



South West London
Health & Care
Partnership

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ICS and placed based transition work Merton Overview and Scrutiny Committee

June 2021



**Our ICS is
made up of a
three parts;
together we
are the ICS**



ICS update headlines ...

- **Place** - transition teams in place commencing H&C Plan review and forming together. Resource and support will be important going forward. (slides in pack summarise)
- **Provider Collaboratives** – Acute Provider Collaborative and South London Partnership considering the new expectations collaboratives and how they will develop capabilities and arrangements to achieve them.
- **Functional review** – CCG functional review underway and building future narrative. Partner conversations planned for October.
- **System Development plan** – draft signed off by NHSE London. 6 week listening exercise on future g
- **Communications and engagement** – stakeholder plan being developed
- **OD** plan initial thinking conversations with CEOs and Place Leads but more in-depth conversations will be arranged – current thinking Simulation exercises; Big Tent
- **Growing focus** on Finance and provider collaboratives
- **London ICS Steering Group and Operations Groups** established
- **National guidance** ICS Operating Model; HR process; Collaboratives and expecting more early September
- **National Timeframes** – there will be a de minimum expectation on ICS development for 1st April 2022



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ICS Transition Update

Place based development



Place will have four main roles:

1. To **support and develop primary care networks** (PCNs) which join up primary and community services across local neighbourhoods.
2. To **simplify, modernise and join up health and care** (including through technology and by joining up primary and secondary care where appropriate).
3. To understand and identify – using population health management techniques and other intelligence – **people and families at risk of being left behind and to organise proactive support for them;** and
4. To **coordinate the local contribution to health, social and economic development** to prevent future risks to ill-health within different population groups.

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In addition, places are responsible for:

- **Ensuring the full involvement of all partners** who contribute to health and care in place.
- Putting in place **important links with other public or voluntary services** that have a big impact on residents' day-to-day health, such as by improving local skills and employment or by ensuring high-quality housing.
- **Delivery of place plans** in partnership with NHS providers, local government, primary care and the voluntary sector working together in each place in ICSs, built around primary care networks (PCNs) in neighbourhoods.

Each local Transition team have been asked to begin to meet and focus on a number of key development areas.....

1. Begin work across each local placed based partnership to **identify and develop a 6,12- and 18-month programme** to deliver place requirements outlined in the White paper.
2. Reviewing and developing **revised Local Health and Care Plans** built on locally identified priorities and linked to expected national planning guidance.
3. Set **clear expected outcomes** for place priorities and actions so that their impact may be tracked.
4. Engaging in the **Strengthening Communities Programme Group** to think through in more detail the approach to place-based development, share learning and support the system wide development of place-based arrangements

Merton Place so far, early days

- Expanded the transition team to include, **Dr Dagmar Zeuner, Director of Public Health** and **Simon Shimmens, CEO of Merton Connect** representing the third and voluntary sector
- Transition team - developing understanding and trust – 3 face to face and 3 virtual meetings
- Merton Health and Care Together remains the partnership vehicle
- Organisational development needs for partners, sectors and MHCT
- Programme Director recruited, CCG and provider resource
- Stakeholder Engagement and Communication plan
- Desktop update of Merton Local Health and Care – COVID impact and inequalities
- Series of workshops reviewing start well, live well and age well
- 3 primary care network development sessions completed

Merton Place transition team – who are we?

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Vanessa Ford,
CEO,
SWL&StG



John Morgan,
Assistant Director
London Borough of Merton



Simon Shimmens,
CEO,
Merton Connected



Alison Edgington,
Director of Operations
CLCH



Dr Dagmar Zeuner,
Director of Public Health
London Borough of Merton



Dr Sayanthan Ganesaratnam
Lead Medical Director,
South West London Primary
Care Provider Alliance



Jennifer Goddard,
Associate Director
SWL&StG



Suzanne Marsello
Chief Strategy Officer,
St. George's University Hospital



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Background slides



ICS Health and Care Partnerships

- ICS Partnerships will be responsible for **developing a plan that addresses the wider health, public health and social care needs** of the system.
- Members of the ICS Health and Care **Partnership can be drawn from Health and Wellbeing Boards within the system, partner organisations** with an interest in health and care (including Healthwatch, voluntary and independent sector partners, social care providers and for example housing providers).
- **Each system will set up** its Health and Care Partnership and membership
- **Guidance to support the establishment of these partnerships** will be developed with NHSEI and the Local Government Association
- **All NHS and LA's will have a duty to collaborate** across the healthcare, public health and social care system.
- **The ICS will work closely with local Health and Wellbeing Boards-** as 'place-based' planners, -, the ICS NHS Body will be required to have regard to the Joint Strategic Needs Assessments (JSNAs)/Joint Health and Wellbeing Strategies

The Role of ICS NHS Body

- The ICS NHS body will be responsible for:
 - **Strategic planning** to meet the health needs of the population and being accountable for the health outcomes of the population
 - The commissioning functions of CCG's and some of those of NHS England
 - Developing a **capital plan for NHS providers**
 - **Securing the provision of health services** to meet the needs of the system population
- Each **ICS NHS body will be directly accountable for NHS spend and performance** within the system allocative functions will be held by the NHS Body. **It will be able to delegation place and provider collaboratives**
- The ICS NHS body will be **responsible for the day to day running of the ICS**
- **The ICS NHS board will, as a minimum**, include a chair, the chief executive and representatives from NHS trusts, general practice and local authorities, with others determined locally.
- **Place-based arrangements will be left to local organisations to arrange.**

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