

<b>Subject:</b>	<b>Chair's report</b>
<b>Presented by:</b>	Rt Hon Patricia Hewitt, Independent Chair, Norfolk and Waveney Health and Care Partnership
<b>Prepared by:</b>	Rt Hon Patricia Hewitt, Independent Chair, Norfolk and Waveney Health and Care Partnership
<b>Submitted to:</b>	The interim Integrated Care System Partnership Board
<p><b>Summary:</b></p> <p>The Executive Lead's report covers:</p> <ul style="list-style-type: none"> <li>• Becoming an Integrated Care System</li> <li>• Acute hospitals</li> <li>• Local Government</li> <li>• MPs</li> <li>• Voluntary, community and social enterprise (VCSE) sector</li> <li>• Other events</li> </ul>	
<p><b>Recommendation:</b></p> <p>The interim Integrated Care System Partnership Board is asked to:</p> <ul style="list-style-type: none"> <li>• Note the report.</li> </ul>	

## **Main body of report**

### **A. Becoming an Integrated Care System**

In December, we were informed by the East of England Region of NHS England that we had been approved as an Integrated Care System - a real tribute to the work that everyone has done since the initial establishment of the partnership in 2016. The official launch of our Integrated Care System marks a huge milestone. Even before COVID-19 struck, we had built strong relationships across the system, not only between different NHS organisations that had previously worked as silos, but - crucially - between the NHS and our county council and district/borough council partners, as well as with other key stakeholders, including the voluntary sector. But this partnership was transformed as people responded to the COVID-19 crisis - and as a result, we now have a far stronger, wider and deeper partnership at every level of our health and care system.

The benefits of that partnership have been seen most recently in the vaccination programme, where we continue to be amongst the top systems in the country - a great

example of collaboration across every part of the system - primary and community care, acute hospitals, CCG, local councils and volunteers.

It was a real honour for me to be appointed as chair of the Norfolk and Waveney Sustainability and Transformation Partnership (as we were then known) in June 2017, following an open recruitment process, and I was delighted to accept the request from the Oversight Group to stay on in this post until April 2022 when we expect the new legislation to take effect with the creation of statutory ICS's.

I continue to work closely with CCG and ICS colleagues on the 'wiring' of our ICS, both on the transition to becoming an ICS and on the larger challenge of becoming a statutory ICS from April 2022. This includes working with the team looking at 'Place' and locality working and the team looking at Provider Collaboratives. I am really grateful to all of them for their work. I also continue to have 1-2-1 discussions with members of the Interim Partnership Board and other key stakeholders across the system.

I also continue to spend a considerable amount of time working with my fellow East of England ICS chairs to ensure that we learn from each other and collaborate closely with the regional director of NHS England and her team. I am also very involved in discussions with other ICS chairs and executive leads across the country, as well as colleagues in local government, NHSE and DHSC. The NHS Confederation convenes many of these meetings and has also established a 'Reset' project, of which I am part, to consider the implications of the White Paper proposals. All this helps to ensure that there is a strong voice for Norfolk and Waveney in regional and national policy-making.

## **B. Acute hospitals**

I was delighted to attend the excellent Leadership Conference recently organised by QEH and, together with Melanie Craig, talk about our ICS and respond to questions from some of the several hundred staff involved in the event. The TeamQE approach - 'Leadership at every level' - is exactly the approach that we are trying to take as we build our ICS.

It was also a great pleasure to be invited to attend a private session of the JPUH Board to discuss ICS development, the White Paper and the forthcoming legislation. It is always helpful to hear directly the views of executive and non-executive colleagues in different parts of the system.

Both Melanie and I attend the meetings of the Norfolk and Waveney Acute Hospitals Group Committees-in-Common, established by the Boards of the three hospital trusts in order to advance collaboration across the acute sector. By strengthening the partnership across the three acute hospital trusts, we can ensure that all our patients get the same level of high quality care, wherever they live, as well as continuing to improve services and make it easier to recruit staff.

## **C. Local government**

Since the early days of our partnership, it has been a very high priority to build close and effective working relationships between the NHS and our two county council partners, Norfolk (covering most of our system) and Suffolk (which, of course, includes Waveney). I am particularly grateful to Cllr Bill Borrett who has ensured that the Norfolk Health and Wellbeing Board plays an active role in promoting integration across the whole health and care system.

Over the last few months, I have been meeting each of the district / borough councillors who sit on the Health and Wellbeing Boards. I have now had very helpful and interesting meetings with Cllr Yvonne Ben-dle (South Norfolk), Cllr Emma Flaxman-Taylor (Great Yarmouth), Cllr Virginia Gay and Cllr Lucy Shires (North Norfolk), Cllr Elizabeth Nockolds (West Norfolk and King's Lynn), Cllr Mary Rudd (Waveney), Cllr Alison Webb (Breckland) and Cllr Fran Whymark (Broadlands). In our two-tier local government system, district and borough councils have a vital role to play in supporting people's health and wellbeing, tackling health inequalities and influencing the wider determinants of health - housing, the local environment, leisure facilities and so on. I am grateful to all our council colleagues for their commitment to system working and was particularly pleased to hear that many of them are already working closely with our Primary Care Networks.

**D. MPs**

We held another, very well-attended meeting with our local MPs during March where we discussed ICS development and the White Paper, the capital investment and estates programme and, of course, COVID-19 and the vaccination programme. We are fortunate in having very supportive MPs who take a close interest in our work.

**E. Voluntary, community and social enterprise (VCSE) sector**

I continue to work closely with Tony Osmani, Kathryn Ellis and VCSE colleagues on the VCSE Assembly, particularly on the recruitment of the Assembly Chair which is now underway.

**F. Other events**

I attended the Norfolk Health and Wellbeing Board where Melanie and I reported on ICS development and work.

I have attended two excellent events organised by the King's Fund, one on personalised care, the other on international experience of integrated care. I will be speaking at a session on ICS's at the forthcoming King's Fund annual conference, and will also be a speaker at a virtual round table on digital healthcare organised by the think-tank, Public Policy Projects.

Following a very helpful initial meeting with the Clinical Directors of our PCNs, Melanie and I will now be meeting them regularly.

As COVID-19 restrictions ease, I am looking forward very much to being able to resume face-to-face visits and meetings.

<b>Governance</b>	
Meetings that this report has been, or is going to be, discussed at:	This report has not been discussed at any other boards, committees or meetings.