Health & Wellbeing Board Buckinghamshire

Health and Wellbeing Board
22nd July 2021

Health & Wellbeing Board Buckinghamshire

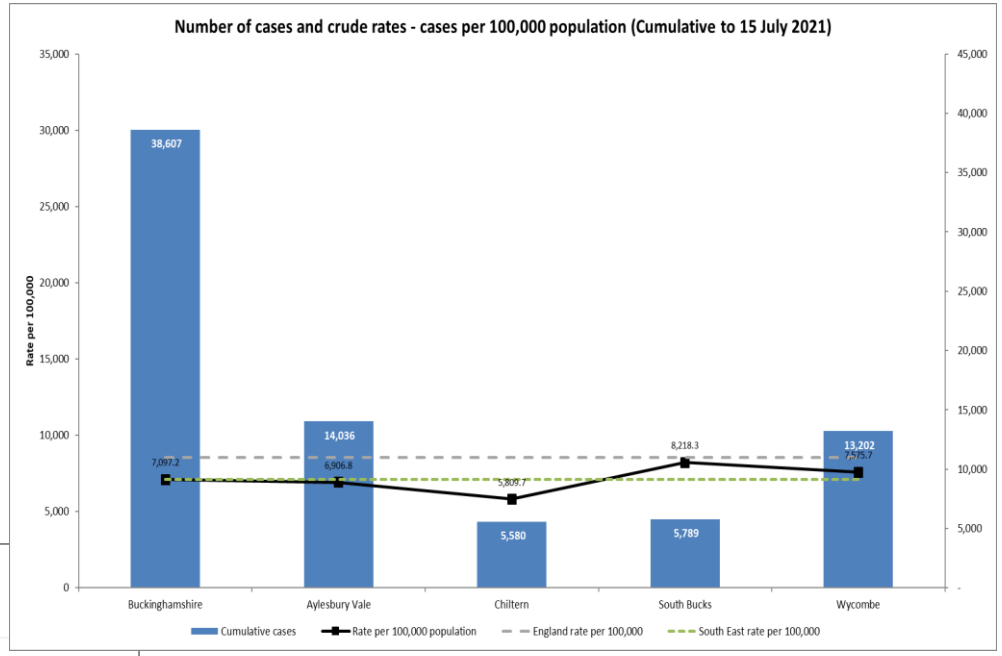
COVID-19 in Buckinghamshire update

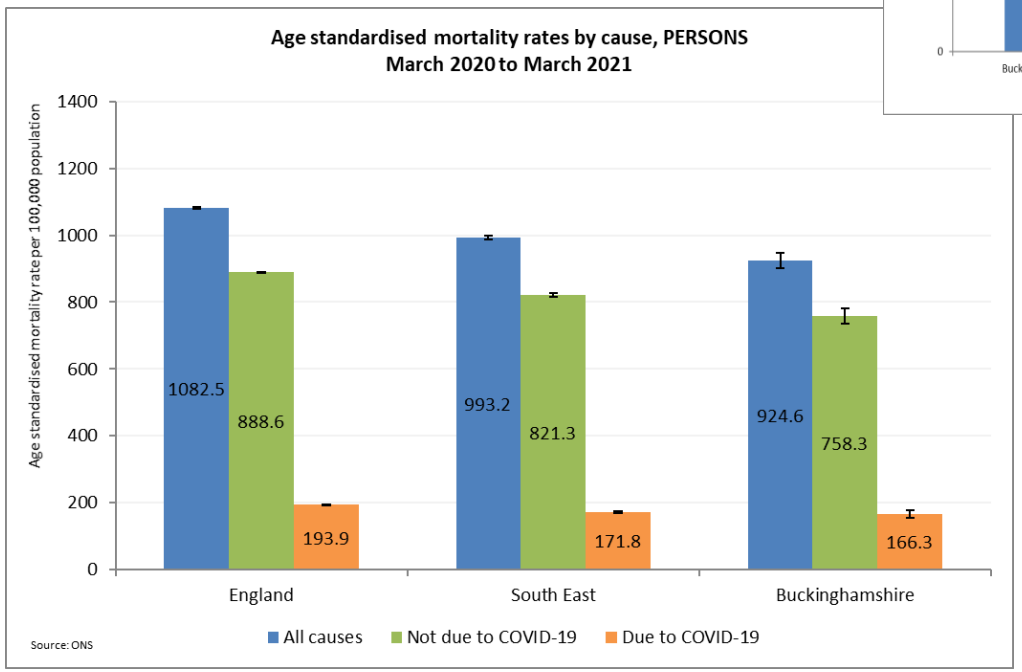
- Dr Jane O'Grady, Director of Public Health,
- Buckinghamshire Council

COVID - cumulative cases and deaths

	Buckinghamshire
Cumulative no. of cases to 15th July 2021	38,607
Cumulative no. of deaths* to 9th July 2021	1,219

* The number of deaths involving coronavirus (COVID-19), based on any mention of COVID-19 on the death certificate.





Cumulative rate per 100,000 population up to 15 July:

- Buckinghamshire = 7097 per 100,000
- South East = 7088 per 100,000
- England = 8550 per 100,000

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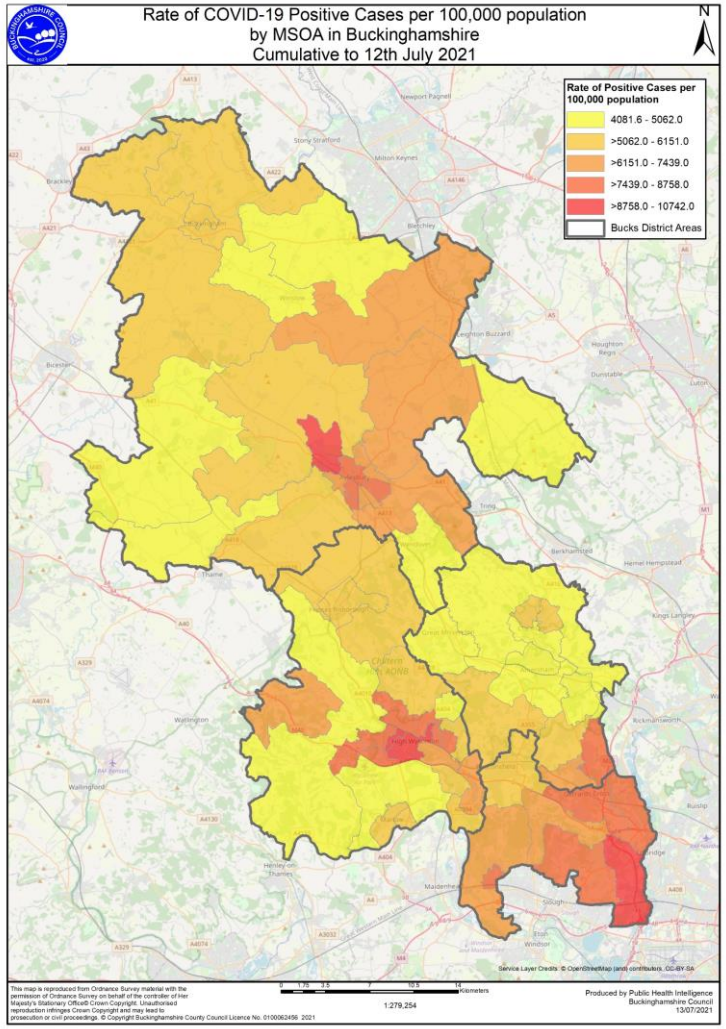
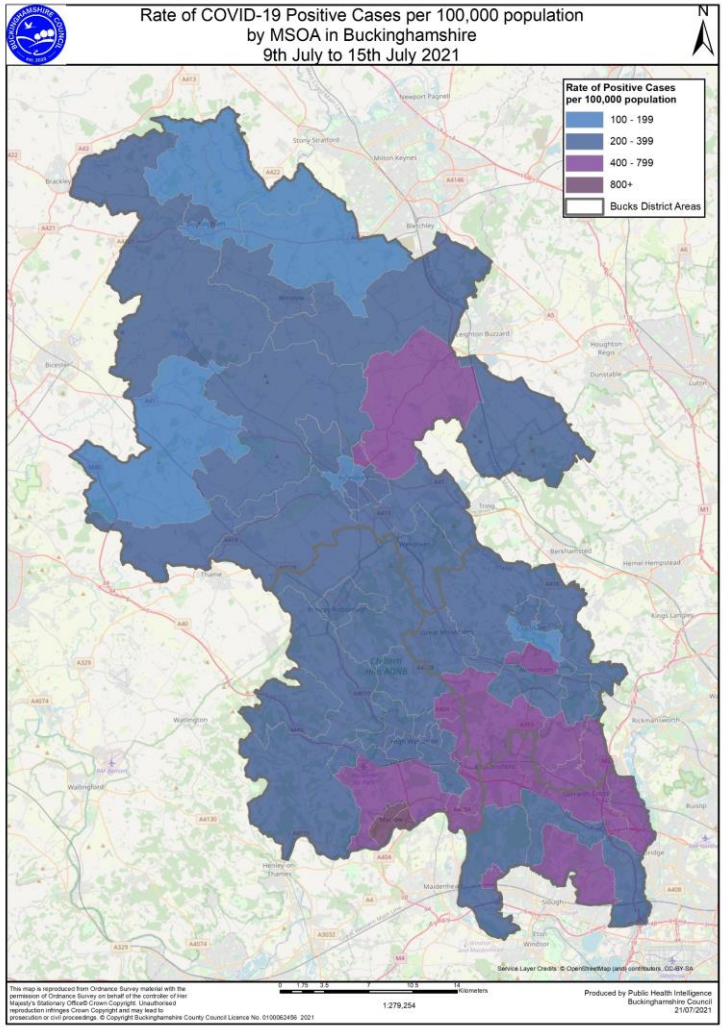
COVID Cumulative and latest week cases in Buckinghamshire



