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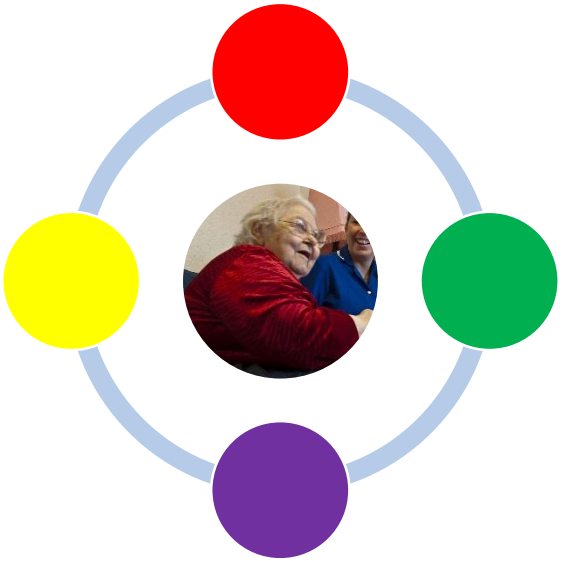
Creating an Integrated Care System for Norfolk and Waveney



Autumn 2018

It’s all about Mary

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Ayisha

everyone’s family

It’s all about Mary

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However we fix our health and care services, it is about making what we provide...

- Better for Mary
- Better for our staff
- Better for us as a system
- Better for everyone

Our Health and Wellbeing Strategy

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Our key priorities:

- A single sustainable system
- Prioritising prevention
- Tackling inequalities
- Integrating ways of working

Already better because in good health we work together

- Joint consultant posts across acutes
- First 100 nursing associates in training – pioneering partnership with social care
- 5 primary care networks and more funding for their development
- £1.3 million extra funding for cancer care and £7.5 million to modernise our digital technology

Why we have to change further

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- Three NHS trusts in Special Measures
- NHS budget deficit and pressure on council budgets
- Skilled but ageing workforce
- Residential care closures
- More people, living longer, with more illnesses

What is an integrated care system (ICS)?

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- Partnership - NHS, local councils, voluntary sector, care organisations and others - taking collective responsibility for managing resources, improving the health of their population and ensuring high quality services.
- An ICS is about how local health and care organisations work together, not how many organisations there are.
- Statutory organisations continue to exist.
- An ICS would strengthen and deepen the partnership working that is already under way.

Different levels of an ICS

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Level	Population size	Purpose
Neighbourhood	~50K	• Strengthen primary care • Network practices • Proactive and integrated models for defined population
Place	~250-500K	• Typically borough/district council level • Integrated hospital, council and primary care teams/services • Hold GP networks to account
System	1+m	• System strategy and planning • Hold places to account • Implement strategic change • Manage performance and £
Region	5-10m	• Agree system 'mandate' • Hold systems to account • System development • Intervention and improvement

Owning our future

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- Connect systems, use data to improve population health, address the wider determinants of health, tackle inequalities and develop our approach to prevention
- Create better pathways, reduce unwarranted variations, save time and money
  - primary, community, acute services
  - physical, mental, adult social care and children's services
- District councils, the voluntary sector, local NHS and other partners working together at neighbourhood and place level
- Cut contracting costs and bureaucracy
- Get extra national funding and take on some NHS regulatory responsibilities

Where are we on the journey?

- **Aspirant ICS**: Appointed interim leadership, thinking about how to work as a system, dedicated finance leadership, early thinking about care redesign models.

- **Shadow ICS**: Strong leadership, tangible progress towards the five year forward view, strong financial management with collective commitment to system planning, compelling plans to integrate services.

- **Full ICS:** Dedicated capacity and infrastructure to execute system-wide plans, consistently improving performance, on track to deliver system control total, integrated teams working across primary, secondary and social care to prevent hospitalisation.

What is a shadow ICS? in good health

Baseline capabilities to become a shadow ICS	Current maturity
Strong leadership and mature relationships	3
Starting to develop **primary care networks**	3
Clear shared vision and credible strategy	2
System has the **ability to carry out decisions** that are made	2
Tangible progress towards **delivering the Five Year Forward View** priorities	2
Compelling plans to integrate services: primary care, mental health, social care and hospital services, and collaborate horizontally (between hospitals)	2
Strong financial management: system planning and shared financial risk management, supported by system control total and system operating plan	2
Starting to use **population health approaches** to redesign care	1
Credible plans for meeting system control total and, where not already achieved, for moving towards system financial balance	1
Progress in improving **performance against NHS Constitution standard**	1

1 = More progress required	**2 = Fair progress**	**3 = Making good progress**	**4 = Mature and meeting the criteria**

Proposed timeline and milestones

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- **October - December 2018**
  - Input from Health and Wellbeing Board and STP partners
  - Engage with staff, patients/service users and voluntary sector

- **January 2019**
  - Draft Expression of Interest / roadmap for Wave 3 ICS
  - Expression of Interest / roadmap submitted to CCG governing bodies, provider boards, Health and Wellbeing Board and county councils

- **February 2019**
  - Expression of Interest submitted to NHS England (Date tbc)

- **April 2019**
  - Target date to establish Norfolk and Waveney shadow ICS (Date tbc)

Questions

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- What are the main benefits we can deliver to the people of Norfolk and Waveney by working more closely together as an Integrated Care System?
- What decisions do you think should be made at the following levels: ‘neighbourhood’ (group of practices plus community-based multi-disciplinary team); ‘place’ (CCG area); ‘system’ (Norfolk and Waveney)?
- How should the VCSE sector be involved in our ICS at neighbourhood, place and system levels?
- What are the barriers which could prevent us from realising the full potential of becoming an integrated care system?