Health and Adult Care Scrutiny Committee
17 March 2022

Development of the Integrated Care System for Devon (ICSD)

A joint report from NHS Devon Clinical Commissioning Group and Devon County Council Adult Care and Health.

1. Recommendation(s)

1.1 The Devon County Council Health and Adult Care Scrutiny Committee notes the content of this report and the continued development of the Integrated Care System in Devon.

1.2 Members of the committee continue to take opportunities to engage with their local health and care organisations, teams and partnerships to see what further value and difference they can make to supporting the development of local care partnerships.

2. Purpose

2.1 This paper aims to engage the Health and Adult Care Scrutiny Committee in the development of the Integrated Care System for Devon and provide opportunities to influence, contribute and scrutinise.

2.2 This paper sets out the progress made so far to develop the Integrated Care System for Devon against Government requirements.

2.3 It also highlights work happening at place-level to create Local Care Partnerships within the system.

Together for Devon

Health and care working in partnership with local communities in Plymouth, Torbay and the rest of the county

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1. Introduction: National Context

1.1 In November 2020, NHS England and NHS Improvement published Integrating care: Next steps to building strong and effective integrated care systems across England. It described the core purpose of an ICS being to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

1.2 It emphasised that the next phase of ICS development should be rooted in collaboration. It described common features that every system is expected to have and develop, as the foundations for integrating care. It also highlights opportunities for local flexibility to achieve consistent national standards and reduce inequalities:

1.3 The Integrated Care System for Devon (ICSD) will ensure that:

- decisions are taken closer to, and in collaboration with the communities they affect and lead to better outcomes for people
- organisations and communities working in partnership to address health inequalities, providing joined-up, efficient and effective services
- improvements made to population health and wellbeing is informed and underpinned by consistent and coordinated data and information, to enable more effective decision-making

1.4 Strong place-based partnerships between the NHS, local councils, voluntary organisations, residents in communities, service users and carers will be key to the success of the ICS.

2. Governance

2.1 In February 2021, NHS England and NHS Improvement made recommendations to Government to establish ICSs on a statutory basis, with a strengthened role for local government to play in ICS decision-making. The legislation is currently (Feb 22) at the reading stage in the House of Lords and sets out how new arrangements will look but is subject to further amendments and approval.

2.2 The statutory ICS arrangements will comprise:

- The ICP - that will be a group of system partners promoting collaborative arrangements and develop a plan to address the broader health, public health and social care needs of the population
- The ICS NHS body – including an Integrated Care Board, who will be responsible for NHS strategic planning and allocation decisions, and accountable to NHS England for NHS spending and performance within its boundaries.

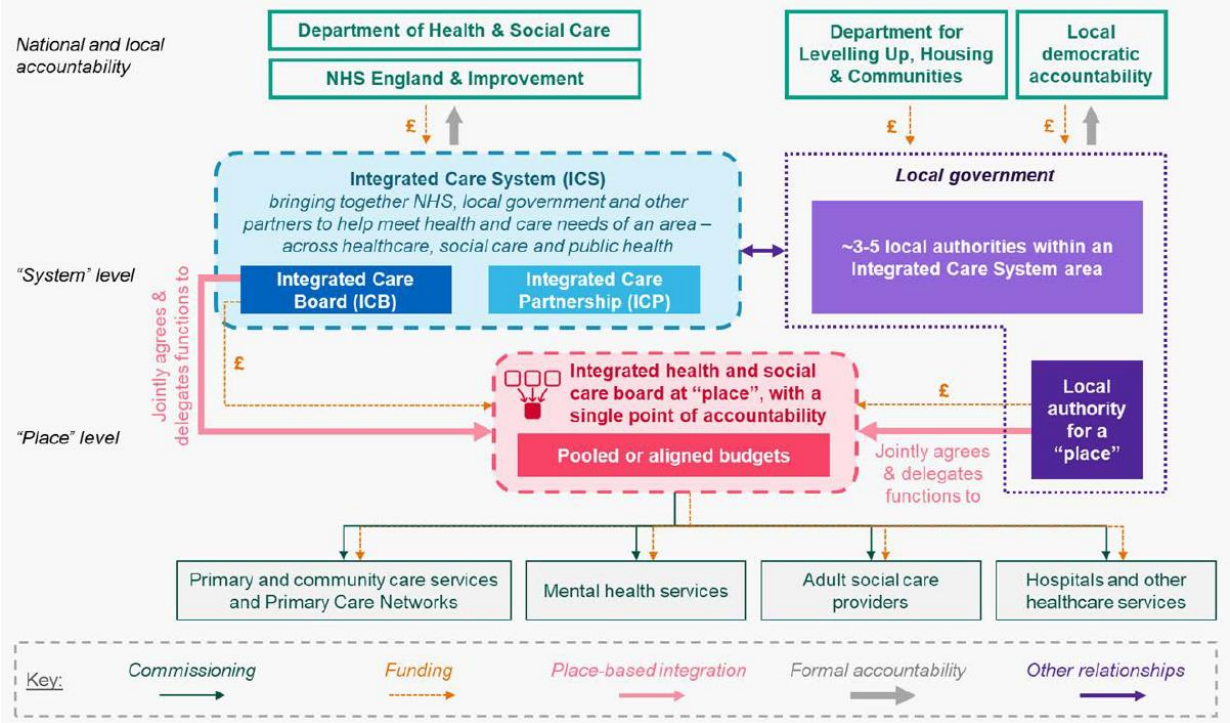
2.3 A revised target date of 1st July 2022 has been agreed for the new arrangements to take effect and Integrated Care Boards (ICBs) to be legally and operationally established.

