

Northamptonshire

Health and Care Partnership



Further development of the organisational architecture for the ICP, Places, Communities and Local Area Partnerships

31 May 2022



1. Context
2. Place Development
 - Local Area Partnerships
 - Community/Locality Forums
3. Evolution of Place Development – Roadmap



1. Context

Explains the national guidance and how it has been interpreted for Northamptonshire

The core components of the ICS as defined in national guidance

There is national guidance on how an ICS should be structured and what the role of these particular components are within the system. It is then for the individual ICS' to decide on how this should be interpreted to work best for their population.

Core components of ICB

- ✓ Developing a five-year plan
- ✓ Allocating resources to deliver the plan across the system, and setting the principles to do so
- ✓ Establishing joint working arrangements with partners
- ✓ Establishing governance arrangements to support collective accountability between organisations
- ✓ Arranging for the provision of health services in line with the allocated resources across the ICS
- ✓ Leading system implementation of people priorities
- ✓ Leading system-wide action on data and digital
- ✓ Using joined-up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address unwarranted variation, health inequalities and drive continuous improvement in performance and outcomes
- ✓ Ensuring that the NHS plays a full part in achieving wider goals of social and economic development and environmental sustainability through joint working between health, social care and other partners
- ✓ Driving joint work on estates, procurement, supply chain and commercial strategies
- ✓ Planning for, responding to and leading recovery from incidents (EPRR), to ensure NHS and partner organisations are joined up at times of greatest need
- ✓ Functions to be delegated by NHS England and NHS Improvement include commissioning of primary care and appropriate specialised services.

Core components of ICP

- ✓ Each ICS to have an ICP (a committee, not a body) at system level established by the ICB and relevant local authorities as equal partners and bringing together wider health and care organisations
- ✓ To align its constitution and governance with the ICP
- ✓ Be established locally and jointly by the relevant local authorities and the ICB and include local authorities (that are responsible for social care services in the ICS area) and the local NHS (represented at least by the ICB)
- ✓ The ICP are expected to appoint additional members
- ✓ The ICP are expected to determine its own procedures
- ✓ Specific responsibility to develop an 'integrated care strategy' for its whole population, covering health and social care and addressing health inequalities and the wider determinants
- ✓ Set out how the needs assessed in the Joint Strategic Needs Assessment(s) for the ICB area are to be met by the exercise of NHS and local authority functions in the strategy.
- ✓ Champion inclusion and transparency and challenge all partners to demonstrate progress in reducing inequalities and improving outcomes.
- ✓ Support place-and neighbourhood-level engagement

Place guidance

A three-tiered model of systems, places and neighbourhoods has been proposed by NHS England and NHS Improvement Guidance:

