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The Norfolk and Waveney Health and Care Partnership

ICS Development

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ICS Development

- The new Health and Care Bill is being drafted by the Department of Health and will set out the new legislation that needs to be worked to. The second reading of the Bill has been pushed back to the end of July.
- At the same time NHS E/I is working on guidance which should follow the legislation and also provide more detail. This should include information on appointments to boards, more detail on provider collaboratives and place delegation mechanisms.
- Publication of this guidance and in particular the ICS Design Framework which will set out what we need to achieve as a system by April 2022 has been delayed.
- Appointments processes have been moved to reflect the above.

Our Plan

- NHS E/I require us as a system to submit a plan on 30 June with regard to our work on the transition. This was originally intended to set out details of future working arrangements but due to the guidance being delayed, this will now just be an update on our work so far.
- The final plan submission is still due 30 September with implementation from 1 April 2022.
- The plan includes information on our system planning, system finance and data and digital.

Provider collaboration: Overview

Provider Collaboratives are an arrangement that will support integration within the NHS at scale between similar types of provider organisations who share common goals. The Board of an ICS NHS body will also include wider collaboration drawing on NHS trusts, general practice and local authorities; further national guidance on how Boards will be constituted is anticipated.

The white paper also proposes wider integration, as part of a Health and Care Partnership, that includes social care, VCSE and other non-NHS partners, which is not within the scope of these slides.

Provider Collaboration is seen as a critical component of effective system working and the NHS element of integrated care systems. Constructive relationships between provider organisations are therefore fundamental to delivering the aspirations of system working.

The purpose of Provider Collaboratives:

- To develop higher quality services
- To reduce unwarranted variation
- To reduce health inequalities
- To ensure better workforce planning, recruitment and flexible deployment of staff
- To ensure more effective use of resources
- To enhance productivity and sustainability
- To increase resilience

Provider collaboration: Triple Aim Duty

Our system faces many challenges which cannot be solved by individual organisations or any one provider. Having a common set of shared objectives will support us to act as one in the interests of the people of Norfolk and Waveney. This approach is supported in Guidance as the Triple Aim Duty to collaborate, and outcomes from collaboration in each of the three domains could include:

1) Better health and wellbeing for everyone
- Develop integrated clinical pathways across the system to reduce unwarranted variation in access, clinical practice and outcomes
- Tackle health inequalities
- Agree a consistent approach to measuring quality and service user experience, to confirm we are improving outcomes for our population
- Address the challenge for mental health and anticipating an increase in children and adolescent mental health services (CAMHS); recognising the need for greater innovation in community services and overall parity with physical health

2) Better quality of health services for all individuals
- Collectively support all providers to move out of special measures and continue to improve performance and sustainable and consistent quality
- Establish a single system wide approach to restoring elective care services
- Build a system solution to deliver sustainable Urgent and Emergency Care services
- Implement the three nationally mandated clinical priorities – Cardiology, Ophthalmology and Musculoskeletal (MSK) conditions

3) Sustainable use of NHS resources
- Achieve our system control total, acknowledging the need for flexibility and difficult decisions in where we spend, and save, resources
- Collectively address our workforce challenges

Creating a Culture of Collaboration at all levels is essential and is a key principal underpinning our approach to system working.

Collaborative operating models

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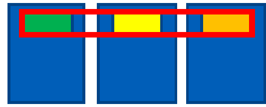
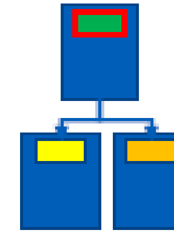
Four operating models are emerging from national work and other systems' experiences, regarded as being sequenced in order of least (A) to greatest (D) capability for decision making.