COVID-19 Rates by MSOA

<Cumulative since 1 March 2020

latest week>



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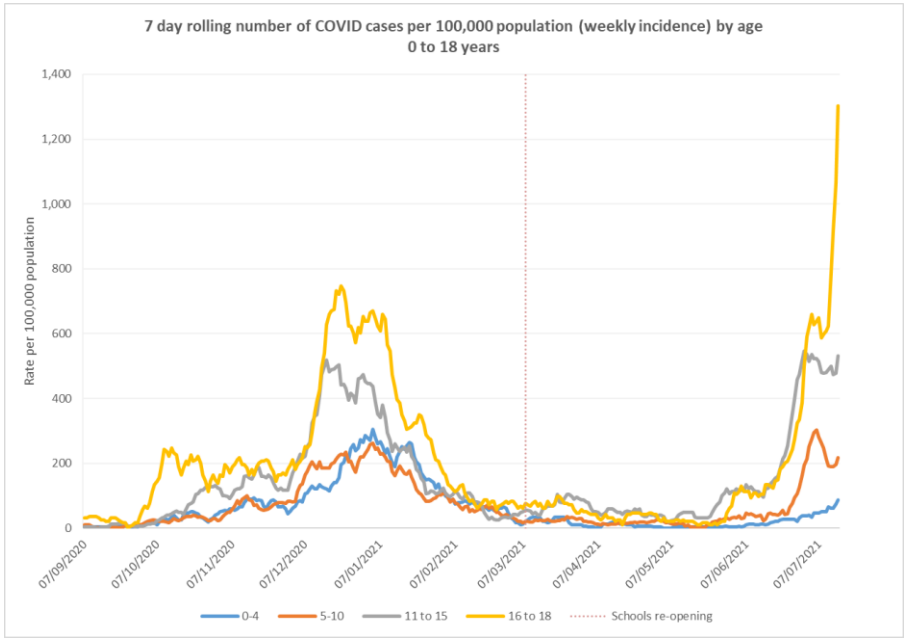
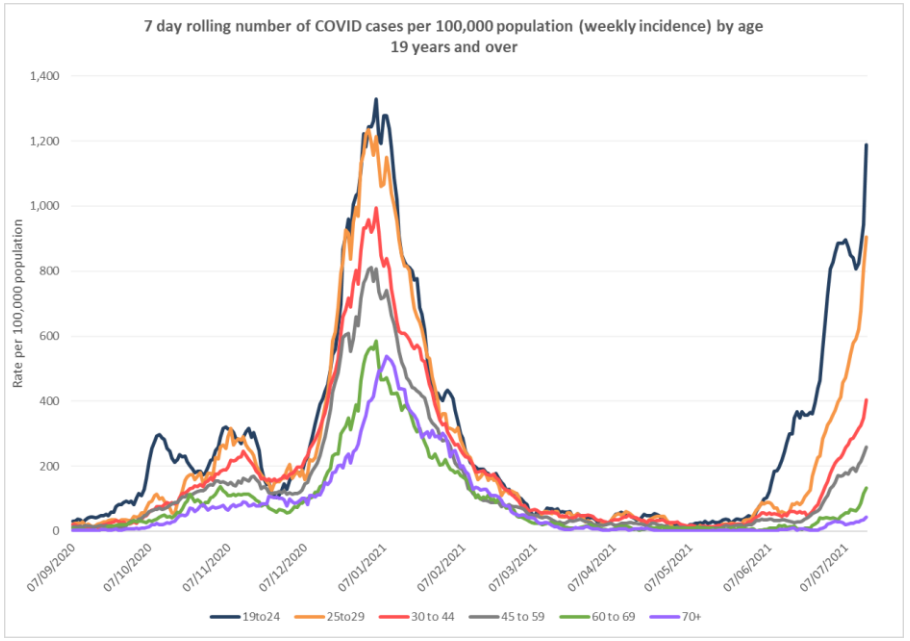
Age of Buckinghamshire COVID-19 Cases

Current case rate for 9 to 15 July is **367.8** per 100,000 in Buckinghamshire, compared with 369.1 in the South East and 473.5 in England as a whole.





	Current week 09-Jul to 15-Jul	Previous week 02-Jul to 08-Jul	Change
0-4	86.9	49.6	increase
5-10	217.6	262.4	decrease
11 to 15	530.4	480.2	increase
16 to 18	1302.8	587.0	increase

	Current week 09-Jul to 15-Jul	Previous week 02-Jul to 08-Jul	Change
19 to 24	1189.5	872.5	increase
25 to 29	904.5	510.8	increase
30 to 44	404.2	267.2	increase
45 to 59	258.3	176.7	increase
60 to 69	132.3	57.4	increase
70+	43.2	22.3	increase

COVID-19 Hospital admissions- Buckinghamshire residents

	3 weeks before	2 weeks before	1 week before	Most Recent
New COVID Admissions	14 to 20 June	21 to 27 June	28 June to 4 July	5 to 11 July
Buckinghamshire HT	2	2	10	5
Frimley Health	7	8	15	22
Milton Keynes	5	9	4	15
Total	**14**	**19**	**29**	**42**
Inpatients with COVID-19 (# of these in ICU)	On 22 June	On 29 June	On 6 July	On 13 July
Buckinghamshire HT	0 (0)	0 (0)	8 (2)	4 (2)
Frimley Health	7 (1)	8 (0)	13 (1)	17 (2)
Milton Keynes	5 (0)	5 (1)	6 (1)	13 (1)
Total	**12 (0)**	**13 (0)**	**27 (4)**	**34 (5)**

NB: Not all cases who are included above reside in Buckinghamshire. These data are publicly available data.

- Numbers remain low but an increasing trend is starting to be seen.
- Numbers are small at a trust level so will fluctuate week on week.

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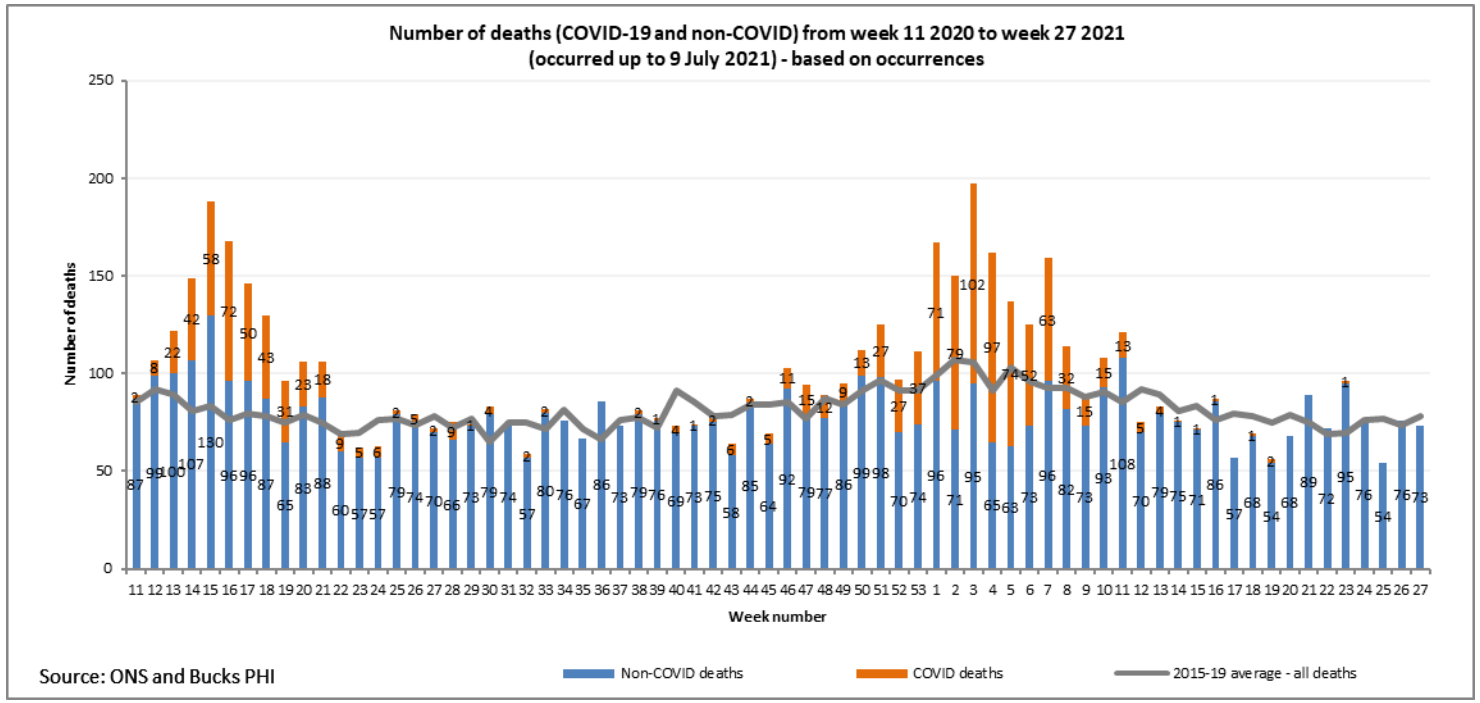
COVID-19 Related Deaths - Buckinghamshire residents



In the last reported week **(up to 9 July)**,
there were **0 deaths** related to COVID-19* for a Buckinghamshire resident.

