

# Becoming a Statutory ICS

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# Our principles and behaviours

We work together with one common purpose – to improve the health, wellbeing and care of people living in Norfolk and Waveney.

We will put prevention first and support people to improve their own health and wellbeing.

We will work together to tackle inequalities.

We will make decisions that reflect the different circumstances and needs of different people and places.

We will build open, trusting and accountable relationships.

We value leadership at every level: decisions will be made at the right level, not centralised to one level.

We treat people as equal partners in their care and fully involve them in decision-making.

We know our workforce are the heart of our system and fully engage them in decision-making.

We will create a sustainable, integrated care system.

# Purpose of integrated care systems

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- Improving population health and healthcare;

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- Tackling unequal outcomes and access;

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- Enhancing productivity and value for money; and

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- Helping the NHS to support broader social and economic development.

# Guidance published

Guidance published so far with regard to our ICS transition by NHS E/I are:

## 1. National ICS design framework

The ICS Design Framework sets out expectations for the next stage of system development.

## 2. Employment commitment

Intended to provide people in organisations directly affected by the proposed legislative changes with employment stability throughout the transition period while minimising uncertainty as much as reasonably possible.

**3. NHS System Oversight Framework for 2021/22.** This replaces the framework for 20/21 which brought together arrangements for provider and CCG oversight in a single document.

4. The legislation introducing statutory ICSs has passed through the first and second reading.

# Expected Guidance

There is still further guidance which will follow on:

- the membership and governance of ICS NHS bodies,
- the composition and operation of the board,
- how to support ICS NHS bodies to manage conflicting roles and interests of board members,
- provider collaboratives,
- provider governance, and
- supporting people transition planning and implementation.

# Chair and Chief Executive Recruitment

- Chair recruitment launched via national advert on 27 July 2021 closing date 17 August;
  - Interviews in Norfolk and Waveney are in September 2021 with appointment shortly after.
  - Chief Executive recruitment process to be launched in August by the NHS E/I national team for all systems with recruitment completed October 2021.
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# Key Milestones

## **End of Sept:**

- Recruitment and selection for ICS NHS body chair and CEO process underway;
- New ICS NHS body MOU arrangements for 22/23;
- Plans around Place;
- Due diligence planning.

## **End of Dec:**

- Recruitment of Finance Director, Medical director, Director of Nursing and other board roles;
- ICS NHS body and ICS partnership in shadow form.
- Engagement on constitution.

## **1 April 2022- Statutory ICS comes into effect.**

We are still awaiting deadlines and further specificity on the actions and documentation that will be required to become an ICS statutory body on 1 April 2022.

# Transition Domains

We have split the work on the transition as a system into 8 domains as follows:

1. CCG Transition;
  2. Establishing the Governance;
  3. Place;
  4. Provider Collaborative;
  5. Financial Framework;
  6. Digital and Data;
  7. Engagement and Communications;
  8. Creating a positive and inclusive culture.
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# The Transition Programme

Each system has been asked to complete a “system progression tool” to show its progress to establishing the statutory ICS.

This is broken into preliminary, foundation and advanced level. We will be expected to be at the preliminary level by September 2021 and the foundation level by April 22 which will enable us to become a statutory ICS.

The work on this tool is broken into 10 chapters which include people and culture, clinical and professional leadership and financial allocations and funding flows.

Further detail on this work will be set out in the coming months.

The transition work will be overseen by the Executive Management Team of the CCG. Further, regular updates on the transition will be presented to the interim Partnership Board, partnership Chief Officers and individual partnership boards.

# The Transition Programme

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 Clinical Executive Committee.

We are also progressing with our ICS Partnership arrangements now we have received confirmation on the final ICS boundary.

Once the ICS Chair is in post will develop our ICS Board arrangements.



# Wider transition requirements

In addition to the core transition elements, there are some further associated changes and potential transfers of functions from NHSEI that will need to be managed as part of our wider transition to an ICS.

## Direct and Specialised Commissioning Transfer

The six systems in the East are working with NHSE/I to consider what future commissioning arrangements might look like for each of the directly commissioned functions that are currently commissioned by NHSE:

- Specialised Commissioning: Mental Health, Learning Disabilities and Autism
- Specialised Commissioning: Acute Services
- Health and Justice
- Dental
- General Practice
- Pharmacy
- Optometry
- Public Health Section 7A (Screening, Immunisations and CHIS).

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

We are leading the work on Public Health Section 7A. The emerging view is this should be delegated to one ICS.

By August, there should be a recommended preferred option for each function.

In addition, the regional devolution from NHSEI covers all of the region's directorates not just direct commissioning. There's a discussion going on about how and what to devolve.

Some further clarity has been provided through updated national guidance, and we are working through this with the NHSEI Direct Commissioning Programme Teams to ensure our work remains aligned with the national direction of travel.

# Wider transition requirements

## System Improvement and Assurance

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 SIAG. As an executive group, its primary function is to bring together leaders from across the system and the NHSEI regional and national teams to identify risks and any support needed to collaboratively address performance challenges and support service improvement.

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 will meet for the first time on 6 August 2021 and will follow a number of key principles which include:

- Championing the voice of patients and wider service users, with a focus on ‘levelling up’ outcomes for all and addressing health inequalities, to improve population health.
- Following the principles of the new national System Oversight Framework (SOF).
- Simplifying and reducing duplication in system oversight arrangements including replacing the individual Oversight Meetings occurring with individual providers and the CCG.
- Taking a Quality Improvement approach encouraging collective accountability between all organisations in the N&WHCP.
- Developing and operating in partnership with NHSEI and effectively aligning governance arrangements.
- Overseeing the System Improvement Plan (SIP), which will focus on priorities for transformation including restoration of elective services, urgent and emergency care and mental health, ICS development and financial sustainability.

The SIAG will be accountable to the N&WHCP CEO Group until the NHS ICS Body has formed its statutory Board.

It is important to note that future Guidance and Legislation may require changes to the proposed approach and remit of the SIAG.