2.4 The core components of Integrated Care Board governance arrangements and expectations are set out below:

Integrated Care Board (ICB) ***(statutory)***
• ICBs will be established as new statutory organisations, to lead integration within the NHS. • The ICB will have a unitary board, responsible for ensuring the body plays its role in achieving the four purposes. • Minimum requirements for board membership will be set in legislation. • Each board will be required to establish an audit committee and remuneration committee. • All ICBs will need to put arrangements in place to ensure they can effectively discharge their full range of duties and functions. This is likely to include arrangements for other committees and groups to advise and feed into the board, and to exercise functions delegated by the board.
Integrated Care Partnership (ICP) ***(statutory)***
• Each ICS area will have an ICP (a committee, not a body), which brings together organisations and representatives concerned with improving the care, health and wellbeing of the population.

• The ICP will have a specific responsibility to develop an integrated care strategy. • Each ICB will need to align its constitution and governance with the ICP.
Place-based partnerships (also known as Local Care Partnerships)
• ICBs will be able to arrange for functions to be exercised and decisions to be made, by or with place-based partnerships. Place based partnerships are providers working within a smaller geographical footprint. The ICB will remain accountable for NHS resources deployed at place-level. • Each ICB should set out the role of place-based leaders within its governance arrangements.
Provider collaborative (may be at sub system, system or supra-system level)
• Provider collaboratives will agree specific objectives with one or more ICB, to contribute to the delivery of that system's strategic priorities. The members of the collaborative will agree together how this contribution will be achieved. • The ICB and provider collaboratives must define their working relationship, including participation in committees via partner members and any other local arrangements, to facilitate its contribution to agreed ICB objectives.

