Health and Wellbeing Board

Item X

Report title: Developing Norfolk and Waveney's Integrated Care System

Date of meeting: 29 September 2021

Sponsor (HWB member): Melanie Craig, Chief Executive of NHS Norfolk and Waveney CCG and Executive Lead for the Norfolk and Waveney Health and Care Partnership

Reason for the Report

To update the Board on progress with developing Norfolk and Waveney's Integrated Care System since March 2021.

Report summary

This report provides an update on the development of our Integrated Care System, including progress with the Health and Care Bill, national guidance for systems, place-based working, the recruitment process for the designate chair and chief executive roles, the transition programme, the transfer of direct and specialised commissioning and system improvement and assurance.

Recommendations

The HWB is asked to:

a) Support the continued development of the Norfolk and Waveney Integrated Care System.

1. Methodology

1.1 The Board has received regular reports about the development of the Norfolk and Waveney Integrated Care System (ICS), including at their meeting in March 2021. The Board plays a vital role in the planning, coordination and governance of our health and care system, so it is important that as our ICS is developed the Board is closely involved.

1.2 While this paper focuses on progress with the new Health and Care Bill, transition to the new arrangements, processes and governance, it is important to keep in mind why we are doing this, what being an ICS will mean for people and what we want to achieve as a system.

1.3 The core purpose of an ICS is 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.

1.4 Locally we've set ourselves three goals that becoming an ICS will help us to achieve, these are:

1. **To make sure that people can live as healthy a life as possible.**
   This means preventing avoidable illness and tackling the root causes of poor health. We know the health and wellbeing of people living in some parts of Norfolk and Waveney is significantly poorer – how healthy you are should not depend on where you live. This is something we must change.

2. **To make sure that you only have to tell your story once.**
   Too often people have to explain to different health and care professionals what has happened in their lives, why they need help, the health conditions they have and which medication they are on. Services have to work better together.

3. **To make Norfolk and Waveney the best place to work in health and care.**
   Having the best staff, and supporting them to work well together, will improve the working lives of our staff, and mean people get high quality, personalised and compassionate care.

1.5 Fundamentally, becoming an ICS is an opportunity for all the organisations that impact on people's health and wellbeing to collaborate better, to join-up people's care, to improve services and to make a much more concerted and coordinated effort together to tackle the wider determinants of health and to address health inequalities. This isn't just about governance, contracting mechanisms or changing the name of the Clinical Commissioning Group (CCG); it is a chance to work together in profoundly different way to improve the health, wellbeing and care of local people.

2. Progress with the Health and Care Bill and national guidance

2.1 Since the last meeting of the Board, the Health and Care Bill has been introduced into Parliament and had its second reading on 14 July 2021. To learn more about this bill go to the parliamentary bills page. The Bill gives effect to the policies set out in the NHS Long Term Plan and the Government's White Paper 'Integration and Innovation: Working together to improve Health and Social Care for all' (February 2021). For more information regarding this White Paper go to Gov.uk policy page. As such, the contents of the Bill are largely what we expected and are broadly very welcome.

2.2 Visit the NHS Integrated Care systems guidance page to view the ICS Design Framework. The publication of the ICS Design Framework, the second reading of the Health and Care Bill and the Secretary of State's decision about ICS boundaries provides us with much needed clarity over some key aspects. Go to Gov.uk for a summary of the ICS boundaries decision. This means we can now plan with greater certainty for the creation of our statutory Integrated Care System. Although in many respects we have been working towards this for a number of years and have been preparing for the new legislation, there is still much for us do to in relatively a short space of time.

2.3 NHS England and Improvement has published further guidance on the creation of Integrated Care Systems. Go to the NHS Integrated Care System guidance page to learn more. The guidance covers the functions, governance and HR framework for developing integrated care boards, as well as guidance on the ICS people function, provider collaboratives, working in partnership with the VCSE sector, clinical and care professional leadership, working with people and communities and the development of place-based partnerships. Generally, the guidance is permissive, which is positive.

2.4 It was helpful that the new Secretary of State came to a timely conclusion about the ICS boundary as this really is vital for our planning. All partners remain as committed as ever to working with colleagues in Suffolk to ensure that people living in Waveney receive high quality, joined-up care.

