

How we work together at a more local level in our ICS

February/March 2022

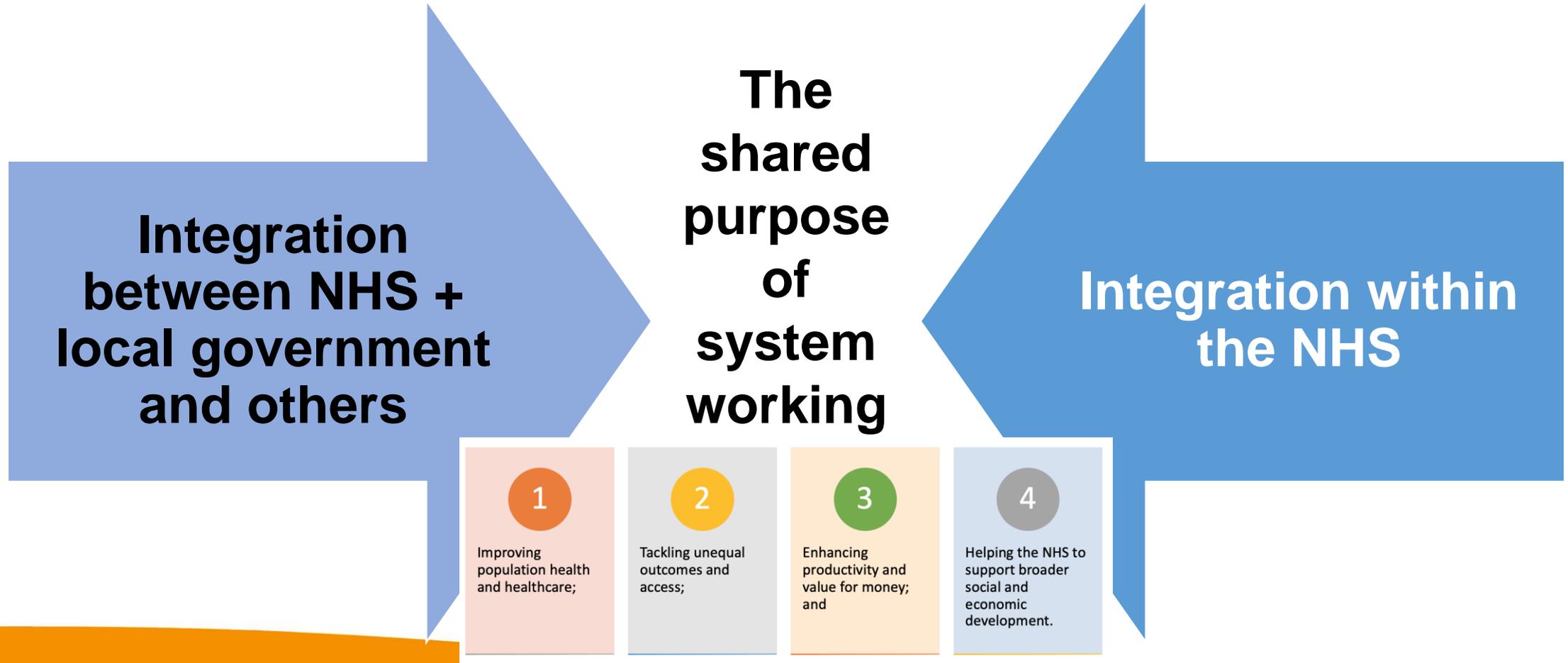


Introduction

Purpose of today:

- Introduce why local working is important in our ICS
- Outline current arrangements
- Update on the future local working arrangements
- Share current thinking about how these arrangements will work in practice.
- Talk through the next steps.