2.5 A visual representation of ICS governance is shown below:

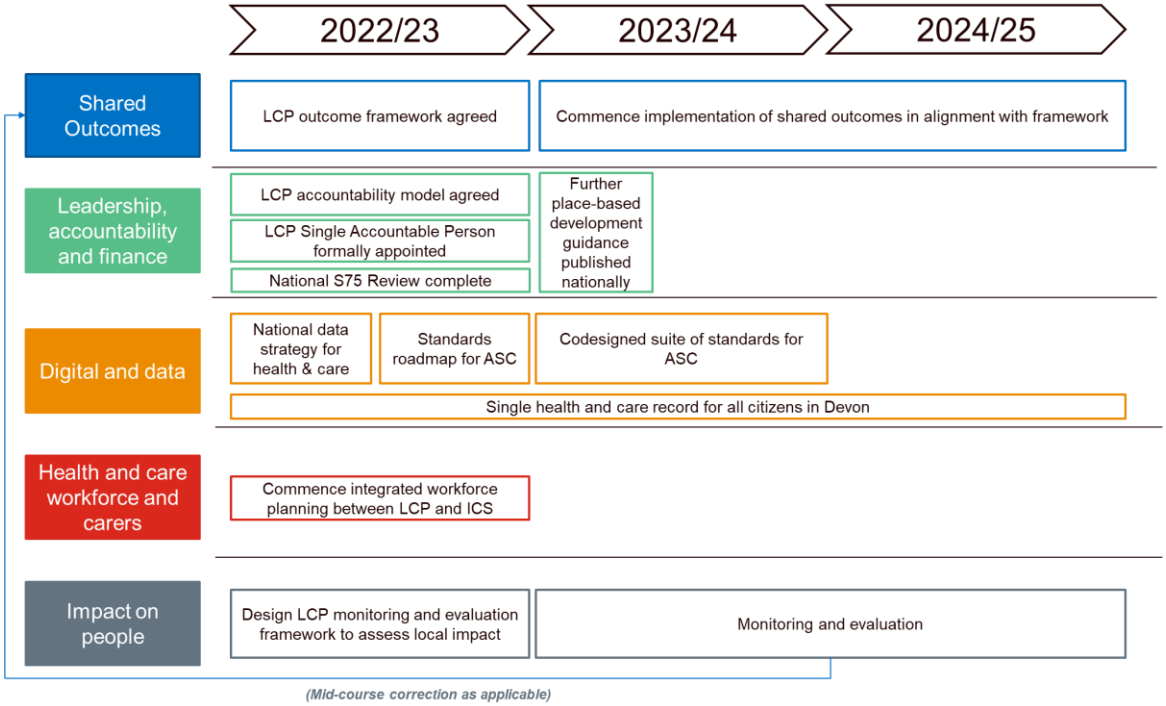


3. Government's proposals for health and care integration (white paper) – Joining up care for people, places and populations (Feb 22)

3.1 The white paper published on 9th February 2022 sets out plans to make integrated health and social care a reality for everyone across England. The diagram sets out below the key themes and outputs expected in the plan:

Shared Outcomes	Leadership, accountability and finance	Digital and data	The health and care workforce and carers	Impact on people
▪ Create a framework with national and local outcomes by Spring 23 ▪ Alignment will be reviewed with other priority setting exercises and outcomes frameworks across health and social care ▪ Ensure implementation of shared outcomes will begin from April 2023	▪ A single person, accountable for the delivery of the shared plan and outcomes for LCP ▪ National l/ship programme will be developed and rolled out for Places ▪ A model of accountability and provide clear responsibilities for decision making by Spring 23 ▪ CQC assessment to align with new accountabilities ▪ 2006 Act for S75s will be reviewed and simplified followed by guidance to go further & faster by Spring 23	▪ Data Strategy for Health and Care will be published (Winter 21/22) ▪ Ensure every health and adult social care provider within an ICS to reaches a minimum level of digital maturity ▪ Single health and adult social care record for each citizen (by 2024) ▪ Implement a population health platform with care coordination functionality ▪ Develop a standards roadmap (2022) and co-designed suite of standards for adult social care (Autumn 2023) ▪ 1m people to be supported by digitally enabled care at home (by 2022)	▪ Strengthen the role of workforce planning at ICS and place levels ▪ Review barriers to flexible movement and deployment of health and care staff at place level ▪ Appropriate clinical interventions to be used in care settings and cross sector training	▪ Monitoring and evaluation framework

3.2 The timescales for these plans to be delivered in Devon are set out in the diagram below:



3.3 The white paper states the delivery of these plans will support the development of a health and care system which:

- is levelled-up in terms of outcomes and reduced disparities
- ensures people have access to health and care services which meet their needs, and experience outstanding quality care
- transforms where care is delivered, according to people's preferences (including at home and in the community). This includes ensuring that people are discharged in a timely, safe and efficient way from hospital
- enables people to access personalised information about their health and care - to give them more control over their own health and care journey - informed by excellent, timely data and integrated care records
- enables data and information sharing to support joined up and informed decisions around an individual's care, and better understanding of the needs and priorities of local populations
- is delivered by a capable, confident, multidisciplinary workforce which wraps services around individuals and their families and carers

- allows and encourages innovation and digital solutions to ensure that we have the right tools which enable people to have their needs met in the right place

- has joined up workforce planning at the system level to ensure the right people, with the right skills and training to deliver person-centred care

- incentivises organisations to prioritise the same shared outcomes and goals, so rather than a narrow focus on their own organisational targets, they can think about health and care journeys and outcomes, to ensure people don't fall through gaps between services or settings, or bounce around the system

- incentivises organisations to collectively prioritise upstream interventions for individuals and communities, and increasingly allocate resource to improve population health and address disparities

- is driven forward by decisive leadership, who listen to and understand the needs of their local people and have clear accountability for delivering those outcomes

4. Local Progress Against National Plan

4.1 Development of the Integrated Care Board (ICB) and Integrated Care Partnership (ICP)

4.1.1 An ICB structure has been drafted with proposed committees that feed into the board. Terms of reference are being drafted for these groups and these will be tested with partners to assess the suitability of the whole structure before full implementation on 1st July.