1,219 COVID deaths overall, twice as many in the second wave compared to the first.

Data from the Office for National Statistics.

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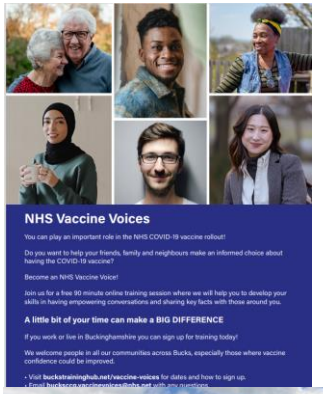
Buckinghamshire

COVID-19 Vaccinations - Buckinghamshire residents

- More than 84% of adults in Buckinghamshire have had one dose of Covid-19 vaccine and **more than 65% have had both doses**
- Uptake has been highest in older age groups, more than 90% of people aged 40 and over have had one dose of Covid-19 vaccine and more than 85% have had both doses
- A booster programme for all adults aged 50 and over, people in flu/Covid-19 risk groups and household contacts of immunosuppressed people will begin this Autumn



Variation in vaccine uptake

- Younger adults, men, people living in more deprived areas and people from ethnic minorities (most markedly people from White Other and Black ethnic categories) are less likely to have been vaccinated
- Uptake has tended to be lower in areas that have persistently had the highest infection rates in Buckinghamshire (parts of High Wycombe, Aylesbury and South Bucks)
- Inequalities in uptake are being addressed through community outreach clinics, the Health on the Move bus and new NHS Bucks Vaccine Voices training

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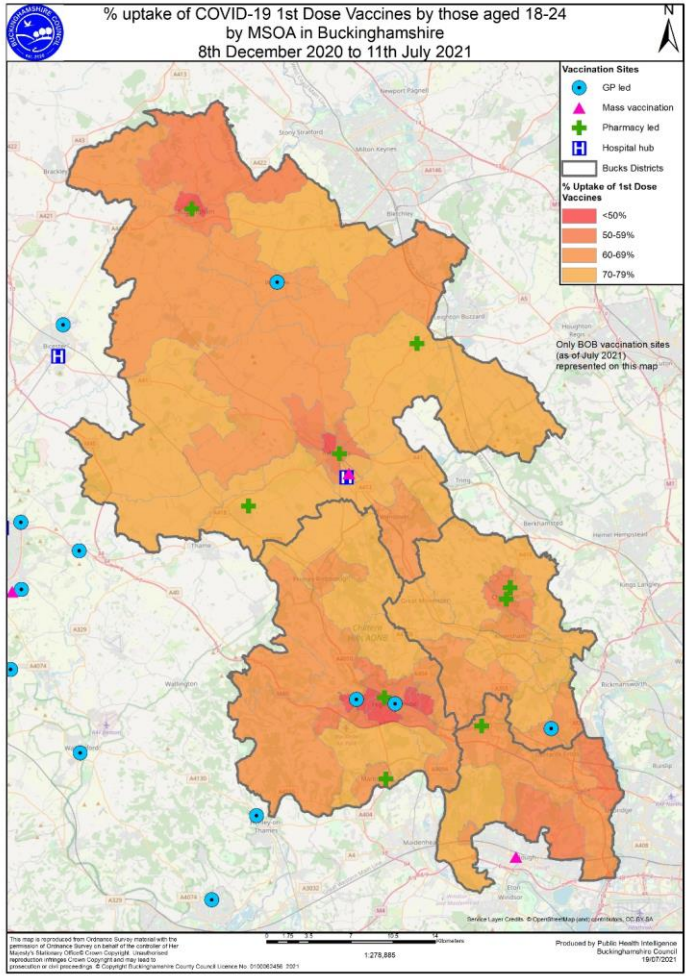
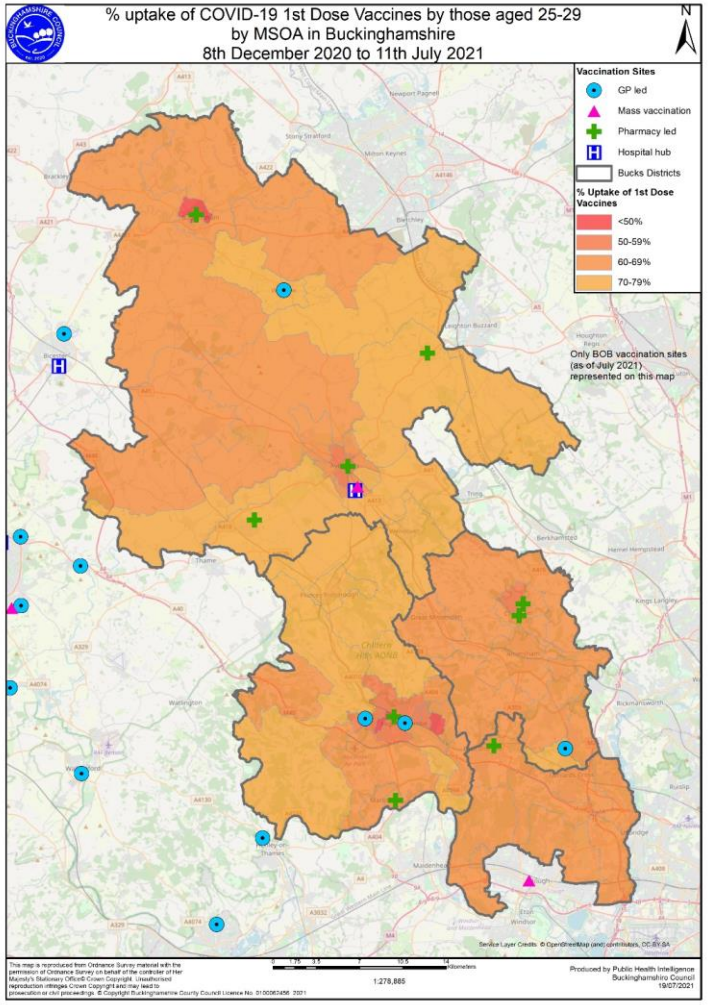
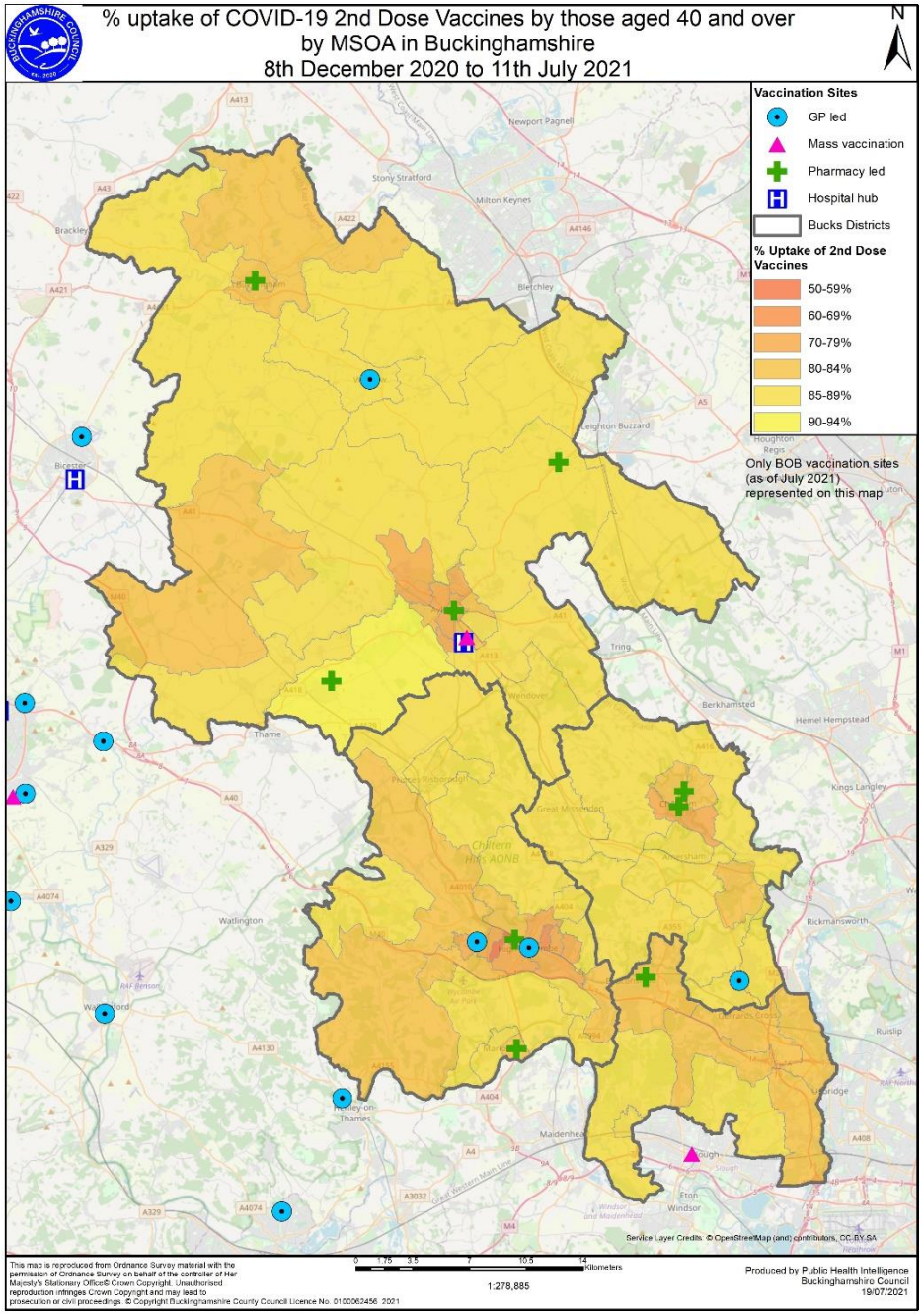


