

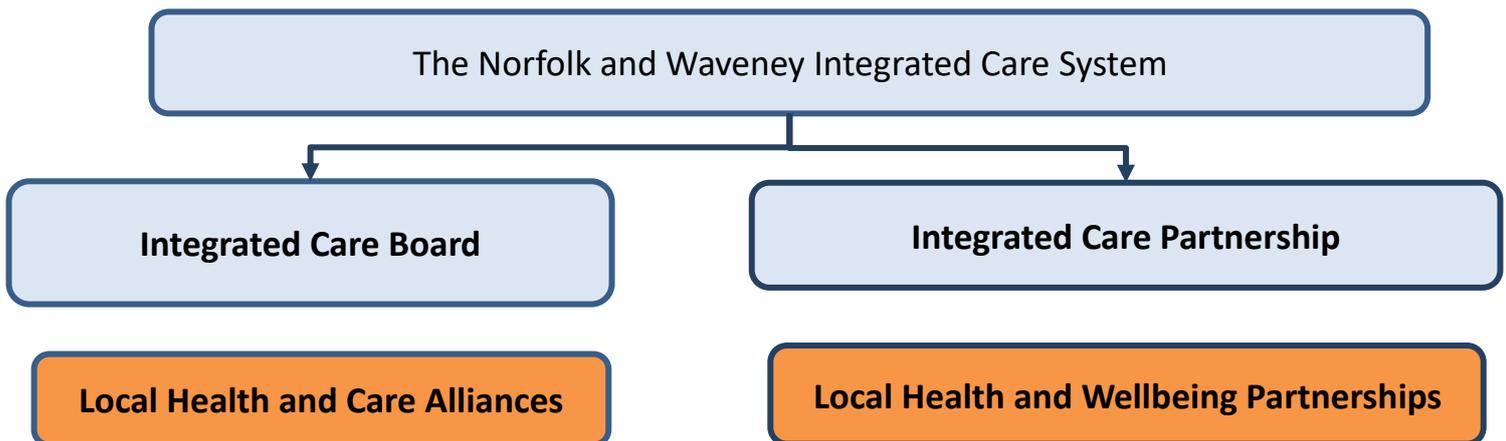
<b>Subject:</b>	How the local working arrangements of our ICS could work in practice
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<b>Submitted to:</b>	Interim ICS Partnership Board
<b>Summary:</b>	This paper outlines how we are establishing how the local working arrangements of our Integrated Care System ('ICS') will work in practice.
<b>Recommendation:</b>	The interim ICS Partnership Board is asked to: <ul style="list-style-type: none"> <li>• Approve our approach to establishing how the local working arrangements of our ICS will work in practice.</li> </ul>

**Main body of report**

**Background**

The 21 September 2021 interim ICS Partnership Board meeting approved our cross-system Place based Steering Group ('Steering Group') revised recommendations about how we work together at a more local level in our ICS.

The approach mirrors the two elements that will make-up our ICS.



We are creating five local health and care alliances ('Alliances') based on our current health localities. These alliances will bring together colleagues from health and social care to integrate services and will focus on effective operational delivery and improving people's care. They will be accountable to our Integrated Care Board ('ICB').

We are also creating 7 local health and wellbeing partnerships ('Partnerships') alongside our Integrated Care Partnership ('ICP') to progress our work on addressing the wider determinants of

health, improving upstream prevention of avoidable crises, reducing health inequalities, and aligning NHS and local government services and commissioning. These partnerships will be based on district footprints. They will bring together colleagues from county and district councils, health services, wider voluntary, community and social enterprise sector organisations and other partners that have an impact on people's health and wellbeing.

### **Alignment with wider ICS infrastructure**

There are a number of challenges currently being faced by our ICS, including long waits for elective care, discharge pressures, workforce challenges and a financial deficit.

2022/23 will bring a focus on consolidating our ICS infrastructure and continuing our system development to ensure that we can address our system-wide pressures whilst making decisions as close as possible to local populations. We must also ensure we can identify and tailor resources to address health inequalities and inequity of provision at a local level.