4.1.2 The ICB will aim to start operating in shadow form from 1 April to test structures and governance, in parallel with the statutory CCG board and committees until 1 July.

4.1.3 There is an expectation that governance and structures may need to be refined beyond 1 July as local and national learning is identified and shared.

4.1.4 The ICP development is in progress, with a first draft of its functions to be discussed at two workshops with Health and Wellbeing boards in March and April. One workshop will include a discussion on the approach for developing the integrated care strategy for Devon. The workshops will also aim to agree how to work with wider stakeholders on how the ICP will function to ensure real engagement with the wider system. The ICB is keen to ensure strength and depth in diversity of its leadership.

The aim is to start operating the ICP in shadow form in May.

4.2 Recruitment to ICB Executive and Non-Executive Director Posts

4.2.1 NHS Devon Integrated Care Board (ICB) has appointed three Non-Executive Directors (NEDs) to its new Board. Dr Thandiwe Hara, Professor Hisham Saleh Khalil and Professor Sheena Asthana will join over February and March, giving them time to be inducted and settle in before the ICB formally launches on 1 July 2022 (subject to parliamentary approval of the Health and Care Bill).

4.2.2 Dr Thandiwe Hara – NED for Citizen and Community Involvement
Thandiwe is currently the University of Oxford's Strategy Development Executive alongside being a non-executive Board member of the NIHR SW Clinical Research network and a trustee for the Plymouth Racial Equality Council. Thandiwe has extensive experience in community engagement, health inequalities and local government strategy and policy.

4.2.3 Professor Hisham Saleh Khalil – NED for Quality and Performance
Hisham is a practising ear, nose and throat (ENT) consultant at University Hospitals Plymouth NHS Trust and Associate Dean and Faculty Head of the Peninsula Medical School. A current University Hospitals Plymouth NHS Trust NED, Hisham has held a similar role at the Royal Devon and Exeter NHS Foundation Trust. Hisham is an active clinical researcher with an interest in new models of healthcare delivery and ENT.

4.2.4 Professor Sheena Asthana – NED for Health Inequalities and Population Health
Sheena has been the director of the Plymouth Institute of Health and Care Research since 2020 where her research focused on closing inequality gaps in access to health care, education and other public services. Throughout her career, Sheena has been active in advocating for, and informing policy change in, health inequalities.

4.2.5 Over the past few years, Devon has put a greater focus on equality, diversity and inclusion, and it is positive to see the Board beginning to better reflect the rich diversity and culture in Devon.

4.2.6 The ICB will have six NEDs in total, with the aim of further appointments being announced in March.

4.2.7 As well as the executive and non-executive members, the ICB Board will also have four partnership members from NHS provider, primary care, local authority and population health and prevention.

4.2.8 The ICB is also making good progress on appointing to the remaining ICB Board and Executive roles.

4.2.9 A number of posts were advertised nationally during January and assessment processes for the roles of Chief Medical Officer, Chief Delivery Officer and Director of Workforce Strategy were completed at the end of February and will be announced in March.

4.3 Locality Care Partnership (LCP) Development in Devon

4.3.1 LCPs are sometimes referred to as place-based partnerships. There is no defined expectation of what stage of development LCPs should have reached by 1st July 2022 in the national guidance. There are six in Devon; North, East, South, West, Plymouth and a mental health LCP. In Devon the LCPs have completed a self-assessment against key criteria which shows that Devon LCPs are at different stages of maturity, therefore require a tailored development roadmap.

4.3.2 The Integration White Paper published in February 2022 has set some national expectations around the level of development to be achieved by Spring 2023. By the 1st July 2022 the expectation is that each LCP will have a bespoke development roadmap setting out function, form, governance and shared outcomes to be delivered. Longer term expectations are also set out in terms of digital development and population health management at place level which the roadmap will incorporate.

