

Subject:	Chair's report
Presented by:	Rt Hon Patricia Hewitt, Independent Chair, Norfolk and Waveney Health and Care Partnership
Prepared by:	Rt Hon Patricia Hewitt, Independent Chair, Norfolk and Waveney Health and Care Partnership
Submitted to:	The interim ICS Partnership Board, 10 June 2021
<p>Summary:</p> <p>The Chair's report covers:</p> <ul style="list-style-type: none"> • Becoming an Integrated Care System • Primary care • Norfolk and Waveney Acute Hospitals Group • Voluntary, Community and Social Enterprise (VCSE) Assembly • Listening to patients, service users and carers • End of life support • Other events 	
<p>Recommendation:</p> <p>The interim ICS Partnership Board is asked to:</p> <ul style="list-style-type: none"> • Note the report. 	

Main body of report

This report covers the two months since the last meeting in public of the Interim ICS Partnership Board.

A. Becoming an Integrated Care System

The NHS Bill, which will place Integrated Care Systems (ICS) on a statutory footing, is expected to be published and receive its Second Reading in July. Subject to passage of the legislation, statutory ICS's will start operation in April 2022. A great deal of work is already underway to plan for the two new statutory bodies that will comprise each ICS: the statutory ICS NHS body and the statutory Health and Care Partnership. Because ICS's vary considerably across the country, depending on their size, local government structures, demographics and other factors, we hope and believe that the legislation will leave much of the detail to guidance and, crucially, to local systems to decide.

Following the White Paper preference for ICS boundaries to be aligned with upper tier local authorities, a great deal of work is going on in the East of England where four systems, including Norfolk and Waveney, cut across county boundaries. A regional process has been established to ensure that the views of all local government and NHS partners are fully reflected in a report that will be submitted to the Secretary of State for Health and Social Care during June, examining the opportunities and risks of both the status quo and a move to county-based ICS's, together with appropriate mitigations. As well as attending various meetings about our own system boundary, I represent the ICS chairs on the regional working group that oversees the whole process.

As part of our preparations for becoming a statutory ICS, Melanie and I are having regular and very useful meetings with Cllr Andrew Proctor, Leader of Norfolk County Council, Cllr Bill Borrett, NCC Cabinet Lead for Adult Services and other NCC colleagues.

A key element in the design of our statutory ICS is how we work more closely together at local level. I am very grateful to Gary Heathcote (NCC), Chris Williams and Anne Borrows (N&W CCG) and Andy Vowles (Rethink Partners) who have held extensive discussions with partners and identified a number of options, as well as to the many senior colleagues who attended our event on 17 May to launch a wider stakeholder conversation.

As well as my one-to-one meetings with members of the interim ICS Partnership Board and other local partners, I continue to have regular meetings with the other five ICS chairs in our region and informal discussions with a number of other ICS chairs from other parts of the country, as well as attending meetings of the full network of ICS chairs organised by the NHS Confederation. These and other national meetings with NHSE/I senior colleagues are very helpful as we learn from each other and share views on the emerging national policy framework. They are also an opportunity to raise the Norfolk and Waveney profile and share our successes, including on the vaccination programme and our proactive approach to identifying and supporting vulnerable patients (Covid Protect/Protect NoW).

B. Primary care

I am finding the regular meetings that Melanie and I hold with Primary Care Network (PCN) Clinical Directors extremely helpful. Our primary care practices have transformed the way they work in response to COVID-19. The PCN's have led the way in creating one of the most successful vaccination programmes in the country. And they are adapting again, in this new phase, as they respond to patients' varying needs for telephone, video, online and face-to-face consultations - and cope with the very rapid increase in the numbers of patients needing help. I know the whole Board will join me in thanking our GPs and all our primary care colleagues for their amazing efforts throughout this period (which, sadly, are not always reflected in national media).

It is increasingly clear that PCNs will be a key element in our ICS and we have therefore included an update on PCNs' work on the Interim Partnership Board agenda and invited two of the clinical directors to attend the meeting.

C. Norfolk and Waveney Acute Hospitals Group

I attended the meetings of the Acute Hospitals Group Committees-in-Common on 12 April and 10 May and will attend the next meeting on 14 June. It is very encouraging to see

relationships between the three trusts developing at many levels and clear agreement on the direction of travel.

