

# Devon Integrated Care System System Assurance Framework

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## 1. Introduction

The NHS Long-Term Plan set the ambition that every part of the country should be an integrated care system (ICS) by 2021. It encourages all organisations in each health and care system to join forces, so they are better able to improve the health of their populations and offer well-coordinated efficient services to those who need them. Delivering service transformation of this scale requires a well-developed system and effective underpinning infrastructures.

This document sets out the working arrangements which will operate in the Devon Integrated Care System (Devon ICS) when it is established as a shadow ICS in February 2020. There is a recognition that the system is in a transitional phase and that these arrangements will be further developed and refined as the system moves towards full ICS status in April 2021. (This System includes the population registered with all GP practices in the geographical area covered by Devon County Council, Plymouth City Council and Torbay Council)

## 2. Development of the Devon ICS

As part of our plan to implement the NHS LTP, we are expected to set out the local actions we will take to become a 'mature' ICS by April 2021. NHS England have published an ICS maturity matrix to guide systems on the characteristics they expect of ICSs and we are using this tool to assess the 'current state' and to inform our approach to ICS development with a detailed programme plan.

National guidance sets out that the characteristics of a mature ICS include:

- Collaborative and inclusive multi-professional system leadership, partnerships and change capability, with a shared vision and objectives and an independent chair;
- An integrated local system, with population health management capabilities which support the design of new integrated care models for different patient groups, strong PCNs and integrated teams and clear plans to deliver the service changes set out in the Long Term Plan; improving patient experience, outcomes and addressing health inequalities;
- Developed system architecture, with clear arrangements for working effectively with all partners and involving communities as well as strong system financial management and planning (including a way forward for streamlining commissioning, and clear plans to meet the agreed system control total moving towards system financial balance);
- A track record in delivering nationally agreed outcomes and addressing unwarranted clinical variation and health inequalities;
- A coherent and defined population, where possible contiguous with local authority boundaries.

We have recently assessed our progress across all the domains of the ICS maturity matrix and evidence. This demonstrated that we needed to make significant further progress in a number of the key areas including further development of our:

- System operating model, strengthening the relationship between care redesign, performance and finance and ensuring delivery
- Population health management capability

- System governance and Devon ICS leadership arrangements to support a 'system first' approach including the clarification of the role of non-executives and elected members and strengthening links with Primary Care Networks and Health and Wellbeing Boards
- Design and development of Local Care Partnerships (LCPs) and the Mental Health Steering Board, clarifying relationships with PCNs and Local Authorities in delivery of care
- The CCG and partner organisations to form the Strategic Commissioner and clarification of their role in system working.
- The system population outcomes framework to ensure close alignment with key deliverables in the NHS LTP and system financial and performance priorities
- Organisational Development (OD) plan to support the delivery of the key elements of our ICS and the relationships between them.

We have started to develop a future model of integrated governance and system-led oversight with key local stakeholders, including non-executive directors, Lead Cabinet members and chairs of the three Devon Health and Wellbeing Boards and we have engaged with council leaders and other senior NHS and local government officers to co-design the new arrangements. We are taking steps to develop our system leadership arrangements and to establish a shadow ICS board by February 2020 underwritten with an updated formal MOU agreed by all partners. To ensure we have the right leadership in place to move us forward quickly, we will agree the programme for appointment of the substantive system leader to lead on our system development and we have developed a 'governance checklist' to support our transition from STP to ICS by April 2021.

In line with this new way of working, the Devon Health and Wellbeing Boards, supported by our public health teams, are beginning to work together more closely to identify common themes in their Health and Wellbeing strategies and the development of the Devon LTP has been a catalyst for deepening system-level collaboration. Including the boards in strategic planning has helped to create a shared vision and strengthen alignment between board priorities making it easier to address those issues which can be more effectively tackled through a system-wide approach, particularly our shared aims around prevention of ill health and self-care in local communities as set out in our ambitions. We have also identified the need for stronger Primary Care Network engagement across the system and the governance arrangements will reflect this - we will embed GPs into leadership and governance structures of our emerging ICS.

### **3. Parties to the System Assurance Framework**

All the organisations who are parties to the local MOU are parties to this System Assurance Framework. These are:

- Devon County Council (DCC)
- Devon Partnership NHS Trust (DPT)
- Livewell Southwest (LSW)\*
- Devon CCG (DCCG)
- Northern Devon Healthcare NHS Trust (NDHT)
- Plymouth City Council (PCC)
- Royal Devon and Exeter NHS Foundation Trust (RDE)
- University Hospitals Plymouth NHS Trust (UHP)
- South Western Ambulance Service NHS Foundation Trust (SWASFT)\*\*

- Torbay and South Devon NHS Foundation Trust (TSD)
- Torbay Council (TC)

*\*(n.b Although Livewell Southwest is an independent social enterprise, throughout this document the term “NHS organisations” should be read as including Livewell Southwest)*

*\*\* (SWASFT is a partner within the Devon ICS with respect to the services that it provides within the Devon footprint. It is recognised that SWASFT will also be a partner in other ICS arrangements)*

#### 4. Associated Strategies and Plans

The following strategies and plans should be read in conjunction with the System Assurance Framework:

- STP Plan 19/20
- Memorandum of Understanding
- Devon Long Term Plan
- Workstream Delivery Plans

#### 5. System Vision and Ambitions

Devon’s Long Term Plan for health and care services has, at its heart, a vision that **“everyone in Devon to have equal chances to live long, happy and healthy lives”**. It has ambitions for change over the coming decade and firm plans for investment in each of the next five years.

