


Becoming an ICS

Developing our governance


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Melanie Craig, Chief Officer, the Norfolk and Waveney CCG & Executive Lead, Norfolk and Waveney Health and Care Partnership.

Why we are creating the Norfolk and Waveney Integrated Care System (ICS)

- To improve the health, wellbeing and care of people living and working in Norfolk and Waveney, and to reduce inequalities and unjustified differences in care.
 - To provide the best possible health and care services, integrated around the needs of individuals and families.
 - To get the best value for the Norfolk and Waveney pound.
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Our principles

- We work together with a common purpose - the health and wellbeing of people in Norfolk and Waveney.
 - People are equal partners in their care and will be fully engaged in decision-making.
 - Clinical, professional and front-line staff are at the heart of our ICS and will be fully engaged in leadership and decision-making.
 - We will create a sustainable, integrated system across the NHS, social care, county and district councils, the voluntary and community sector and other partners.
 - We will put prevention first, support people to improve their health and wellbeing and tackle inequalities.
 - We will reduce and wherever possible remove unwarranted variations in quality and access to services.
 - We will build open, trusting and accountable relationships throughout the system.
 - Decisions will be made at the right level, not centralised to one level, and will reflect the different needs and circumstances of different places.
 - We will maximise funding for frontline services, streamlining administrative functions, removing duplication and waste, and freeing up staff time to ensure the best value for the Norfolk and Waveney pound.
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Neighbourhood, Place and System

Neighbourhood- Primary Care Network (PCNs) (population 30-50k)

- Defined by GP practices and their registered lists.
- Strengthen primary care.
- Promote prevention and self-care.
- Be responsive to the characteristics and needs of their local populations – e.g. addressing the needs of a more deprived population than the rest of the footprint.
- Care for their populations through multidisciplinary community teams including VCSE.

Places- (population circa 200k)

- Integrate primary care, acute care, community/mental health and social care services together as well as VCSE.
- Greater district council involvement at this level particularly housing, leisure and community developments.
- Potential for provider-led partnerships.

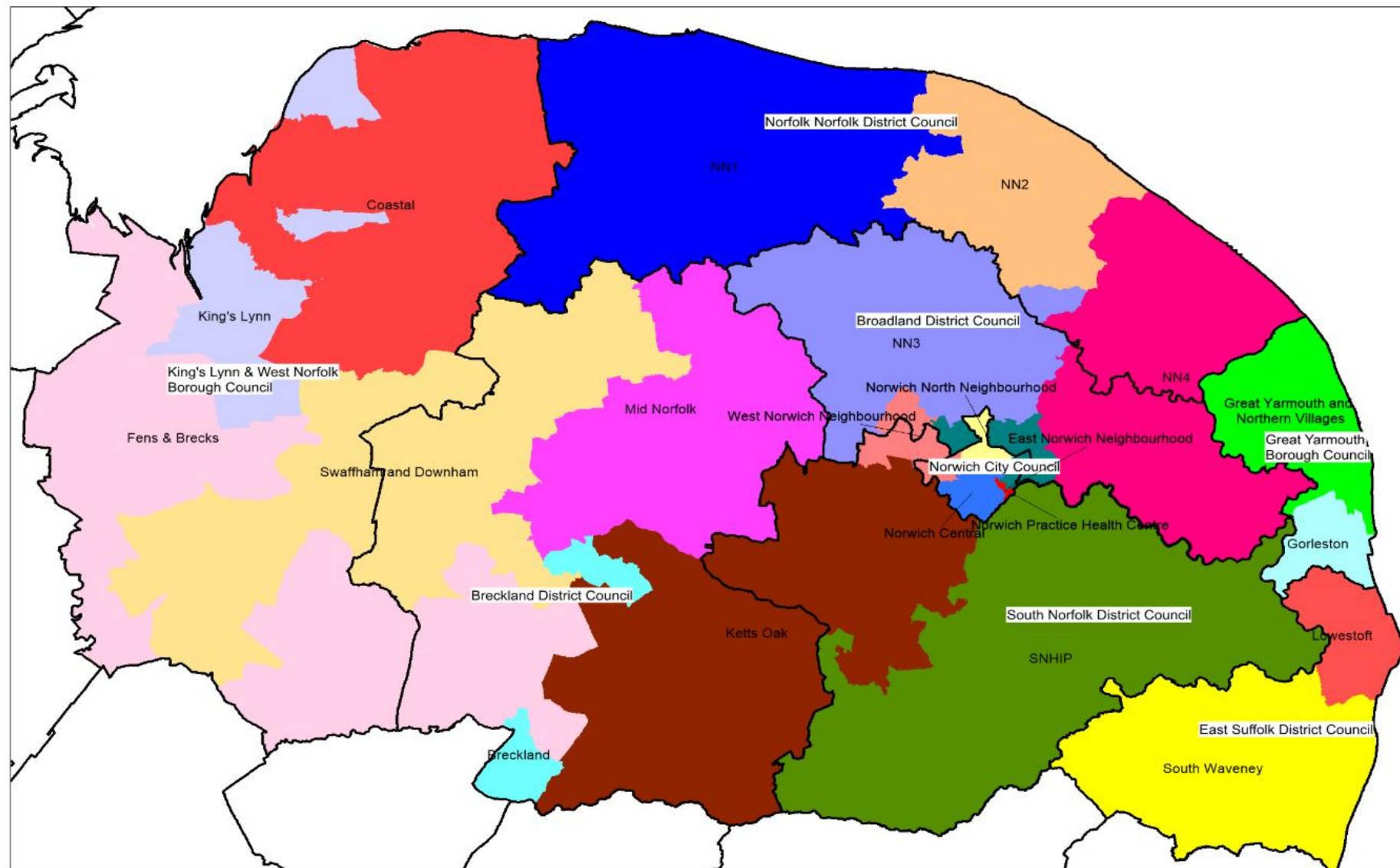
System- Norfolk & Waveney (population 1 million)

