

North Northamptonshire Health and Wellbeing Board

Report Title	Northamptonshire Integrated Care System Update	
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List of Appendices

Appendix A ICS Workstream update

Appendix B Integration White Paper: Joining Up Care for People, Places and Population

1. Purpose of Report

To provide members an update on the Northamptonshire ICS Programme

2. Executive Summary

- 2.1** This report looks to brief members as to the overall position of the ICS transition programme and provide summary updates for all workstreams.

3. Recommendations

- 3.1** It is recommended that the Board:

- a) Note the changes to the legislative timetable
- b) HWBB members are asked to consider how the board is aligned to the ICP arrangements
- c) Continue to support the next steps and direction of travel for Northamptonshire ICS delivery to July 2022.

ICS Transition Progress to Date

On 24 December 2021, NHS England, and NHS Improvement (NHSEI) released its operational planning guidance for 2022/23. The guidance confirmed that a new target date of 1 July 2022 has been agreed for ICSs to be legally and operationally established.

This replaces the previously stated target date of 1 April 2022. The reason for this delay was to allow sufficient time for the remaining parliamentary stages. With the delay a refreshed ICB establishment timetable has been released by the national team.

It is important to recognise that the CCG will remain accountable for delivery of our statutory functions until the new ICB is in place and for ensuring that due diligence is undertaken to allow the legal transfer of people, property, and liabilities.

The programme team will continue to support and work with leads and assess the impact of the delay. Appendix A provides an update on each of the workstreams as at the end of January 2022.

The delay to the timetable will mean that all work streams are impacted, in particular Finance, HR and Governance and accountability, as the workload for the leads will increase as many of the activities will need to be completed twice.

There is now significant pressure on the CCG teams with the pressures in the system due to demand and the complexities and additional work the delay will bring.

Integration White Paper: Joining Up Care for People, Places and Population

In September 2021, the Government published Building Back Better: Our Plan for Health and Social Care. This included a commitment to develop a comprehensive national plan for supporting and enabling integration between health and social care, with a renewed focus on outcomes, empowering local leaders and wider system reforms.

The subsequent 'Integration White Paper' (IWP) Joining Up Care for People, Places and Populations was published on 9 February 2022. See Appendix B.

It sets out the Government's proposals for how NHS and local government partnerships can go 'further and faster' across the country, building on the joint-working that has been demonstrated during the pandemic and the legislative changes set out in the Health and Care Bill. It has a particular focus on delivering integration at 'place' through the agreement and pursuit of shared outcomes across health and social care.

Subject to legislation being agreed each ICS will comprise an:

- Integrated care partnership (ICP): the broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS.

- Integrated care board (ICB) bringing the NHS together locally to improve population health and care.

Integrated Care Partnership will be statutory committees formed between (as a minimum) the ICB and the Local Authorities that provide social care services. This will be built on existing partnerships arrangements and collaboration across the system.

The ICP to be formed will be on the principle of equal partnership between the NHS and local government in delivering services. It is expected that each ICP will adopt a model of representation which reflects the diversity of the local provider sector and ensures meaningful engagement with providers of all shapes and sizes.

The formation of our Northamptonshire ICP will need to consider the following;

- How do the two HWBBs link in with the ICP arrangements?
- What are Northamptonshire ICP arrangements?
- Who will chair the Northamptonshire ICP?
- The membership of the Northamptonshire ICP?

Communications and Engagement

The communications and engagement team are scoping the methodology for developing a framework for community engagement at all levels for ICP and ICS key stake holders across will be invited to be part of the framework development. The ambition will be for partners across the ICS we have clear and robust methodology for embedding the community voice at all levels and with consistency. In working together with partners to shape how we work in the coming months we will also aim to have a strategic approach to what we will implement in our first year.

Readiness to Operate Statement (ROS)

Since the October 2021 submission, the team have updated the ROS template based upon the ROS evidence and expectation subsequently received from NHSE/I. The SRO leads have completed the ROS template which include details of the key milestone/evidence completed and where any evidence is held, provides details of upcoming milestones/evidence, any risks/issues/decisions identified and detail any additions that cannot be mitigated by the SRO and/or element lead and therefore need to be escalated.

NHSE/I evidence is based on an assurance level of A – tell us, B Show us and C work with us SRO leads are liaising with the NHSE/I subject matter experts to ensure mutual understanding of progress to date.

Initial feedback from NHSEI colleagues is positive; the system has provided evidence as required and demonstrated progress as of December 2021. The ICB timetable indicates the next iteration of the ROS will be March 2022; the team will work with system SROs to update the ROS progress and evidence.

Next steps

- Programme team to review the checklist and add the evidence required
- Continue to support SRO and workstream leads