I was also delighted to act as independent facilitator for the Tri-Board meeting on 25 May that brought together almost the entire membership of the three Trust Boards for an informal discussion about how closer collaboration could benefit patients across Norfolk and Waveney.

D. Voluntary, Community and Social Enterprise (VCSE) Assembly

I was delighted to participate in the appointments panel for the Chair of the VCSE Assembly. The panel, chaired by Tony Osmani, included four VCSE colleagues - Christine Abraham (Community Action Suffolk), Dan Mobbs (chair, Norfolk VCSE Children's and Young People's Forum), Trevor Saunders (Mandalay Wellbeing CIC) and Dan Skipper (Age UK Norwich) - as well as Kathryn Ellis (CCG/NSFT), Ceri Summer (NCC) and myself. Many thanks to Fran Weston (Arden Gem CSU), Rachel Hunt (CCG), Rachael Parker (CCG) and Shelley Ames (CCG) who provided outstanding support for the whole process. We had a full report of the candidates' earlier meetings with the stakeholder panel which itself brought together a large and diverse group from the sector and conducted searching interviews with the three short-listed candidates. Although all three had many strengths and much to offer, I am delighted to say that we were unanimous in our final choice of Emma Ratzer, who will be attending the Board meeting and giving us an update on the Assembly.

I would like particularly to thank Tony Osmani who has chaired the VCSE Assembly steering group that has brought us to this point. We all know that the work we aspire to do in tackling the wider determinants of health, reducing health inequalities and integrating care around the individual requires a much deeper and closer partnership with voluntary and community groups and the Assembly will therefore be another key element in building our statutory ICS.

E. Listening to patients, service users and carers

It was a privilege to be able to watch a number of the focus groups that Britain Thinks conducted for us with people from different demographic groups and different parts of Norfolk and Waveney, as we learn from their experience of using health and care services. The final report builds on the work they did for us last year and will, I believe, be of huge value as we continue to improve and transform services.

I look forward to meeting both Healthwatch Norfolk and Healthwatch Suffolk in the near future. Both organisations continue to provide important information and insights.

F. End of life support

The pandemic has made us all even more aware of the need for skilled and empathetic end of life support. Our own system's work on the RESPECT approach to end of life planning also provides a strong foundation for this vital work.

I was therefore delighted to be asked by Tim How, chair-elect of the Norfolk Hospice Tapping House, to open their new education building and look forward very much to doing so in August - in person! I also had a very helpful meeting with Robert Carter, chair of the Priscilla Baker Hospice, and Sandra Dinneen, to learn more about their extremely

impressive fundraising efforts and plans. And I know how much ECCH's partnership with the St Elizabeth Hospice is valued by patients and their families and GPs in Great Yarmouth and Waveney.

G. Other events

I have contributed an essay on out of hospital care ("It Takes a Village ...") to a volume of essays published by the British Red Cross and the think tank, Demos, to mark the 150th birthday of the British Red Cross. I also spoke at the launch event, together with Nimco Ali, the FGM campaigner, and Alison Phipps, professor of refugee integration at Glasgow University. I found the whole essay collection very interesting - you can find it at www.redcross.org.uk.

I spoke at the King's Fund conference on ICS's in May, together with Victor Adebawale, chair of the NHS Confed; Bill McCarthy, NHSE/I North West regional director and lead on the new legislation; and Sarah Pickup from the Local Government Association. These discussions emphasised for me how far we have come in the last year or so in the understanding between the NHS and local government at a national level; this is also reflected in the White Paper proposals referred to earlier, with the inclusion of a new statutory Health and Care Partnership alongside the statutory ICS NHS body.

I will be speaking at the NHS Confederation Conference on ICS's on 15 June, together with Paul Burstow (chair, Hertfordshire and West Essex ICS), with a particular focus on the creation of statutory ICS's.

I continue to attend webinars and other online events that give me an opportunity to learn and also to share the progress we are making in Norfolk and Waveney. A recent highlight was a seminar with Professor Mike Richards on cancer care.

Governance	
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.