A. *Provider Leadership Board*



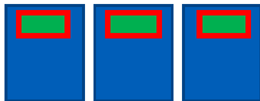
- CEOs of relevant providers meet to discuss issues of common concern
- CEOs have delegated decision making responsibility for relevant topics from their Boards
- A CinC

B. *Lead provider*

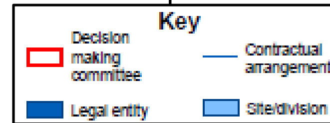


- A single provider is nominated to be the lead provider for relevant services
- Funding is provided to the lead provider who then subcontracts as required with the other providers

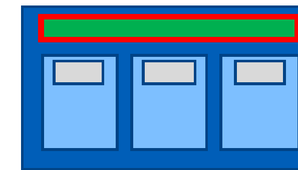
C. *Shared leadership*



- Leadership (at a variety of levels) is the same for each of the organisations involved, whilst organisations remain separate legal entities



D. *Single organisation*



- Providers merge to create a single legal entity

Provider collaboration: Next steps

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We can demonstrate existing good practice and have already made strong progress in Norfolk and Waveney with acute provider collaboration.

There is also wider regional collaboration in mental health services.

We will be exploring opportunities to support wider collaboration across the system as part of developing our ICS plans this year.

Further Guidance in this area is expected in the coming weeks, which will inform our planning and contribute to our final ICS Development Plan submission due in September.

Further updates will be provided in future reports to the Interim Partnership Board.

2021/22 System Plan

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We have now completed the ‘Phase 3’ recovery period, attributed by NHSEI to be September 2020 to March 2021. We are now entering the 2021/22 planning period (previously referred to as ‘Phase 4’), and which has been split into two sections;

- Half one – April 2021 to September 2021, including the following components;
    - Activity forecasts required up to September 2021, mental health plans required for the full year
    - Investment proposals for mental health and maternity services
    - Detailed assessment of our progress with tackling health inequalities and digital enablement
    - Primary and community care, cancer and urgent and emergency care measures
    - System workforce plans
    - System finance plan
    - Narrative to support all aspects of the system plan
- Half two – October 2021 to March 2022; further Guidance awaited on planning requirements.

The system has worked together as a virtual planning network, building on our ‘Phase 3’ approach, to develop our draft plan submission for Half One, which was completed on 6 May 2021. We have continued to develop our final submission for Half One, with the majority of information being submitted by 3 June 2021 and final components for the plan submitted by 11 June 2021.

2021/22 System Plan

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As part of our final plan submission this month, we will also complete an assessment of our resilience to any further wave of COVID-19, an assessment of our compliance with the criteria to access the national Elective Recovery Fund and a full assurance assessment of our response to all 79 requirements set out in the NHSEI guidance.

The final plan components when submitted will constitute almost 200 pages of narrative and multiple supporting datasets, all of which will form the basis for guiding our work as a system over the coming months. A number of priority areas are emerging from our plan for the rest of this year and beyond, including:

- Supporting the health and wellbeing of our staff;
- Supporting strong primary care, mental health, maternity and cancer services;
- Tackling waiting times for elective treatments that have been delayed by the pandemic;
- Managing demand for urgent and emergency care and providing alternatives to A&E;
- Taking preventative action, tackling health inequalities and continuing to deliver the COVID-19 vaccination programme;
- Developing capacity in our out of hospital services, transforming models of care and improving our digital offer; and
- Continuing to collaborate across health and care organisations to achieve the best outcomes for our population.

We will be developing systems to monitor the delivery and impact of our plan and will revisit these and other key components of our work in future agendas.

Thank you to colleagues from across the system for their hard work in coordinating our plans, as we continue to work together to improve the outcomes for the people of Norfolk and Waveney.