1st Dose Vaccination uptake (%) in 18-24 age group (up to 11 July)

1st Dose Vaccination uptake (%) in 25-29 age group (up to 11 July)

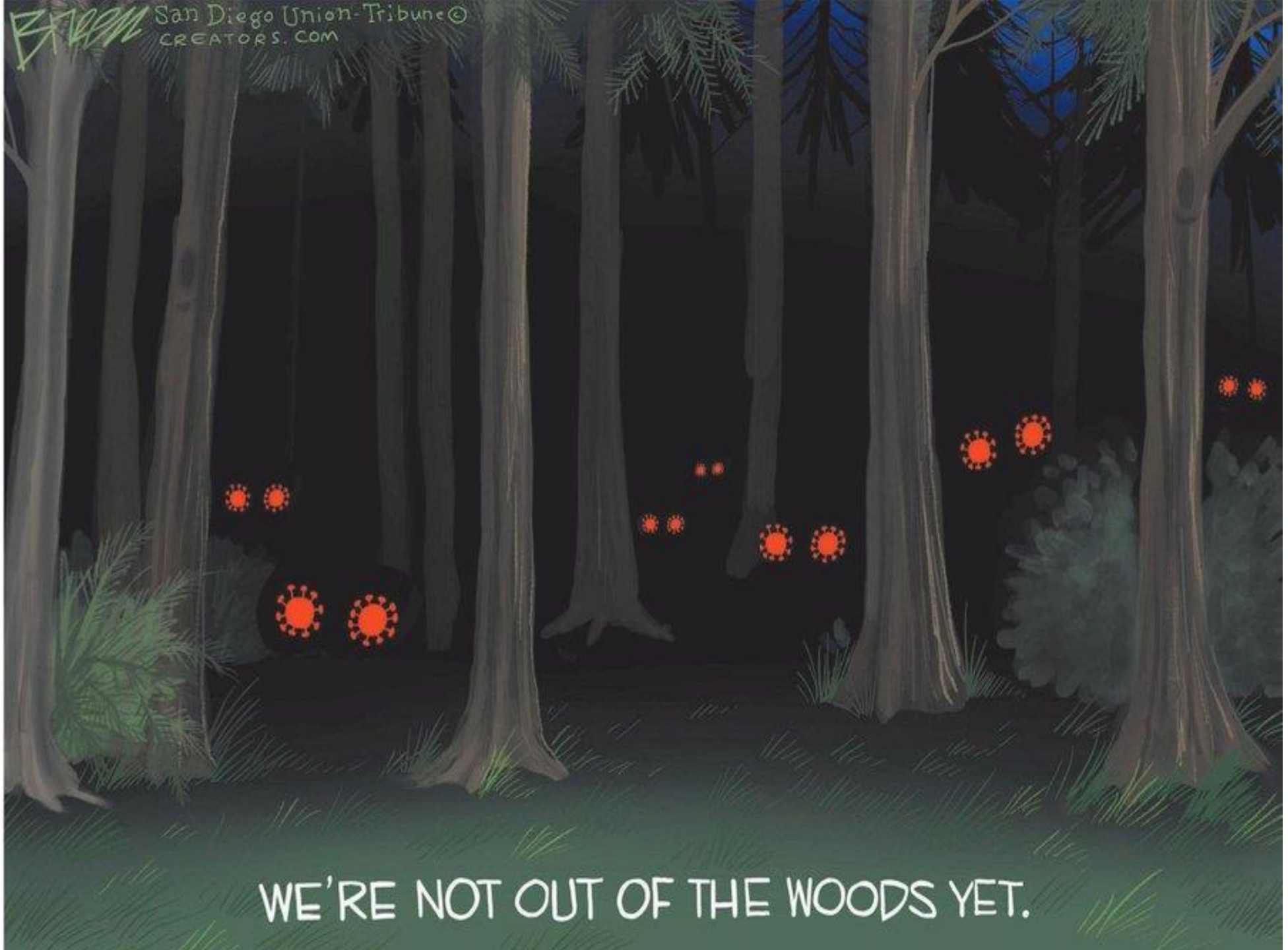
Data is taken as a snapshot in time as known on 15th July. Data continues to be updated daily and the vaccination data published weekly. The vaccination programme continues to reach more of the population each week.





2nd Dose Vaccination uptake (%) in 40+ age group (up to 11 July)

Data is taken as a snapshot in time as known on 15th July. Data continues to be updated daily and the vaccination data published weekly. The vaccination programme continues to reach more of the population each week.


San Diego Union-Tribune©
CREATORS.COM
WE'RE NOT OUT OF THE WOODS YET.

More information

For more information please see the Buckinghamshire COVID dashboard

https://covid-dashboard.buckinghamshire.gov.uk/

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BOB VCSE Alliance and Health Partnership Programme

Rach Stanton

Programme Manager

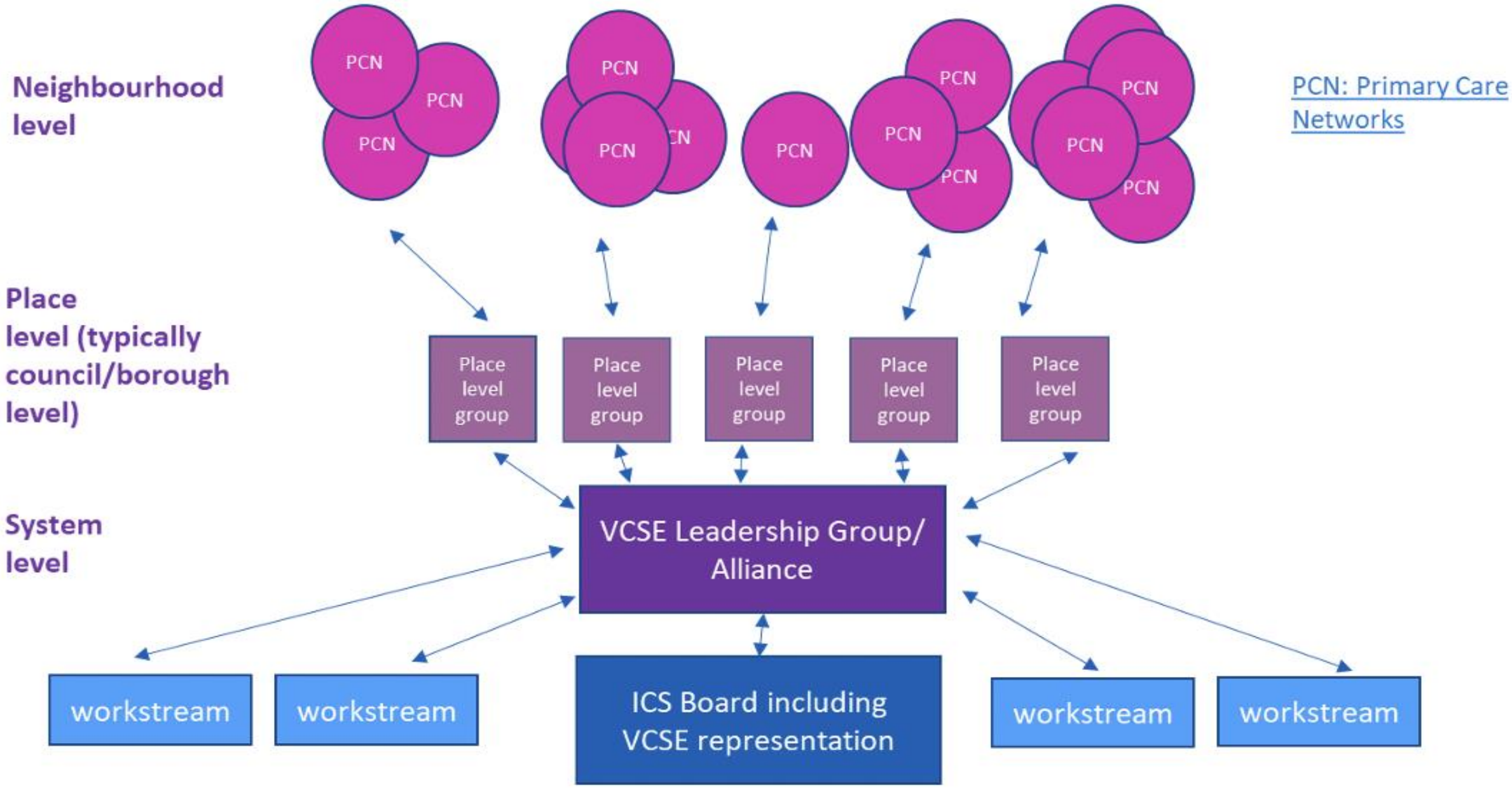
What is the Leadership Programme?

