 2006 Act the ICB must have a constitution which must comply with the 6 requirements set out in that Schedule. The ICB is required to publish its constitution (section 14Z29). This constitution is published at www.midandsouthessex.ics.nhs.uk

The ICB must act in a way that is consistent with its statutory functions, both powers and duties. Many of these statutory functions are set out in the 2006 Act but there are also other specific pieces of legislation that apply to ICBs. Examples include, but are not limited to, the Equality Act 2010 and the Children Acts. Some of the statutory functions that apply to ICBs take the form of general statutory duties, which the ICB must comply with when exercising its functions. These duties include but are not limited to:

- Having regard to and acting in a way that promotes the NHS Constitution (section 2 of the Health Act 2009 and section 14Z32 of the 2006 Act).
- Exercising its functions effectively, efficiently and economically (section 14Z33 of the 2006 Act).
- Duties in relation children including safeguarding, promoting welfare etc. (including the Children Acts 1989 and 2004, and the Children and Families Act 2014).
- Adult safeguarding and carers (the Care Act 2014).
- Equality, including the public-sector equality duty (under the Equality Act 2010) and the duty as to health inequalities (section 14Z35).
- Information law, (for instance, data protection laws such as the UK General Data Protection Regulation 2016/679 and Data Protection Act 2018 and the Freedom of Information Act 2000).
- Provisions of the Civil Contingencies Act 2004.

The ICB is subject to an annual assessment of its performance by NHS England which is also required to publish a report containing a summary of the results of its assessment.

The performance assessment will assess how well the ICB has discharged its functions during that year and will, in particular, include an assessment of how well it has discharged its duties under:

- Section 14Z34 (improvement in quality of services).
- Section 14Z35 (reducing inequalities).
- Section 14Z38 (obtaining appropriate advice).
- Section 14Z40 (duty in respect of research)
- Section 14Z43 (duty to have regard to effect of decisions).
- Section 14Z44 (public involvement and consultation)
- Sections 223GB to 223N (financial duties).
- Section 116B (1) of the Local Government and Public Involvement in Health Act 2007 (duty to have regard to assessments and strategies).

NHS England has powers to obtain information from the ICB (section 14Z60 of the 2006 Act) and to intervene where it is satisfied that the ICB is failing, or has failed, to discharge any of its functions or that there is a significant risk that it will fail to do so (section 14Z61).

Economic Implications

Name/Title: Phil Drane, Corporate Director (Planning and Economy)

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There are no direct economic implications. However, the wider socio and economic determinants of health need to be considered.

Equality and Diversity Implications

Name/Title: Kim Anderson, Corporate Manager, Communities, Leisure and Health

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The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:

- a. Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful
- b. Advance equality of opportunity between people who share a protected characteristic and those who do not.
- c. Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.

The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual

orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).

The proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic and will provide an access trail for those with limited mobility.

Appendices to this report

Appendix A – Alliance Presentation and Governance

Appendix B – Glossary of terms