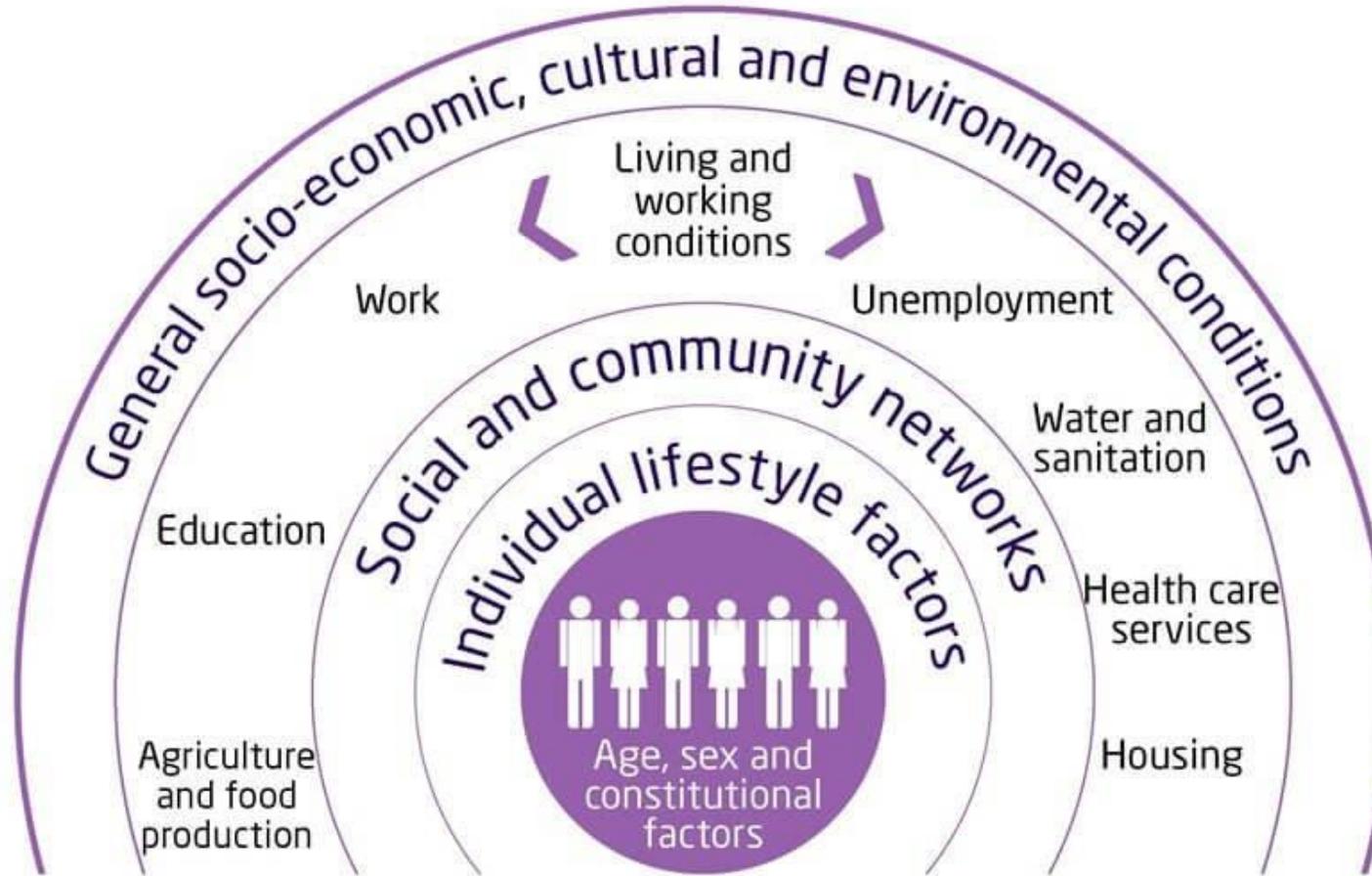
Two types of integration



Becoming an Integrated Care System

- Over the past few years we have worked together with increasing collaboration and achieved a huge amount.
 - As Integrated Care Systems 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.
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Why local working is so important