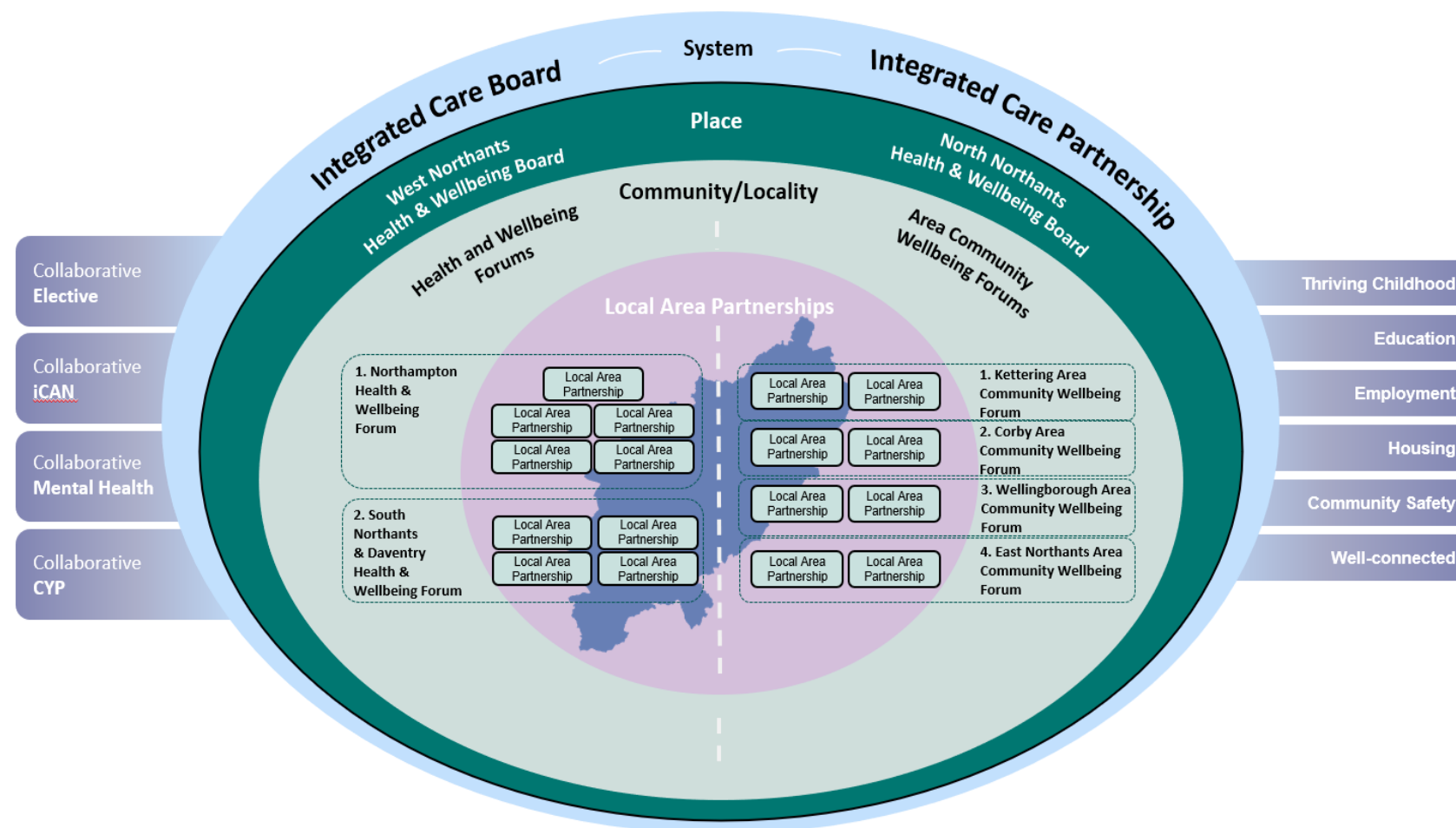
- ✓ **Neighbourhoods (known as Local Area Partnerships)** (populations of around 30,000 to 50,000 people*): served by groups of GP practices working with NHS community services, social care and other providers to deliver more co-ordinated and proactive services, including through primary care networks (PCNs).
- ✓ **Places** (populations of around 250,000 to 500,000 people*): served by a set of health and care providers in a town or district, connecting PCNs to broader services, including those provided by local councils, community hospitals or voluntary organisations.
- ✓ **Systems** (populations of around 1 million to 3 million people*): in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale.