- Responsible for developing and maximising the contribution that the voluntary community and social enterprise sector plays within the regional BOB wide health structures
- Aims to facilitate better partnership working between Health and Social Care and the VCSE sector
- Supports the development of a VCSE leadership ‘alliance’ at a system level, with mechanisms for feeding into all levels of decision making – launched 13th July

NHS England and Improvement

“We expect that by April 2022 Integrated Care Partnerships and the ICS NHS body will develop a formal agreement for engaging and embedding the VCSE sector in system level governance and decision-making arrangement, ideally working through a VCSE alliance to reflect the diversity of the sector”

ICS Development Framework


Neighbourhood level
PCN
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PCN
PCN
PCN: Primary Care Networks
Place level (typically council/borough level)
Place level group
Place level group
Place level group
Place level group
Place level group
System level
VCSE Leadership Group/ Alliance
workstream
workstream
ICS Board including VCSE representation
workstream
workstream

BOB wide VCSE Alliance will

- Support the development of diverse and inclusive VCSE partnership and network at place and system level
- Demonstrates the value of working with the VCSE to deliver integrated care
- Develops equitable relationships to promote inclusion and reduce health inequalities for people and communities
- Encourage and enable the sector to work in a co-ordinated way and provide BOB ICS a single route of contact and engagement with the sector and links to communities
- Better position the VCSE sector in BOB ICS, enable it to contribute to the design and delivery of integrated care, and have a positive impact on heath priorities, support population groups or reduce health inequalities.

healthwatch Bucks

Annual Report

2020/21

A reminder – who are we?

We are healthwatch Bucks

We successfully delivered the Bucks Healthwatch contract for seven years; our latest contract covers ICHA and community engagement as well

What we do is set out in statute and we are part of a network of 149 local Healthwatch

We have well developed collaborations across the ICS, ICP and VCSE

We depend on our highly experienced team of 12 NEDs, 8 staff (5 p/t) and 20+ volunteers

We share an ICP funded project officer with 4 other Healthwatch

We have a track record of delivering work of outstanding value…

We speak up for all people who use local health and social services

…..and what did we do in 2020/21?

124,310

people visited our website

162

meetings attended about health & social care for you

15

reports about health & social care issues

We have heard from **3338** people about their COVID-19 vaccinations

18

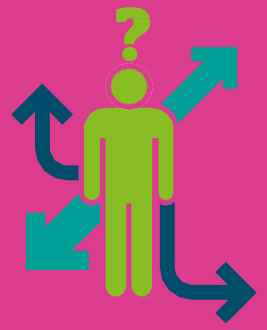
times covered by the local press

2024

hours contributed by volunteers

160

people supported through signposting



We were awarded **'highly commended'** by Healthwatch England for our work with veterans

We changed our working model last year

Online surveys and mystery virtual visiting:

- 5 month Covid-19 Vaccine Survey - a project at scale - 4,724 responses and supported the CCG
- living in a care home in the pandemic – 200 responses from those living in a home and relatives
- working as a care worker in a home in the pandemic
- information on dentist and GP websites
- people's experiences of GP and hospital appointments in first lockdown - 479 responses

Other new ways of working:

- hosted 2 free events with BHT for people to hear from clinicians on cancer treatment and planned surgery –50 people each **online**
- quarterly Board meetings in public **online**
- staff and volunteer team and 1:1's **online**
- Annual Report launch – 50 people **online**
- focus groups **– online**
- ICHA **–** 18 cases per quarter **- online**

Our priorities 2021-2022

This year our priorities are:

- COVID-19 Response and Recovery
- mental health
- primary and community care

We'll also take a cross-cutting interest in:

- lesser heard voices
- integrating care

The past year has bought us to the forefront of **the stark inequalities** in health and social care and barriers to access faced by many Bucks residents.

A key priority will be listening to these people.

Working together on patient engagement

Please help us by:

- telling your users and staff about us – and we can share the work you do
- collaborating with us – we can deliver independent engagement and help you to do it well
- involving us early to share the scrutiny
- listening to and acting on the insights we bring
- keeping in touch - signing up for our newsletters and meeting us regularly

and we can help you by:

- ensuring people's voices are at the heart of your decision making
- sharing what people really think about health and social care services
- listening to underrepresented groups
- providing independent user-led views to improve your services
- using our statutory *Enter and View* powers and to support scrutiny

How to contact us …

- Phone: 01844 348 839
- Textline: 07860 033427
- Email: info@healthwatchbucks.co.uk
- Website: www.healthwatchbucks.co.uk
- Twitter: @HW_Bucks
- Facebook: HealthWatchBucks

Your community
Your care
Developing Buckinghamshire together

Mental Health Buckinghamshire

Adult and Older adult services

July 2021 – Presentation for Health and Wellbeing Board

NHS Buckinghamshire Clinical Commissioning Group
NHS Buckinghamshire Healthcare NHS Trust
FedBucks
Buckinghamshire Council est. 2020
NHS Oxford Health NHS Foundation Trust
NHS South Central Ambulance Service NHS Foundation Trust

Everyone working together so that the people of Buckinghamshire have happy and healthy lives

Mental Health Service Landscape

- Broad and diverse scope of services in place across Buckinghamshire supporting peoples mental health:
  - Commissioned services funded by CCG and LA
  - Voluntary and community sector providers operating on commissioned basis or as independent organisations
- Commissioned adult mental health services delivered by Oxford Health include:
  - Improving Access to Psychological Services
  - Community mental health teams
  - Perinatal mental health
  - Eating Disorder Services
  - Crisis support
  - Early Intervention in Psychosis
  - Acute mental health in-patient services

Mental Health Services – Headlines

- Increases in activity – particularly adult community mental health and eating disorders
- Moved to remote delivery where clinically appropriate at the start of the pandemic
- Initial supressed demand in Q1 20/21, but demand surged in Q3/4
- Increase in safeguarding alerts across services during the pandemic
- The 24/7 Mental Health Helpline for Buckinghamshire and Oxfordshire was established
- The South Buckinghamshire Mental Health Hub, in Easton Street, High Wycombe. Bringing together a range of mental health teams under one roof to provide improved and integrated high quality service to the adults and young people we care for, with care delivered in a fresh, modern environment.
- Safe Haven in Wycombe expanding to 7 evenings per week from August 2021

Improving Access to Psychological Therapies (IAPT)

- Known locally as Healthy Minds – nationally driven programme to improve access to psychological therapies for adults 18+ with low to moderate anxiety and depression
- FY 20/21 Q4 achieved high compliance with national access standards, based upon population prevalence (2,612 people entered treatment).
- Recovery and wait time performance above national target
- Maximised use of digital delivery throughout the pandemic
- Employment advisors helped 837 people in FY 20/21.
- Covid response – MH 24/7 helpline, You Matter staff MH & Wellbeing hub, Long Covid clinic and support to voluntary and business sectors.
- Initial supressed demand at the start of the pandemic, now returned to pre-covid levels
- Additional investment from the CCG in 20/21 to expand the offer to larger proportion of the population in line with Long Term Plan (LTP) ambition. Further investment needed to meet LTP ambition of 14,255 per annum entering treatment.
- Surge demand mapping completed at BOB level and submitted to NHSE.