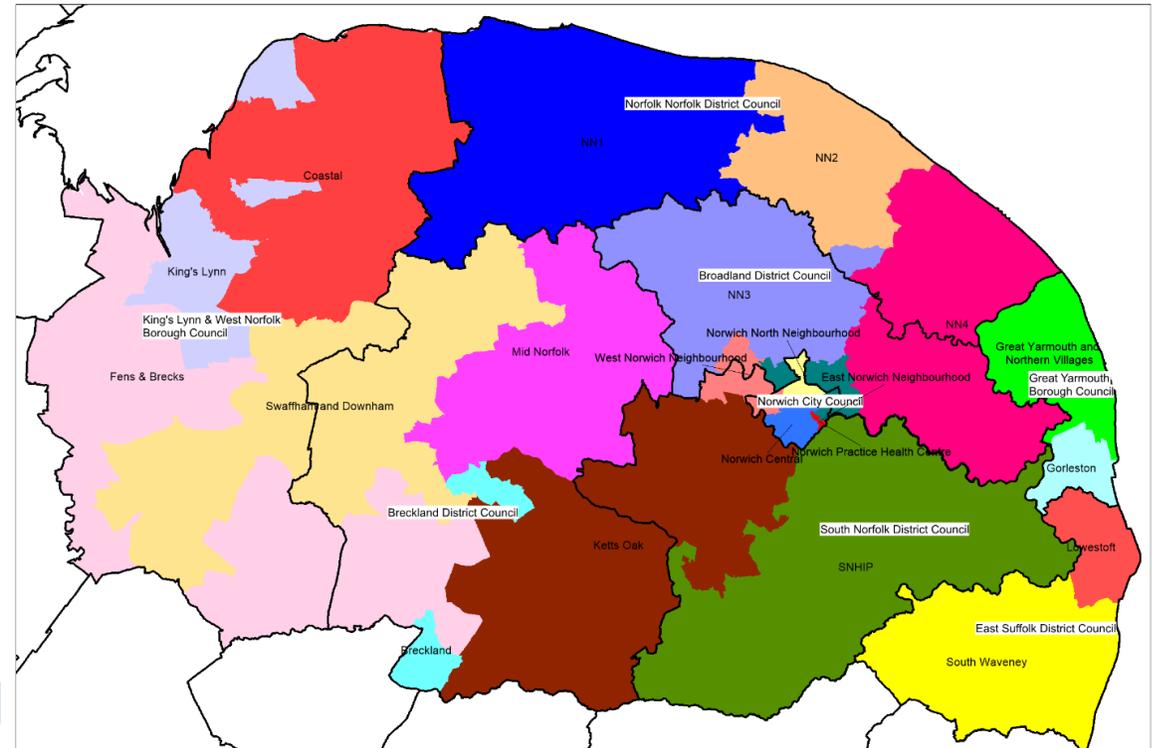
- Several studies have attempted to estimate the impact of the broader determinants of health.
- The results of all the studies have a common theme: the majority of what shapes our health has little to do with health and care services.

Our current arrangements

We already work together at different levels:

- **Neighbourhood:** our 17 Primary Care Networks (PCNs)
- **Place:** our five areas based on the boundaries of the five former CCGs
- **System:** Norfolk and Waveney

This map shows the alignment between our PCNs (shown in different colours) and the district council areas (whose boundaries are shown by the black lines)



Evolution of our local working arrangements

The initial local working arrangements of our ICS are expected to develop and evolve over time as relationships mature, best practice is identified, lessons are learned and guidance changes.

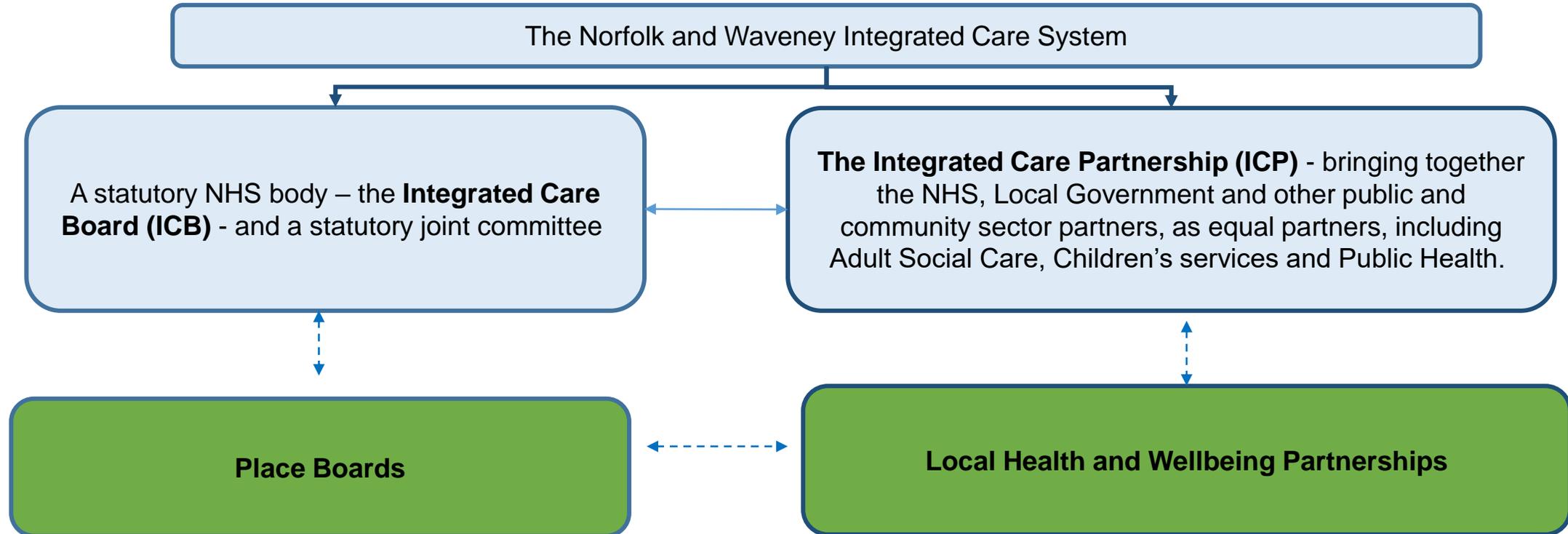
We have recently tested the assumptions of the previously agreed position in light of the:

- *'Health and social care integration: joining up care for people, places, and populations'* white paper (11 February 2022)
- *'Levelling Up the United Kingdom'* white paper (2 February 2022)

and now intend to create a maximum of five Place Boards with alignment to our local Health and Wellbeing Partnerships.

Future local working together

Our approach to how we work together locally will mirror the two elements that will make-up our Integrated Care System:



Working together more locally

By 1 July 2022:

- We will create **five Place Boards** built on our existing arrangements and the current health localities. Accountable to the Integrated Care Board, these Place Boards will bring together colleagues from health and social care to **integrate services** with a focus on effective operational delivery and improving people's care.
- We will establish **local Health and Wellbeing Partnerships** aligned to district council boundaries. Alongside our Integrated Care Partnership, the Partnerships will bring together colleagues from county and district councils, health services, wider voluntary, community and social enterprise sector organisations. They will focus on **addressing the wider determinants of health, improving upstream prevention of avoidable crises and reducing health inequalities.**

Convergence

It is expected overtime that the Place Boards and Partnerships will want to converge. So that they reflect relationships on the ground, not 'lines on a map' that presently determine a response to the health, social and the wider determinants of health of our local population.

Also we anticipate that there will be occasions when the 3 central Norfolk Place Boards will want to have a joint conversation on a specific theme. For example, how best to manage Urgent and Emergency Care pressures with their shared Acute Trust. The transformation of admission prevention and integrated discharge services would be most effectively achieved with one meaningful conversation about the existing patient flows.

What will be different from existing arrangements?

Place Board	Local health and wellbeing partnership
<p>Consistently using a system-wide perspective when considering how to integrate health and care services, ensuring effective operational delivery and improving people's care.</p> <p>Formal permission to act, in line with system strategy, to ensure effective operational delivery within existing local resources.</p> <p>Provide oversight and assurance to ICB on delivery of a shared local plan.</p>	<p>Consistently using a population health perspective when considering how to;</p> <ul style="list-style-type: none">- address the wider determinants of health- improve upstream prevention of avoidable crises- reduce health inequalities- align NHS and local government services and commissioning.

Examples of the Place Boards and partnerships functions

Place Board

- Permission to implement the delivery of local health and care services around the needs of their population.
- Bringing together better data and using it to identify local opportunities that deliver better operational health and care services.

Local health and wellbeing partnership

- Assist to shape and have the overview of the local delivery of the Integrated Care Strategy.
- Creating a local health and wellbeing profile that identifies long term trends and plans how to work together to address the root causes of health inequalities.

Membership

Place Boards

Senior Leadership from;

- Primary Care Networks
- Operational teams of NHS trusts (acute, community and mental health services)
- Operational teams for adult social care and children's services
- Locality teams for the Integrated Care Board
- Place VCSE Network(s)
- Public Health
- District council(s)

and representatives from the local health and wellbeing partnerships.

Local health and wellbeing partnership

Senior Leadership from;

- Strategic & operational teams of District council
- Locality teams for the Integrated Care Board
- NHS providers (acute, community, primary care and mental health services)
- Commissioning teams for adult social care and children's services
- Social Care providers (NORCA/SAICP)
- Public Health
- Place VCSE Network
- Other partners that have an impact on people's health and wellbeing

and representatives from the local Place Board(s).

Next steps

- Development sessions for Place Boards and Local Health and Wellbeing Partnerships; providing strategic opportunity and insight into the establishment of our local working arrangements
- Identifying the high level priorities informed by the data for each place to support planning
- Agreement on the governance model to support delegated decision making and funding to place level
- Initial shadow meetings