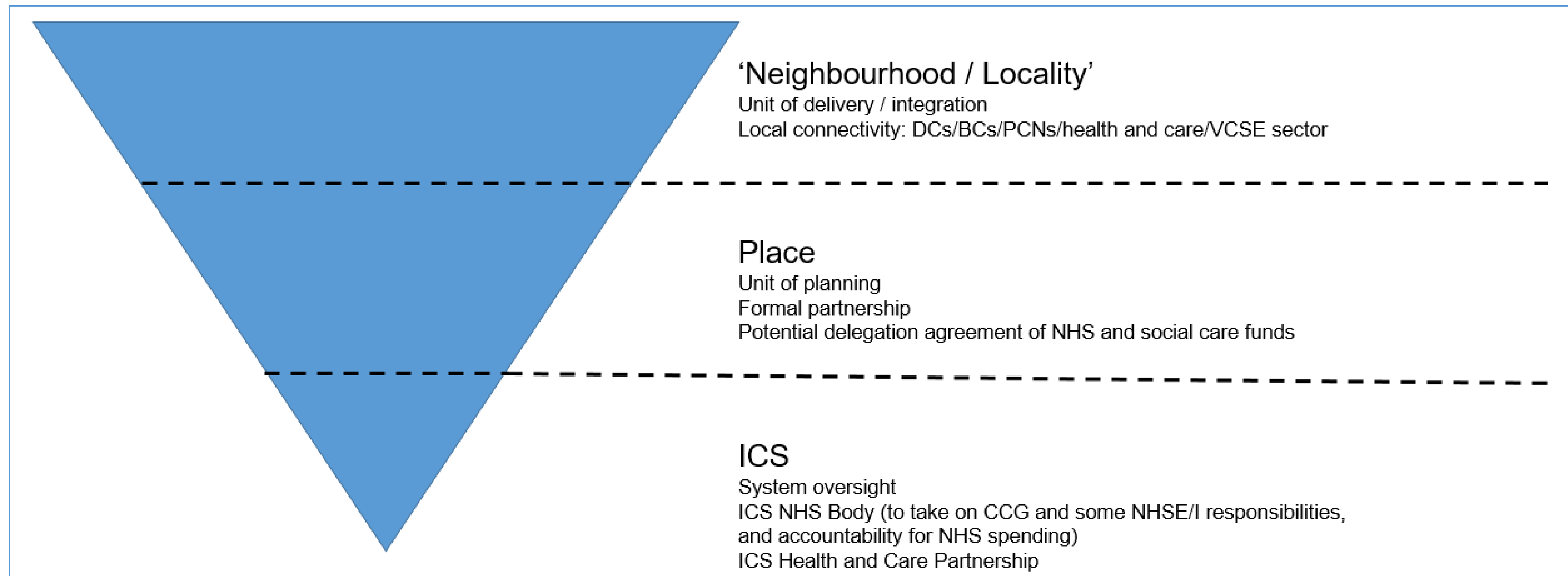
How we work locally in our ICS

- As ICSs have developed, it has been clear that much of the work to join-up delivery and planning of care can't happen at Norfolk and Waveney level, and needs to take place more locally.
- This is because it requires more local and detailed knowledge about our different communities, as well as strong relationships between those providing care on the ground, including both statutory and non-statutory organisations.
- Both the NHS and the Government recognise the importance of working effectively at a local level and support the principle of subsidiarity.
- To collectively develop our thinking about this, we established a cross-system Steering Group in the autumn of 2020. This brings together PCNs, district and county councils, health and care service providers and the CCG.
- The group has considered the likely key priorities and functions at place level, the potential 'footprints' for place working and how accountability between the statutory ICS and place might operate.

A potential three-tier model

The Steering Group has begun to develop a potential model that seeks to ensure:

- real connectivity locally
- that the local leadership/infrastructure could accommodate, if required in future, to manage significant delegation of tasks, functions and funding.



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How we work locally in our ICS

- We are currently working with stakeholders to plan how we work together at a more local level, including around potential geographic footprints.
- This is a complex issue, particularly in ‘two tier’ areas like ours, and there is no clear ‘right answer’.
- A detailed paper and recommendations from the Place Steering Group will be presented to the interim ICS Partnership Board at the August 2021 meeting for discussion and ideally agreement.