5. How Devon is Working at Place

5.1 The legislative requirements for 'place' within an ICS are developing, with the most recent additions emerging through the Integration white paper that sets out government proposals for even closer working across the health and care system.

5.2 The proposals set out a mixture of must dos, alongside permissive elements for how the must dos are achieved. For example, there is a requirement for single accountable person at place, but who that is and from what host organisation and the model of governance are not prescribed.

5.3 Whilst legislation is developing nationally, we are progressing locally with a significant amount within our gift to work differently together and closer to communities, without national policy and legislative change. And in many ways collaboration and co-production is not a new approach in Devon, we have a history of statutory health and social care organisations and beyond, including the Voluntary, Community and Social Enterprise Health and Wellbeing Alliance (VCSE), working together in towns, communities and neighbourhoods across Devon.

5.4 For over 15 years we have had joint community health and social care teams, co-managed and co-located in our coastal and market towns, linked into the VCSE, often with dedicated roles.

5.5 There has been new focus and impetus though as the national integration agenda has developed. The four DCC facing 'places' are all at different stages of development, they have different arrangements, and different ways of working.

5.6 They have different populations and identities and therefore different priorities. But there is a clear link to the system and a collective endeavour, alongside Plymouth and Torbay, to be part of a wider system to focus on a single set of system wide priorities.

5.7 Prevention, early help, population health and wellbeing and addressing health inequalities are the drivers of the health and care system and of place, alongside a more central and leading role for the VCSE.

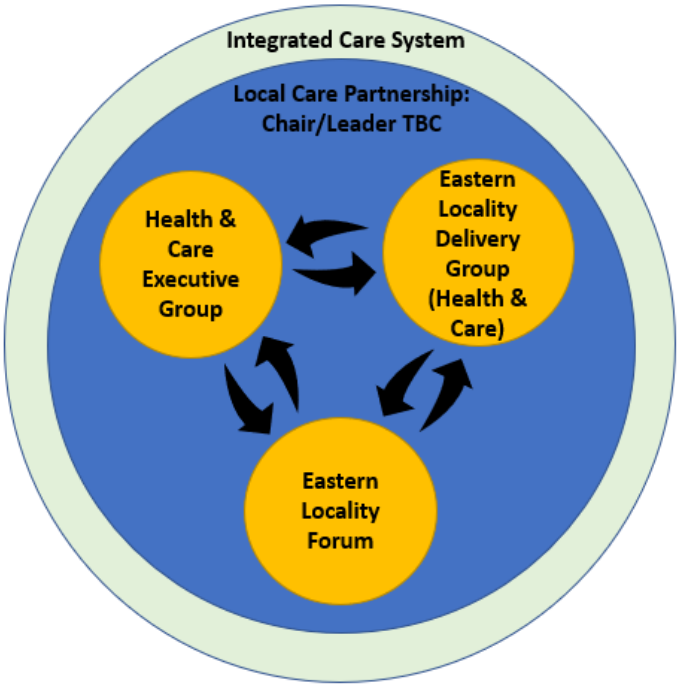
5.8 What is happening at place: Eastern Devon

5.8.1 LCP arrangements in Eastern Devon are developing and they will continue to evolve with input and influence from all parties involved. Plans will respond to legislation but also to the unique characteristics of Eastern Devon, its partnerships and the people who live there.

5.8.2 There are three key groups working together to lead the strategic development and delivery of the LCP. LCPs are not statutory single organisational forms, they are a collection of individuals, teams and organisations, collaborating and aligning actions working towards common priorities and outcomes for a given population.

5.8.3 The three groups in the Eastern LCP are set out in the diagram below. Each group consists of representatives from across health and care organisations and beyond including blue light services, all working together.

5.8.4 The VCSE has a leading role too, with local arrangements developing to ensure strong representation, influence and contribution from across the many vibrant and wide-ranging organisations, charities and community interest groups and community forums.