Devon’s NHS organisations, together with Devon County, Plymouth City and Torbay Councils have shared aspirations for health and care in Devon for the future. They are taking collective responsibility for working together towards the following five shared ambitions:

1. **Effective and efficient care:** using Devon taxpayer’s money to deliver value for the population, eradicate waste, tackle unwarranted clinical variation and improve productivity everywhere.
2. **Integrated Care Model:** shifting to care out of hospital by supporting and developing: the primary care networks, community services (including mental health), social care and voluntary sector. This will reduce the growth in acute urgent care, improve access to primary care and enable more people to be cared for at home.
3. **The “Devon-wide Deal”:** nurturing a citizen led approach to health and care which reduces variations in outcomes, gaps in life expectancy and health inequalities across Devon.
4. **Children and young people:** investing more in children and young people to have the best start in life, be ready for school, be physically and emotionally well and develop resilience throughout childhood and on into adulthood.
5. **Digital Devon:** investing to modernise services using digital technology.

6. **Equally Well Devon'**. The ambition of this programme is to increase the life expectancy of people with learning disabilities and/ or autism and of people with severe mental health problems so that it is closer to the life expectancy of other people in Devon.

## 6. Scope of the System Assurance Framework

The System Assurance Framework will develop to provide assurance across:

- Performance – national and local delivery targets and outcome measures
- Quality – safety, clinical effectiveness and experience
- Compliance information – regulatory and reporting requirements including those set out in the NHS Oversight Framework.
- Finance – delivery of plans and key metrics, and the system control total.

## 7. Underpinning Principles to the System Assurance Framework

The System Assurance Framework recognises that:

- The parties to the Memorandum of Understanding will continue to exist as sovereign bodies and hold their existing budgets and accountabilities;
- NHS England and NHS Improvement will retain legal responsibility, respectively, for CCG and Foundation Trust authorisation, regulation and assurance.

NHS England, NHS Improvement and the Devon System have committed to working together within these statutory responsibilities to implement the system assurance framework in line with the principles set out in national guidance. This will include the locally agreed principles that:

- Devon ICS remains part of the wider NHS and social care system; such that there is assurance that the system will deliver against the minimum operational standards required nationally.
- The Devon ICS will be assured once, as a system, for delivery of the NHS Constitution and mandate, and quality.
- The system assurance framework will be consistent with the principle of subsidiarity (decisions are made at the most appropriate level) within Devon, recognising the 'place' footprint as the primary unit of planning and delivery, whilst understanding the position of individual organisations;
- The system assurance framework will operate on the basis of "mutual accountability" where all parties to the MOU are equal and have shared responsibility for the delivery of operational standards and transformation plans;
- The process will be under-pinned by a clear approach to improvement-focused intervention, support and capacity building. Peer review will be a core component of the improvement methodology.
- Organisations in the Devon ICS will work together to make best shared use of improvement capacity and expertise.

## 8. Roles and Responsibilities

The ICS has established a governance structure will clearly sets out roles and responsibilities. This structure is set out in the diagram at Section 11. The purpose of each of the governance groups is summarised below:

	For completion once Terms of Reference agreed
Collaborative Board	•
ICS Board	•
Executive Leadership Team	•
Finance Working Group	
System Performance Group	•
Clinical and Professional Cabinet	•
Locality Care Partnerships	•
System Performance Delivery Team	•
ICE (Strategic Commissioner)	•
System Improvement Boards	•

## 9. Key Elements of the System Assurance Framework (SAF)

The SAF will have six component parts:

1. Operational Plan – setting out the priorities, plans, performance trajectories and associated resources for the current year;
2. Performance Framework – setting out performance against national and local priorities;
3. System Programme reports – setting out in-year progress against delivery and transformation plans, and identifying risks and mitigating actions;
4. Locality Care Partnership Plans and reports – setting out progress in each of the locality areas
5. Escalation Process – agreed process, thresholds and triggers for escalation within the Devon ICS and externally;
6. Risk Management Framework – setting out system risks and mitigation.

### 9a Operational Plan

On an annual basis, NHS England and NHS Improvement expect each NHS organisation to submit an Operating Plan. The Devon ICS will be responsible for assuring these plans and

for ensuring that the place-based plans and the over-arching Operational Plan are consistent with national requirements on finance, activity, priorities and performance.

NHS England and NHS Improvement will agree with the Devon ICS the expected level of achievement in-year at system level.

Locality Care Partnership plans will need to be agreed by all organisations within each Place and be consistent with and contribute to the wider Devon ICS Operational Plan.