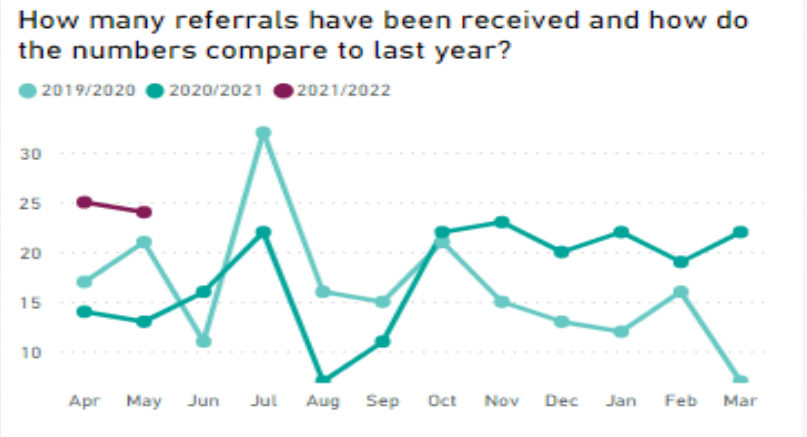
Eating Disorders

Key Headlines

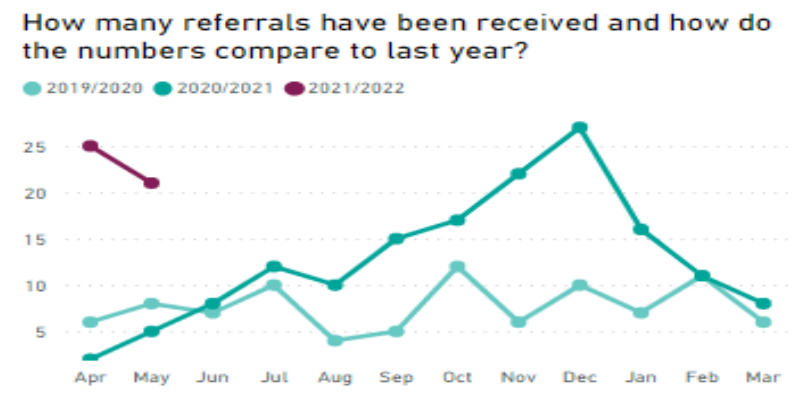
- CYP and Adult Eating Disorder service pathway
- National spotlight on services linked to NHS Long Term Plan
- Additional investment from CCG in 20/21 in line with increased demand
- Considered as priority for further investment in 21/22
- 14% increase in Adult ED referrals (20/21 compared to 19/20).
- 69% increase in CYP ED referrals (20/21 compared to 19/20)

Referral Data

Adult ED



CYP ED

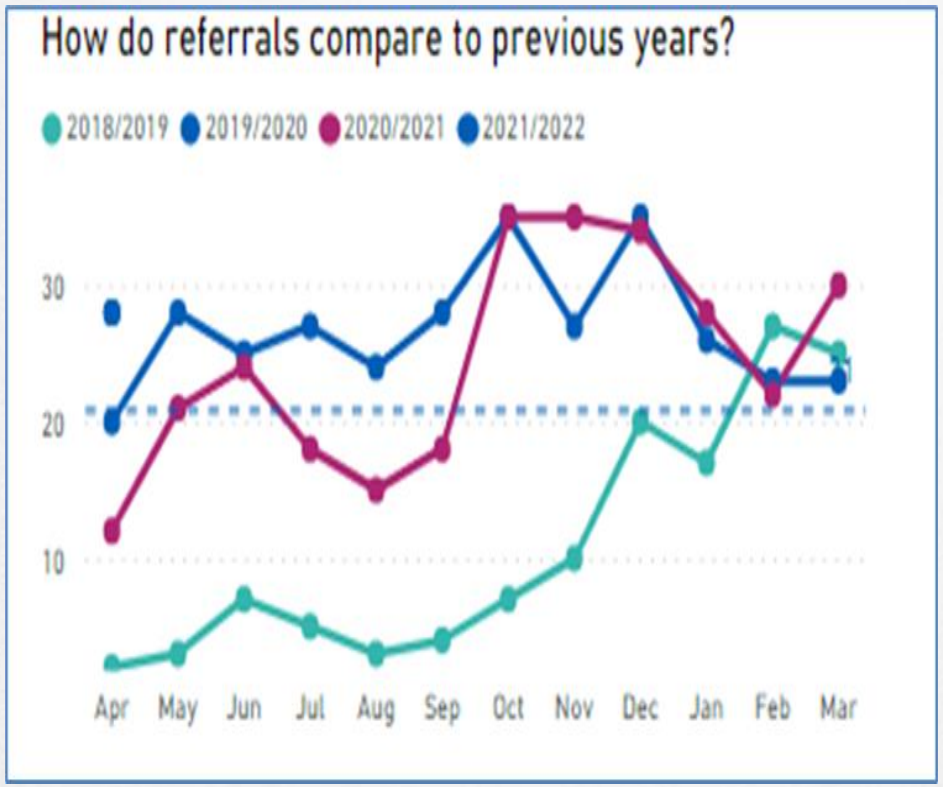


Perinatal

Key Headlines

- Access rates are lower than expected - focus and initiatives to support improved access underway.
- 'IWantGreatCare' patient feedback
  - Service receiving 5/5-star rating.
  - nearly 100% service users reporting they would recommend the service.
- Buckinghamshire Mind, Oxford Health and Buckinghamshire Health Care Partnership Services.
- Parliamentary award finalist July 7th 2021

Referral data



Community Mental Health Teams

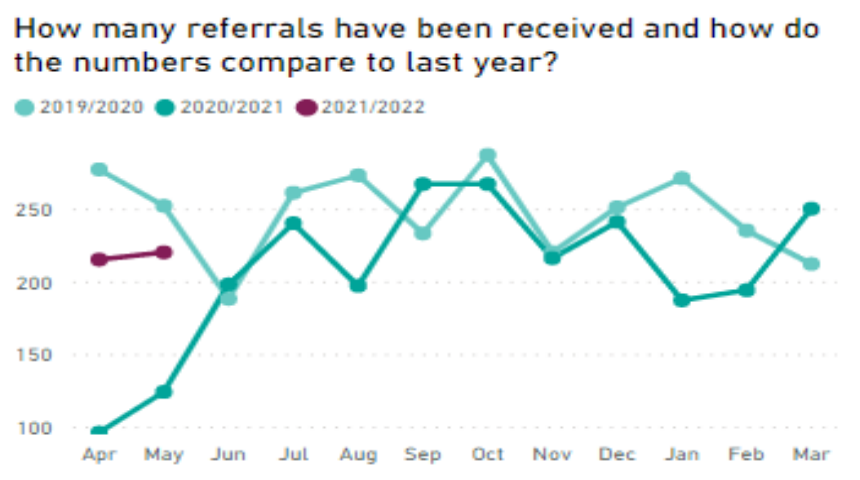
Key Headlines

- Adult MH Community Mental Health Teams & Crisis Response & Home Treatment (CRHT) saw increase in referrals pre Covid. In phase 1 there was some suppression however since then there continues to be an upward trend. (NB CRHT commenced Jan 2020).

- Older Adult – Services continued; however wider community provisions not accessible due to Covid. Therefore, the service has seen increased acuity due to the impact of social isolation and shielding.

Adult MH Community

Older Adult MH Community



Suicide Prevention

- BOB bid approved in January 2021 for national funding to support Suicide Prevention
- £356,807 per annum (2021/22, 2022/23, 2023/24)
- Bid focuses on the following:
  - Follow up for presentations of repeat self-harm or attempted suicide
  - BOB Training and Education lead
  - Enhance Real Time Suicide Surveillance (RTSS)
- Suicide Bereavement Support Service launched April 2020 delivered by Bucks Mind
- Suicide Prevention Grant Funding available for the voluntary and community sector (focusing on prevention of male suicide)
- Suicide Prevention training programme includes targeted training for schools, faith based organisations and those working around financial advice and stress
- Multi agency suicide prevention group meets quarterly

Covid-19 Mental Health Voluntary Sector Response Group

- **VCSE Mental Health Response Group set up in April ’20, jointly chaired by Bucks Mind and Oxford Health**
- **Purpose:-**
  - Share key updates, challenges, best practice and resources from our organisations
  - Discuss the VCS response across mental health and provide a valuable interface with system colleagues working in Oxford Health, BHT, Primary Care and Public Health.
  - Provide peer support, particularly in relation to workforce/volunteer wellbeing
  - Provide a forum to co-create solutions and plan a response together to be respond to increased demand for mental health support.
  - Maximise the reach of key messages through our communication channels, e.g. the Bucks Big Chat, the Mental Health Helpline.
  - Share updates on funding opportunities to ensure that our services remain adequately resourced and sustainable in the face of increased demand.

Some examples of VCSE impact

Lindengate
Have launched "*The Nature Alliance*" providing a fully integrated greencare provision for under 25's across Bucks and with the aim of improving/simplifying accessibility and the interface for referrals and evaluation between Voluntary and statutory services. This responds to a significant increase in under 25's wishing to attend. In addition, Lindengate have been contracted by Bucks NHS Healthcare Trust to provide wellbeing sessions for all their staff.