5.8.5 Eastern Devon LCP Health and Care Executive Group:

- System leaders accountable for health and care performance to the ICS Membership: CEOs (or reps) of CCG, DCC, Devon Partnership Trust, RD&E

5.8.6 Eastern Locality Delivery Group:

- A delivery group with a focus on Health and Care performance, reporting to Eastern Devon LCP Health and Care Executive Group.
- Driving delivery of statutory performance issues across health and care
- Working collaboratively across the health and care system (primary, secondary, social, mental health)
- Key links to operational neighbourhood Health and Care teams
- Coordinating transformation across Eastern Devon, in line with priorities
- Membership: CCG, DCC, Devon Partnership Trust, RD&E, Primary Care, Devon Docs and South Western Ambulance Service Trust for urgent care business only

5.8.7 Eastern Locality Forum:

- Working collaboratively on wider determinants of health & wellbeing
- Ensuring Eastern-systemwide participation and contribution
- Agreeing strategic health and wellbeing priorities, reflecting local priorities, based on local need analysis
- Leading on engagement for the population including links to health and wellbeing board and scrutiny function of councils

- Membership: RD&E, Devon Partnership Trust, CCG, DCC (Adult Care and Health & Public Health), Exeter City Council, East Devon DC, Mid Devon DC, West Devon DC, Primary Care, VCSE, Healthwatch, Health and Wellbeing Board Member,

5.8.8 Eastern Priorities:
Urgent Care, recovery and transformation, community care, prevention, mental health

5.8.9 Investing in prevention and the VCSE

5.8.10 The Eastern LCP held its first conference in November 2021.The conference was called *'A Good Place: working together to improve health and wellbeing and tackle health inequalities*.'

5.8.11 Over 100 people attended the conference from across the statutory and voluntary sectors. Throughout the day there were some positive, engaged and sometimes challenging discussions that demonstrated the strength and depth of the VCSE community and set a positive tone for the new partnership and momentum for the ongoing collaboration.

5.8.12 The conference identified that more funding and support is needed for the VCSE sector building on what already works, and there was a commitment to working together on the three Eastern prevention priorities of loneliness and social isolation, unpaid carers, (across all age groups) and children's and young people mental health.

5.8.13 These priorities were developed and agreed at the conference, based on the data held by public heath on issues of particular relevance to the locality (including the Joint Strategic Needs Assessment that states we do less well in the Eastern locality across all ages) alongside the outcomes from ongoing community conversations from the last few years.

5.8.14 As a result of the conference, there is now a joint group of statutory and voluntary sector stakeholders in Eastern Devon, working together on each of the three prevention priorities to define clear, realistic and outcome-oriented plans to make a difference to the people and communities living in the locality.

5.8.15 Since the conference, £1.2M of funding has been agreed to invest in the VCSE in order to support a reduction in length of stay in hospital, delays in discharge, prevention priorities and the strategic capacities of the VCSE.

5.8.16 The LCP will use the funds to engage with local organisations to look at how existing services might be enhanced or developed to provide short-medium term outcomes and benefits.

5.8.17 VCSE organisations, community services managers and Primary Care Networks have worked together to identify opportunities for innovation at neighbourhood level. This includes looking at skills and training gaps and infrastructure development to enable organisations to take part in the delivery of local plans. The following schemes will be supported:

- **Neighbourhood friends home from hospital.** Providing support upon discharge and community connection services

- **Devon Carers hospital scheme.** Early identification of carers in hospital and support on discharge to ensure timely discharge and admission avoidance.

- **Hospiscare end of life care nurse specialist.** To support timely of end of life discharge identified as priority area.

- **Neighbourhood VCSE investment.** To pump prime neighbourhood VCSE growth, activity is linked to prevention of admission and/or discharge support. This is the new collaborative approach where each locality has been given funding and is working across all partners to deliver.

- **VCSE infrastructure grant.** To enable the delivery of schemes. e.g. admin support, equipment, training

5.8.18 This is a real example of what can and is happening at place and we hope that examples like this will become increasingly common as arrangements and relationships across organisations continue develop.

6. Where we aim to be by 1st July 2022

6.1 The Local Care Partnership infrastructure will develop over the coming months to provide a structure that not only meets the needs of our work, but also creates an environment for collaboration and innovation on the scale required to meet the challenges in the months and years to come.

6.2 It is the expectation that by the 1 July, LCPs will exist in name, form and function. However, in differing levels of maturity and capability. There will be a road map for LCPs to further develop and evolve over time.

6.3 From the 1 July, the expectation will be:

- All 6 LCPs are operational
- Robust governance arrangements in place
- Each LCP will have a 12-month development plan
- Business will flow through LCP infrastructure

6.4 Between April and July the Integrated Care Board and the Integrated Care Partnership will operate in shadow form. From the 1 July, the shadow operating arrangements will cease and the statutory body established. The first board meeting is planned for 1st July to approve policies and publish documents.

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