The ICS is aiming for greater integration across our key partners. This will be supported by our provider collaborative/s and local working arrangements of our ICS. It is envisaged these arrangements may span different footprints. Further guidance is expected shortly on how integration could and should happen across an ICS. And work is underway on developing the governance processes, accountability and reporting mechanisms within our ICS. Consideration is being made for how these arrangements will support our Alliances and Partnerships. For example, providing oversight of their performance, addressing unwarranted variation and sharing best practice.

### **Relationship between Alliances and Partnerships**

These initial local working arrangements whilst reflecting a lack of coterminosity across our respective health and district footprints do represent a good compromise for our system. It has always been clear that when thinking about the local working arrangements of our ICS, there would be no perfect solution, that there will always be some boundaries and that we needed to find the best possible fit for us. We also knew that we would need to endeavour to find a solution that works for all partners, both those involved in the planning and delivery of health and social care services, as well as those who play a hugely important role in addressing the wider determinants of health.

We expect over time that the Alliances and Partnerships will want to converge to reflect relationships on the ground, not 'lines on a map'.

To support such progression, we have established the following principles:

- There will be a representative from each Alliance at the Partnerships in their local area.
- A standing Agenda item to share emergent thinking on work programmes to secure engagement and joint working between each Alliance and their Partnership.
- Six monthly review of membership to ensure appropriate health and care senior leadership representation.
- To reflect on shared learning and implement best practice from other local areas' experience of convergence.

### **Governance update**

We have established a Place Accountability Framework Task & Finish Group ('the group') to run between January and March 2022. The group aims to draft an Accountability Framework by April 2022 in advance of formal ICS establishment in July 2022.

The remit and responsibilities of the group will be to

- Propose an approach for identifying outcomes for delivery by each Alliance and Partnership
- Identify the support needed for Alliances and Partnerships to enable them to deliver agreed outcomes

- Consider the various governance models for Alliance accountability and propose an approach for N&W (to include documentation such as Partnership Agreements, and local leadership arrangements)
- Consider the concept of a maturity matrix to support delegation from the ICB to Alliances
- Consider the interactions between Place-level Alliances and strategic ICB structures
- Consider approaches to financial delegation and propose a model for N&W (including ICB to Alliances and wider system partners to Partnerships)
- Encapsulate the above issues in a Place Accountability Framework document

### **Engagement update**

Engagement with key stakeholder groups has continued over the last three months. This has included presentations to a range of stakeholder groups including the sub-committee of the Norfolk Health and Wellbeing Board that includes representatives from East Suffolk District Council, Norfolk and Waveney Local Delivery Groups, VCSE assembly, District Council Strategic Leads meeting, Suffolk Health and Care Strategic Planning Group and ICS Transition Oversight Group. Participation has been constructive, and feedback received has helped to inform emergent thinking and next steps. This includes the governance and reporting frameworks, how they will complement one another and what will inform their separate agendas.

The Steering Group is planning separate strategic system wide workshops for the Alliance and Partnership in early March. The workshops will allow for the principles to be consistently shared with the respective members to support the cultural shift required for effective implementation of the new arrangements. Further Alliance and Partnership workshops will then be held late March to prepare ahead of their inaugural meetings in April.

### **What does good look like?**

As outlined above the initial local working arrangements of our ICS are considered a temporary arrangement, that will continue to develop and evolve as relationships mature, best practice is identified, lessons are learned and guidance changes.

Ultimately our Alliances and Partnerships are expected to come together as unified places within the next 5 years. Convergence will allow for the alignment of resources (staff and services) to support the delegation of decision making and funding in the longer term.

### **Next steps**

The Steering Group will continue to further refine and develop our approach in the coming weeks, particularly in light of any further national guidance we receive and any changes to the Health and Care Bill.

A further update on the local working arrangements of our ICS is planned for the shadow Integrated Care Board and the Integrated Care Partnership, during April 2022.