LEAP
Over 100 Healthy Minds therapists upskilled to have a conversation about the benefits of regular activity with service users. Recruitment has started on a role embedded within the Healthy Minds team to support signposting and establish group activities for service users as part of CBT therapy.
In addition, 200+ coaches & instructors based in Bucks and MK have undertaken the Mind and UK Coaching Mental Health Awareness in Sport & Physical Activity workshop.

Wycombe Mind
Have launched a new decluttering and hoarding service 'Freespace' which is being supported by Bucks Fire & Rescue Service.

Community Impact Bucks
Worked with Bucks Mind to create 3 free videos to support volunteer wellbeing.

Building VCSE Partnerships

Buckinghamshire Mind - Safe Haven +

The Safe Haven in High Wycombe will extend to 7 days a week from August 2021 operating from 6.00pm – 12 midnight. Building on the successful partnership with Oxford Health our new partners, **Oasis, Connection Support and Citizen Advice Bucks**, will further enhance our alternative to crisis model.*

The Partnership

- Task and Finish groups established to design service model and pathways between organisations.
- Standard Operating Procedure developed to establish clear lines of accountability and responsibility along the pathways to and within each organisation.
- Agreed Multi Agency Referral Forms with dedicated 'Safe Haven referral' email address within each partner organisation.

The Service User Journey

- ✓ With service user consent, the partnership enables Safe Haven to refer service users directly to a dedicated mental health support worker, employed within each partner organisation.
- ✓ By Safe Haven supporting service users with the introduction into partner organisation, increased service user engagement with referral partner.
- ✓ Timely access to targeted support with issues potentially contributing to mental health crisis.

* Funding is via Alternatives to Crisis Transformation funds from Oxford Health.

Recovery and Transformation

Additional investment for mental health services in 21/22 as part of the CCGs commitment to the national mental health investment standard (MHIS)

Additional investment from NHSE through spending review allocations and transformation opportunities targeting specific pressure areas

Closer alignment of community mental health services, primary care, VCS and wider community support services through the community mental health framework

Increase in number of mental health professionals working in primary care. Each PCN is entitled to one worker from April 2021 (likely to increase in 2022)

24/7 mental health support line implemented in 2020 – expedited in response to covid. Now recurrently funded

Transformation – Community Mental Health Framework (CMHF)

- 3 year change programme across mental health, primary care and community sector
- Transformation funding will be received in all CCG areas across the country
- Re-designing the way in which community mental health services are delivered with new models of care
- Alignment to primary care and embedded workers
- Focus on people with a severe mental illness and improving the care and support they receive
  - Personality Disorders
  - Eating Disorders and
  - Community based mental health rehabilitation
- Drawing upon the strengths of the community to holistically support peoples needs
- Building relationships with VCSE and other community services

Community Mental Health Framework Funding

- Funding will flow predominantly to the secondary care mental health provider
- Within the workforce model Voluntary Community Sector roles have been built in, to enable connection with wider community service provision
- First tranche of funding will be received July 2021
- Implementation from April 2021

Financial Year	Indicative funding
2021/22 (Year 1)	£882,682*
2022/23	£2,150,896*
2023/24	£2,643,390*

**Cumulative figures*

Additional Roles Reimbursement Scheme (ARRS)

- ARRS roles extended to mental health
- All PCNs across the country entitled to 1 WTE mental health practitioner
- Bridge the gap between IAPT and secondary care mental health services
- 50% funded by ARRS 50% funded by mental health provider
- Need to ensure alignment to CMHF
- A positive opportunity to improve mental health footprint within primary care

MHP benefits to PCN

- No formal referral processes required.
- Practitioner works as part of the PCN MDT.
- Provides a bridge between primary care and specialist mental health providers.
- Can draw on a range of provider mental health services.
- Reduces employment burden.
- Improved integration between primary care and mental health.

MHP benefits to patients

- Integrated pathway for patients.
- Access to specialist mental health support.
- Reduced waiting times.
- Prevention of referral into secondary care.
- Positive patient experience.

Developing statutory integrated care systems

NHS England and NHS Improvement

Welcome and introduction

The ambition for integrated care

Context

- The NHS has been leading the drive towards more integrated care, a goal for every major health system in the world, since publication of the NHS Five Year Forward View.
- NHS organisations, local councils and other partners have increasingly been working together as integrated care systems (ICSs) since 2018 - the whole of England is now covered.
- By joining forces, ICS partners have developed better and more convenient services, invested more to keep people healthy and out of hospital and set shared priorities for the future.
- Our response to the pandemic showed the importance of joined-up working and accelerated the changes on which we had embarked - for example, through more provider collaboration.
- As recommended by NHSE/I, the government now plans to legislate to put ICSs on a statutory footing, baking in the notion of collaborative working.

ICSs have four key purposes:

- **improving outcomes** in population health and healthcare;
- **tackling inequalities** in outcomes, experience and access;
- **enhancing productivity** and value for money;
- supporting broader **social and economic development**.

The key elements of an ICS

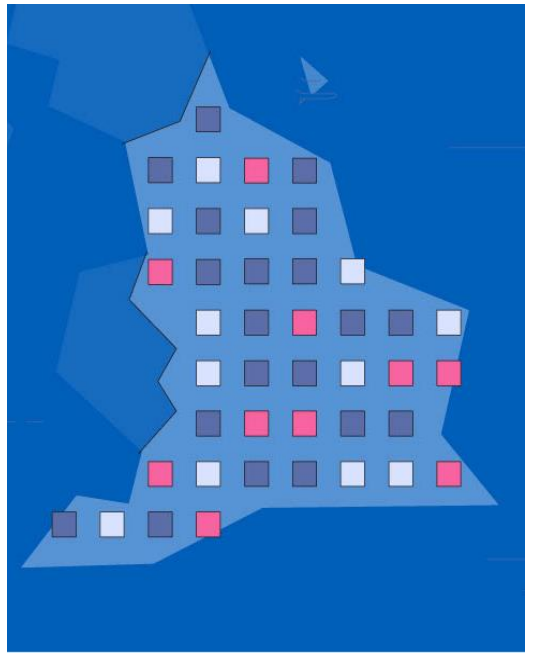
ICSs comprise all the partners that make up the health and care system working together in the following ways.

The statutory ICS arrangements (subject to legislation) will include:

- **an ICS Partnership**, 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
- **an ICS NHS body**, an organisation bringing the NHS together locally to improve population health and care.

Other Important ICS features are:

- **place-based partnerships** between the NHS, local councils and voluntary organisations, residents, people who access services, carers and families – these partnerships will lead design and delivery of integrated services.
- **provider collaboratives**, bringing NHS providers together across one or more ICSs, working with clinical networks and alliances and other partners, to secure the benefits of working at scale.



ICS Design Framework

NHS England and NHS Improvement

Overview

- The **ICS Design Framework** sets out the next level of detail on our expectations and ambitions for ICSs from April 2022.
- It builds on the **White Paper** and, where relevant, **will be subject to the legislation** due to be debated in Parliament.
- It focuses on our **expectations for the NHS specifically**, and the functions, governance and role of the ICS NHS Body, in the context of the wider ICS Partnership.
- The Framework re-commits us to the principles of **subsidiarity, collaboration and flexibility**, in the context of **consistent national standards and common core components** of integrated care systems.
- It recognises the ongoing role – and accountabilities – of individual organisations within each ICS footprint; and the role of the ICS to make these **greater than the sum of its parts**.
- The Design Framework will be followed by **further resources and materials** to support transition over the course of this year.

DESIGN FRAMEWORK: CONTENTS

- The ICS Partnership
- The ICS NHS body
- People and culture
- Governance and management arrangements
- The role of providers
- Clinical and professional leadership
- Working with people and communities
- Accountability and oversight
- Financial allocations and funding flows
- Digital and data standards and requirements
- Managing the transition to statutory ICSs

How the Framework has been developed

- The ICS Design Framework has been produced through close collaboration with the full range of NHS organisations, representatives of patient groups, clinical and professional leaders, local government, the voluntary sector and DHSC colleagues.
- We will continue to use this approach as we develop further guidance and implementation support. Thank you to NHSEI colleagues who, over the past few months, have helped us shape the content.
- These next slides cover four key elements of the new system:
    1. **The ICS health and care partnership;**
    2. **The ICS NHS Body and its board membership;**
    3. **Place-based health and care partnerships;**
    4. **Provider collaboratives working at scale.**

The ICS partnership

- Each ICS will have a Partnership at system level, **formed by the NHS and local government as equal partners** – it will be a **committee, not a body**.

- **Members** must include local authorities that are responsible for social care services in the ICS area, as well as the local NHS (represented at least by the ICS NHS body). Beyond this, members may be widely drawn from all partners working to improve health, care and wellbeing in the area, to be agreed locally.