The Operational Plan for the Devon ICS will be aggregated from the Locality Care Partnership plans and the plan for system-wide initiatives across Devon. The Plan will include those elements of NHS England's direct commissioning responsibilities which sit within the Devon ICS.

NHS England and NHS Improvement (with other national partners) will assure the Operational Plan. The Devon ICS will be responsible for assuring local plans at an organisational, place and system level.

### **9b Performance Report**

A system performance report has been developed, that focuses on place and system wide performance, rather than each of the individual organisations. This framework, includes a suite of metrics that under-pin the STP Plan and focus on achieving transformation rather than routine assurance.

The framework ensures that different parts of the Devon ICS (organisation, place or programme) are not working to different regulatory regimes and the performance dashboards report on delivery of the NHS Constitution targets and the NHS mandate expectations. The focus of the dashboard is on delivery in place and at a programme level with the ability to aggregate key metrics together to produce the assurance reports for the relevant boards within the governance framework. The dashboards will provide the foundation for the quarterly assurance report to the integrated Regional Director for NHS England and NHS Improvement.

A separate finance dashboard will be prepared each month.

Progress on transformation and risks to programmes will be reported to the System Performance Group through monthly programme reports.

### **9c System Programme Reports**

Each of the system work programmes has produced a 2019/20 workplan. These work programmes have been reviewed by an external consultancy. New reporting and project managements are being established which will form the basis of ongoing monitoring and assurance.

### **9d Locality Reports**

Locality reports will be provided to the Executive Leadership Team to provide assurance on the delivery of strategy, plans and transformation within place and at system level, covering:

- Progress assessment – current period and previous period (RAG)



- Priorities for current year
- MOU commitments
- Update on citizen engagement
- Progress update on transformation plan
- Next steps on transformation plan
- Progress on planned savings and forecast
- Risks and mitigation

## **9e Escalation Process**

The Devon ICS will follow an escalation process in line with the roles and responsibilities outlined within this framework.

## **9f Risk Management Framework**

The Devon ICS has developed a Risk Management Framework which sets out how it will manage risk at 3 levels

- System Strategic Risk – Risks which impact on the delivery of the system's strategic objectives
- System Performance Risks – Risks which impact on performance across a number of organisations and are best mitigated by system working.
- System Priority Programme Risks – Risks which impact on the delivery of agreed workstreams

These arrangements will be mirrored at Locality Care Partnership level

## **10. Regulatory Assurance**

NHS England and NHS Improvement have agreed that:

- i. NHS England and NHS Improvement Regional Director will meet quarterly with the Devon ICS to ensure that NHS Constitution, NHS Mandate and MOU commitments are being met in full by Devon ISC.
- ii. The Devon ICS will comply with the requirements of the NHS Oversight Framework 19/20.
- iii. Where Devon ICS is not delivering the requirements of the NHS Constitution, mandate and MOU at a system level the Devon ICS will set out its proposal for improvement. Required actions could include:
  - Improvement/recovery plan
  - Monitoring of the standard at a different frequency (eg monthly)
  - Requirement for Devon ICS to seek further support to secure recovery
- iv. When an individual organisation is outside of the expected performance standards, the Devon ICS will seek to resolve and inform the regional team of progress. In the event of sustained non-delivery, the Devon ICS and the lead regional director will consider next steps. The following principles will apply:
  - Devon ICS will be responsible in the first instance for working with local organisation to address the issue, supported by the integrated regional team.

- Any NHS England or NHS Improvement intervention required will, wherever possible be identified in consultation with and agreed with the Devon ICS;
  - Any regulatory decisions will, as now, be made by NHS England and NHS Improvement but, wherever possible, will be in consultation with and taking into account the views of the Devon ICS;
  - NHS England and NHS Improvement will not engage with individual providers or CCGs without the knowledge of the Devon ICS and an invitation to participate in the discussion.
  - If the Devon ICS wishes NHS England or NHS Improvement to exercise its wider powers of intervention, they will be required to evidence the reasons and to request formally the intervention.
  - Separate arrangements are in place for those services commissioned by Local Authorities which may be subject to regulation through OFSTED and CQC.
- v. An agreed suite of performance reports will be made available by the regional team to inform the quarterly review, a week in advance of each meeting.
- vi. All organisations in the ICS (including NHS and Local Authority partners) are expected to have robust arrangements for internal and external audit in line with best practice.

It is recognised that the Local Authority Partners in the ICS are not subject to the same regulatory arrangements as the NHS organisations. The roles and duties of the Local Authorities (incl Officers and Members) are set out in Statute and are subject to democratic accountability. Local Authority Partners have agreed to work closely with NHS Partners for the purposes of achieving the ICS objectives and may choose to exercise some of their statutory functions through these arrangements (within agreed boundaries for delegation) however this will not effect the accountability arrangements of the organisations. Further detail on the accountability of the Local Authorities is set out in the Memorandum of Understanding.

## 11. Devon Integrated Care System Diagram