- System strategy and planning for the future.
- Develop accountability arrangements across the system including VCSE assembly.
- Set and implement strategic change and transformation at scale (e.g. workforce planning, digital/information governance etc.).
- Manage performance and finances.

Our partnership

We work in partnership at three levels:

- At system level – across Norfolk and Waveney.
- At 'place' level – See further slides.
- Our 8 district/borough councils outlined in black.
- At 'neighbourhood' level – our 17 Primary Care Networks, in colour.
- 1 PCN in Norwich with 4 'neighbourhoods.'



Locality focus: the new context

- Covid-19 has underlined the case for collaboration and integration, and accelerated some aspects of integration.
- Much of this innovation was led at a more local level than ICSs/STPs.
- As ICSs have developed, it has been clear that much of the work to join up delivery and planning of care will need to take place more locally, in 'places' and 'neighbourhoods'.
- Providers coordinating some activities on ICS footprints (and other footprints) through provider collaboratives.

Why 'place'? Emerging functions/ purpose



Developing an in-depth understanding of local communities and neighbourhoods



Working in partnership across multiple agencies to coordinate service delivery



Driving service transformation, particularly for community-based services



Mobilising the local community and building community leadership capacity



Making use of local assets



Enabling local organisations to use all of their resources to support health, social and economic development

Locality focus: next steps

- We will be looking at ways to do things once at system level whilst ensuring local integration.
- The role of District Councils and Primary Care Networks will be important. In particular with regard to the interface with mental health and social care at this local level.
- We will need to agree the ambition, capability and capacity to deliver.
- Develop a framework and timeline for delivery.
- This work will take place from now through to March 2021.

Do once: Norfolk and Waveney system functions (1)

- Agree priorities and plans to deliver ICS contribution to Health and Wellbeing Strategy, including national NHSE/I 'must do's'.
- Build a shared understanding of our population needs and inequalities and agree population health management priorities for Norfolk and Waveney.
- Lead development of a shared culture, behaviours and values across the ICS, based on team-working, mutual respect, diversity and inclusion.
- Secure Covid-secure service and system transformation across sectors (mental/physical health; NHS/social care; primary/community/acute).
- Ensure public, patient and service users are effectively engaged.
- Ensure effective partnerships with VCSE sector.

Do once: Norfolk and Waveney system functions (2)

- Support PCNs and place partnerships to help identify and deliver on population health management priorities, including reducing inequalities; implement agreed service transformation within local priorities/needs; and secure best outcomes through best services/best value, working across sectors and with district council and community partners.
- Support the development of single acute system for Norfolk and Waveney, ensuring high quality services for all our population.
- Agree and deliver NHS financial system control total and whole system financial strategy, including increased budget pooling and co-commissioning; agree capital and estates strategy for system.
- Agree and secure delivery of system workforce and digital strategies.
- Provide assurance for system to NHS regulators on NHS finance and performance and to the health and wellbeing boards on ICS contribution to health and wellbeing strategies (HOSC's to continue to scrutinise specific proposals for service changes).

ICS Partnership Board

The Partnership Board needs to:

- Bring key NHS, social care and public health partners to the table, to ensure commitment of those with statutory responsibilities and funding.
- Provide support and challenge to the ICS executive leadership team.
- Enable partners to have honest conversations and reach decisions, including on priorities and resources.
- Provide oversight and assurance to partner organisations; the HWBs; and NHSE/I (for NHS resource and standards).
- Have legitimacy within Norfolk and Waveney (increasingly important as the ICS becomes more visible and is given more responsibility).
- Meet the requirements of the NHS Long Term Plan.
- Adapt to developments within Norfolk and Waveney and nationally; the Board will continue to evolve as our priorities and national legislation/policy changes.
- Be a manageable size.