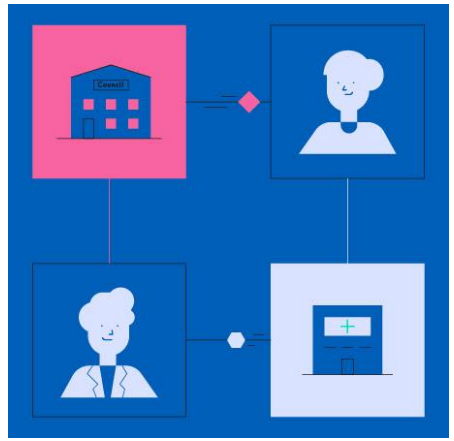
- We expect the ICS Partnership will have a **specific responsibility to develop an "integrated care strategy"** for their whole population.

- The chair of the partnership can also be the chair of the ICS NHS body but doesn't have to be – this would be for local determination.

- **DHSC will issue further guidance.**

The ICS NHS body

- The functions of the ICS NHS body will include:
  - **Developing a plan** to meet the health needs of the population
  - **Allocating resources** to deliver the plan across the system (revenue and capital)
  - Establishing **joint working** and **governance** arrangements between partners
  - Arranging for the provision of health services including through contracts and agreements with providers, and **major service transformation programmes** across the ICS
  - **People Plan** implementation with employers
  - Leading system-wide action on **digital and data**
  - Joint work on **estates**, **procurement**, **community development**, etc.
  - Leading **emergency planning and response**



- The ICS NHS bodies will take on **all functions of CCGs** as well as direct commissioning **functions NHSE may delegate** including commissioning of primary care and appropriate specialised services

- We expect the ICS NHS body will have a **unitary board** – members of the ICS NHS Board will have shared corporate accountability for delivery of the functions and duties of the ICS and the performance of the organisation.

ICS NHS body: board membership

ICS NHS Boards will be different to traditional NHS boards; they will be owned by the partners across the ICS.

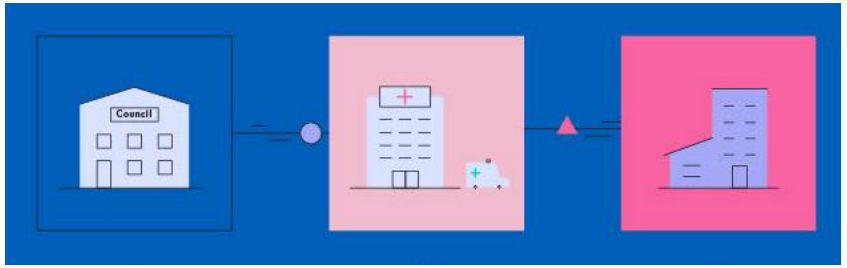
The minimum requirements for Board membership will be set out in legislation. In order to carry out its functions effectively we will expect every ICS NHS body to establish Board roles above this minimum level, so that in most cases each Board will include the following roles:

- **Independent non-executives**: Chair plus a minimum of two other independent non-executive directors.
- **Executive roles**: Chief Executive, Finance Director, Director of Nursing and Medical Director.
- **Partner members**: a minimum of three additional board members
  - one member drawn from NHS trusts and foundation trusts who provide services within the ICS's area
  - one member drawn from the primary medical services (general practice) providers within the area of the ICS NHS Body
  - one member drawn from the local authority, or authorities, with statutory social care responsibility whose area falls wholly or partly within the area of the ICS NHS Body.

ICS NHS bodies **will be able to supplement these minimum expectations** as they develop their own constitution.

Place-based partnerships

- **Place arrangements and leadership are for local determination** – partners within each ICS will want to decide how best to bring together the parties to address the needs of the place, **building from** an understanding of neighbourhoods and **primary care networks**.



- An ICS NHS body could establish any of the following place-based governance arrangements with local authorities and other partners:
  - **Consultative forum**, *informing* decisions by the ICS NHS body, local authorities and other partners
  - **Committee of the ICS NHS body** with delegated authority to take decisions about the use of ICS NHS body resources
  - **Joint committee of the ICS NHS body** and one or more statutory provider(s), where the relevant statutory bodies delegate decision making on specific functions/services/populations to the joint committee
  - **Individual directors of the ICS NHS body** having delegated authority, which they may choose to exercise through a committee
  - **Lead provider** managing resources and delivery at place-level under a contract with the ICS NHS body

Providers and provider collaboratives

- Organisations providing health and care services are the frontline of each ICS. The arrangements put in place by each ICS Partnership and ICS NHS body **must harness the expertise, energy and ambition of the organisations directly responsible for delivering integrated care**
- Providers will continue to **retain their statutory duties** and meet requirements under the **NHS standard contract or relevant primary care contract,** but with **new relationships between commissioners and providers** embodied in the composition of the ICS NHS board and ways of working across the ICS
- It is expected that providers will **increasingly lead service transformation**, potentially via delegation of functions from the ICS NHS body
- **Primary Care Networks** will play a central role in Place Based Partnerships
- In addition to their partnerships at place level, Trusts/FTs are expected to join **provider collaborative** arrangements from April 2022. (Ambulance trusts, community trusts, and non-statutory providers, are not *required* to join provider collaboratives but should where is makes sense.)
- **Each Provider Collaborative will agree specific objectives with one or more ICS**, 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

Evolution to the new system

NHS England and NHS Improvement

Timeline for establishing ICSs

We have asked current ICS and CCG leaders to make **initial arrangements to manage the transition to new statutory arrangements** and ensure that there is capacity in place ready for implementation of the new ICS body. **Plans should be agreed with regional NHSEI teams.**

The anticipated **transition timeline** is set out in the Design Framework.

Key actions expected by the end of Q2 include:

- Complete the agreed **national recruitment and selection processes for the ICS NHS body Chair and Chief Executive** (subject to/after the 2nd reading of the Bill these roles will be confirmed as designate roles).
- **Draft proposed new ICS NHS body MoU for 2022/23, including ICS operating model and governance arrangements**, in line with model constitution and guidance which NHSEI will issue.

In Q3 implement the recruitment and selection processes for **designate Finance Director, Medical Director, Nursing Director** and other board level roles in the NHS ICS body, via a local filling of posts processes.

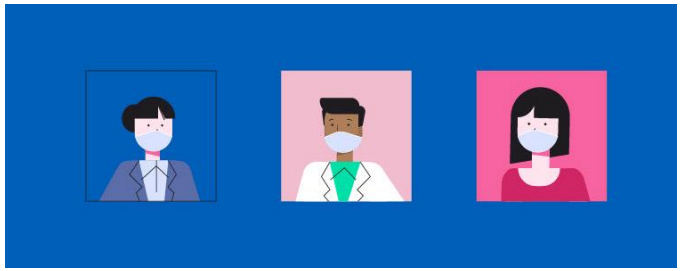
What it will mean for ICS and CCG staff

It is envisaged that all functions of a CCG will transfer to the statutory ICS and therefore **colleagues below board level should move** into the new organisation.

Colleagues in **senior leadership/board level roles** are likely to be affected by the establishment of the designate executive/ board level roles of the ICS. It is not possible to provide a commitment limiting organisational change ahead of establishment to this group of people.

The Executive Suite – Our NHS People has a range of offers to **support the wellbeing of senior and executive leaders** affected by this change.

After the legislation is introduced, **we will publish further resources and guidance** to support transition planning and implementation.



What will this mean for NHSE/I staff

- We expect that **all our roles nationally and regionally will continue to evolve to some degree** in the next few years as a result of the development of integrated care systems. Working arrangements may differ in different parts of the country to reflect the needs and priorities of ICSs as they develop.
- We know, for example, it is likely that **some of our existing functions will be delegated to ICSs** from April 2022, for example some commissioning functions.
- We will **continue to be responsible for our duties** being fulfilled, for example on oversight of, and supporting improvement in, ICSs, and will **discharge them with ICSs**, and in particular ICS NHS bodies.
- **NHSE/I policy and programme teams** will need to consider how their ways of working reflects and adapts to the respective roles and responsibilities of ICSs and Regions
- We expect that the legislation will **merge** the NHS Commissioning Board, Monitor and the Trust Development Authority **into a single body with the legal name of NHS England**
- We need to plan and **shape this together** from now over the coming months as we further develop our operating model. There will be a joint national/regional approach and there may be differences between regions in terms of devolved functions and associated staff deployment models to reflect the context, size and maturity of local ICSs.

Underpinning Core Principles

- We have already set out our core principles which includes making an **“employment commitment”** for all but the most senior staff, which asks for organisational change to be kept to a minimum during the transition.
- We are committed to a concept of **“one workforce”** within ICSs which means, regardless of employer, our people will be working as one group towards the shared goals of improving services. NHSE/I staff will be considered as part of that one workforce and included in the development of the ICS workforce.
- We are **working in partnership with trade unions** at national level through the Social Partnership Forum and locally with NHS England and NHS Improvement trade unions.
- We believe that **the development of ICSs** has potential to deliver real benefit for people across the country and will also create rewarding and fulfilling opportunities for us all.
- We will keep you up to date and engage you in our thinking and next steps.