3. How we work together at a more local level in our ICS

3.1 Now that we have clarity about the boundaries of our system, an important next step is to agree our sub-ICS working arrangements, recognising that these will continue to evolve over time. For most people their day-to-day health and care needs will be met locally in the

town or district where they live or work. Partnership in these 'places' is therefore an important building block of integration.

3.2 The recently published national guidance about place-based partnerships is permissive, enabling systems to build on existing arrangements and relationships, but it does very clearly reinforce that:

3.3 "If we are serious about promoting better health and wellbeing and addressing health inequalities, we must take collective decisions based on a shared understanding of the local population and how people live their lives. We must look beyond health and care services to the wider determinants that influence the health of our populations – early years support, housing, leisure, transport, skills and education, employment support and the environment."

3.4 Go to the thriving places document for detailed guidance on the development of place based partnerships as part of statutory integrated care systems.

3.5 Following the publication of the guidance and the discussion at the August 2021 interim ICS Partnership Board meeting, our cross-system Steering Group is refining its initial recommendations go to our report about how we will work together at a more local level in our Integrated Care System to learn more. The revised recommendations will aim to balance building on what we already have in place and safeguarding effective operational delivery, whilst also ensuring our future arrangements recognise the important role that district councils, the voluntary, community and social enterprise sector and other partners play in addressing the wider determinants of health and reducing health inequalities.

4. Recruitment of the chair and chief executive of our ICS

4.1 With the Health and Care Bill passing its second reading, practical preparations for statutory ICSs can get underway given the degree of confidence that Parliament will legislate. This includes the recruitment processes for the NHS Integrated Care Board designate chair and chief executive appointments.

4.2 Recruitment of ICS independent chairs started on 27 July. Some systems do not have to go out to recruitment as this process has taken place within the last three years. For Norfolk and Waveney, our existing independent chair has been in this role for the last four years, and so in line with national guidelines the role was advertised. There are 17 ICSs that have advertised for an independent chair that will take on the role for a three-year period.

4.3 Recruitment of all 42 ICS chief executives commenced on 1 September. Go to ICS CEO Recruitment to view details of the role of ICS Chief Executives. This process is expected to conclude by the end of October and will be followed by the recruitment of a finance directors, medical directors, directors of nursing and other board roles, enabling Integrated Care Boards and Integrated Care Partnerships to start operating in shadow form by the end of December.

5. The transition programme

5.1 Each system has been asked to complete a 'readiness to operate statement' (ROS) to show its progress to establishing their overall ICS including the statutory Integrated Care Board (ICB). The ICB is the legal entity which will replace CCGs from April 2022. The ROS is broken into 12 chapters, which include people and culture, clinical and professional leadership and financial allocations and funding flows. The transition work of the CCG moving into the statutory ICB is being overseen by the Executive Management Team of the CCG.

5.2 We are also starting work to review system's clinical arrangements and commencing discussions across our clinical fora including the Clinical and Care Transformation Group and the CCG's Clinical Executive Committee. The interim ICS Partnership Board also discussed how we will communicate with and engage the public at their meeting in August go to our engagement report for details of this discussion.

6. Transfer of direct and specialised commissioning

6.1 The six systems in the East are working with NHS England and Improvement to consider what future commissioning arrangements might look like for each of the functions that are currently directly commissioned by NHS England, these are:

- Specialised Commissioning: Mental Health, Learning Disabilities and Autism
- Specialised Commissioning: Acute Services
- Health and Justice
- Primary care services: general practice, dental, pharmacy and optometry
- Public Health Section 7A (Screening, Immunisations and Child Health Information Services).

6.2 Work is currently focused on how each service should be commissioned (for example by one or multiple ICSs, jointly commissioned, or a new hosting authority created to commission the services), not where each function moves to.

7. System Improvement and Assurance

7.1. Whilst we transition to the new ICS arrangements from April 2022, it remains important to develop our approach to assurance on a system basis, which is being taken forward through our new System Improvement and Assurance (SIAG). As an executive group, its primary function is to bring together leaders from across the system and the NHS England and Improvement regional and national teams, to identify risks and any support needed to collaboratively address performance challenges and support service improvement.

7.2. The SIAG will receive assurance that the system is delivering its plans and is addressing key areas of performance, service improvement, finance and quality within its remit. The SIAG is accountable to the Health and Care Partnership's CEOs Group until the NHS ICS Body has formed its statutory Board.

Officer Contact

If you have any questions about matters contained in this paper please get in touch with:

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