Partnership Board: Possible Membership

Possible members	Comment
Independent Chair	Required by the NHS Long Term Plan
Commissioner	GP Chair of Norfolk and Waveney CCG
STP Executive lead/ CCG AO	
Health providers: 3 Acutes 2 Community 1 Mental Health 1 EEAST	3 representatives including 1 from each trust to include chair and CEO. 1 Chair, 1 CEO to represent community providers (from ECCH and NCHC) Chair and CEO NSFT Either Chair/CEO from EEAST
County Councils	1 elected representative and 2 officers (including Director of Public Health) nominated by Norfolk County Council 1 elected representative and 1 officer nominated by Suffolk County Council
VCSE Assembly	1 elected representative from the VCSE Assembly
Primary Care Networks	1 PCN clinical director nominated to represent 17
Total membership:	18

Partnership Board: Background considerations

- The ICS plays an important role in delivering on the Health and Wellbeing Strategy. But it cannot and should not try to do it all.
- The Partnership Board should not replicate the HWB; we need a smaller, decision-making body to enable the ICS to play its part.
- The HWB should hold the ICS Partnership Board to account, providing local democratic accountability.
- We cannot do everything at once. For at least the first year of our ICS, we should build on the positive achievements of phase 1, securing deeper integration of health (physical/mental; primary/community/acute) and social care; and supporting PCNs to focus on population health management and reducing inequalities.
- Education, health and care are increasingly integrated and more effectively meeting the needs of children and young people, with their own CYP Strategic Partnership Board. This is a crucial part of the wider system, but the ICS Partnership Board should not duplicate this work.
- We should review ICS priorities and architecture / governance annually and continue to change and develop as needed.

ICS Engagement Forum

The Engagement Forum needs to:

- Bring stakeholders together in one place to ensure effective partnership working. Whilst the VCSE sector will have its own assembly, it is also important there is a forum for all stakeholders to meet.
- Ensure good cross sector stakeholder engagement. This is a critical requirement of any integrated health and social care system, working hard to improve outcomes for all our communities.
- Recognise the need and value of multi-stakeholder involvement with clear objectives on improving stakeholder engagement. This supports the ambitions of the Long Term Plan.
- Improve outcomes and do better in terms of engagement to support any plans. This will enable us better understanding, cooperation, support and co-design of services.

It is proposed the forum would meet three times a year and would report to the Partnership Board.

It is proposed to review stakeholder engagement as a whole across our emerging ICS. We are hoping for some support from NHSE/I to bring national best practice on this work and develop proposals in this area, not only at system level, but also place and PCN.

ICS Engagement Forum


The Engagement Forum will be a larger forum and will include representatives from many organisations in Norfolk and Waveney including:

- District Councils;
- County Councils;
- All Primary Care Networks;
- Norfolk and Suffolk Care support;
- Children and Young People Leads;
- Older People Leads;
- Non executive/Lay member/Governor representation;
- Unpaid Carers;
- Healthwatch (Suffolk and Norfolk);
- Inclusion/Equality Lead;
- Social Partnership Forum;
- VCSE Assembly Chair;
- ICS Non executive Chair and ICS Executive Lead;
- CCG.

Accountabilities and relations with other bodies

- **Health and Wellbeing Boards:**
 - They have statutory responsibility for JSNA's and Health and Wellbeing Strategies.
 - They bring together the full range of partners, including all of local government and both statutory and non-statutory organisations, including the VCSE sector.
 - The ICS will be accountable to the HWBs - and through them, elected councillors - for its contribution to implementing the agreed Health and Wellbeing Strategies.
- **NHS E/I:** The ICS will be accountable to NHSE/I (Regional Director) for delivery of the NHS system control total and performance to agreed plan and standards.
- **District Councils:** will play a crucial role at 'Place' and 'Neighbourhood' level, working with NHS and other partners to reduce inequalities and affect the wider determinants of health.
- **Health Overview and Scrutiny Committees:** provide elected councillor scrutiny of specific proposals for service change.
- **Healthwatch's:** provides independent, statutory champion for service users.

Context- Independent Chair Recruitment

- In line with NHS E/I guidance we are conducting a process to recruit an non-executive Chair of the ICS.
 - The role is independent of the constituent organisations within the system.
 - The role is accountable to both the East of England Regional Director- NHS E/I and the ICS Partnership Board.
 - We plan to launch this process in October 2020.
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ICS Expression of Interest Process

- All systems will become an ICS by April 2021. Norfolk and Waveney has been asked by NHS E/I to submit an expression of interest by the end of October 2020.
- The expression of interest has to be submitted for consideration by the regional NHS E/I team. If they approve the expression of interest they will submit it with a letter of support to NHS E/I national team.
- NHS E/I national team should return to us in November 2020 with confirmation as to whether the system has achieved ICS status.
- The expression of interest to region in October needs to be accompanied by covering letter signed by the Chief Executives of each of the partnership organisations confirming their organisations support for the system becoming an ICS.

The Expression of Interest

The expression of interest will cover various topics:

- Partnership Board development;
- Recruitment process for the ICS Independent Chair;
- Initial locality work planning.

The information in the expression of interest will also refer to:

- A general overview of our system;
- Updated maturity matrix for the system;
- System Finance;
- Digital Aspirant programme;
- Key Programmes of work and projects going forward for the ICS;
- Population Health Management.