The core components of the ICS as defined in Northamptonshire

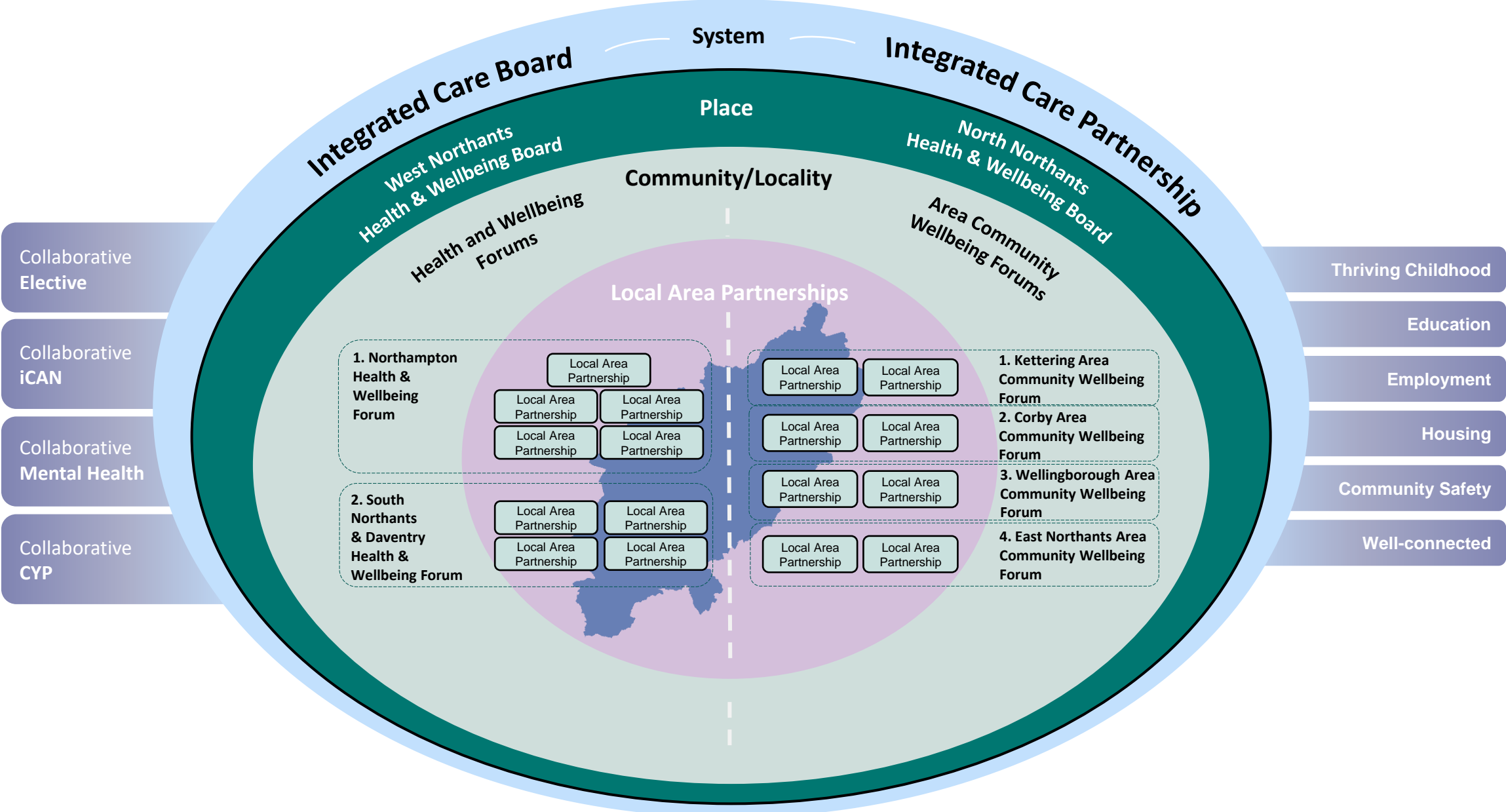
The Northamptonshire ICS has chosen to interpret the national guidance into a four-tiered model.

In Northamptonshire, the national guidance has been implemented by proposing that the Integrated Care System comprises of the following structure:

- 1. System:** the Integrated Care Board and Integrated Care Partnership will have combined leadership for health and care. There will be 4 Collaboratives with a focus on system-wide service re-design
- 2. Place:** there will be two places in Northamptonshire aligned to the two unitary authorities – North Northamptonshire and West Northamptonshire. These will be governed by the Health and Wellbeing Board in each Council
- 3. Community:** each place will have community/localities, governed by community wellbeing forums. In North Place, there will be 4, known as Community Area Wellbeing Forums. In West Place, there will be 2 known as Health & Wellbeing Forums
- 4. Local area partnerships:** for every community locality, there will be local area partnerships, covering a population size of circa. ~30-50k. There will be 8 LAPs in North Place and 9 LAPs in West Place and these will align to the community wellbeing forums



The core components of the ICS as defined in Northamptonshire



2. Place Development

Further development of Community/Locality
and Local Area Partnership structures below
Place

Local Area Partnerships (LAPs) can offer a huge amount of value to many components of the ICS. Their value has been proposed below



Local Area Partnerships

To our population, LAPs will...

- Provide granular understanding of residents' local health and care needs at a street and household level
- Empower residents to co-produce new services and solutions by building trusting relationships and listening to their needs
- Ensure a simpler and more joined up system that reduces barriers to health and care services and means that people only need to 'tell their story once'. LAPs will do this through a multi-disciplinary team approach

To our staff, LAPs will...

- Champion local person centred support through building strong relationships with the many organisations who need to coalesce around an individual and/or families to improve their lives.
- Empower staff to do the right thing through self-directed teams that are led at a strategic level by place and system
- Drive strengths and asset-based approaches, connecting local demand to assets and, to council services and other organisations to provide the very best care for people in a truly integrated way. This can foster a sense of shared purpose and value in the work that they do across all partner individuals and support staff recruitment and retention

To our collaboratives and partners, LAPs will...

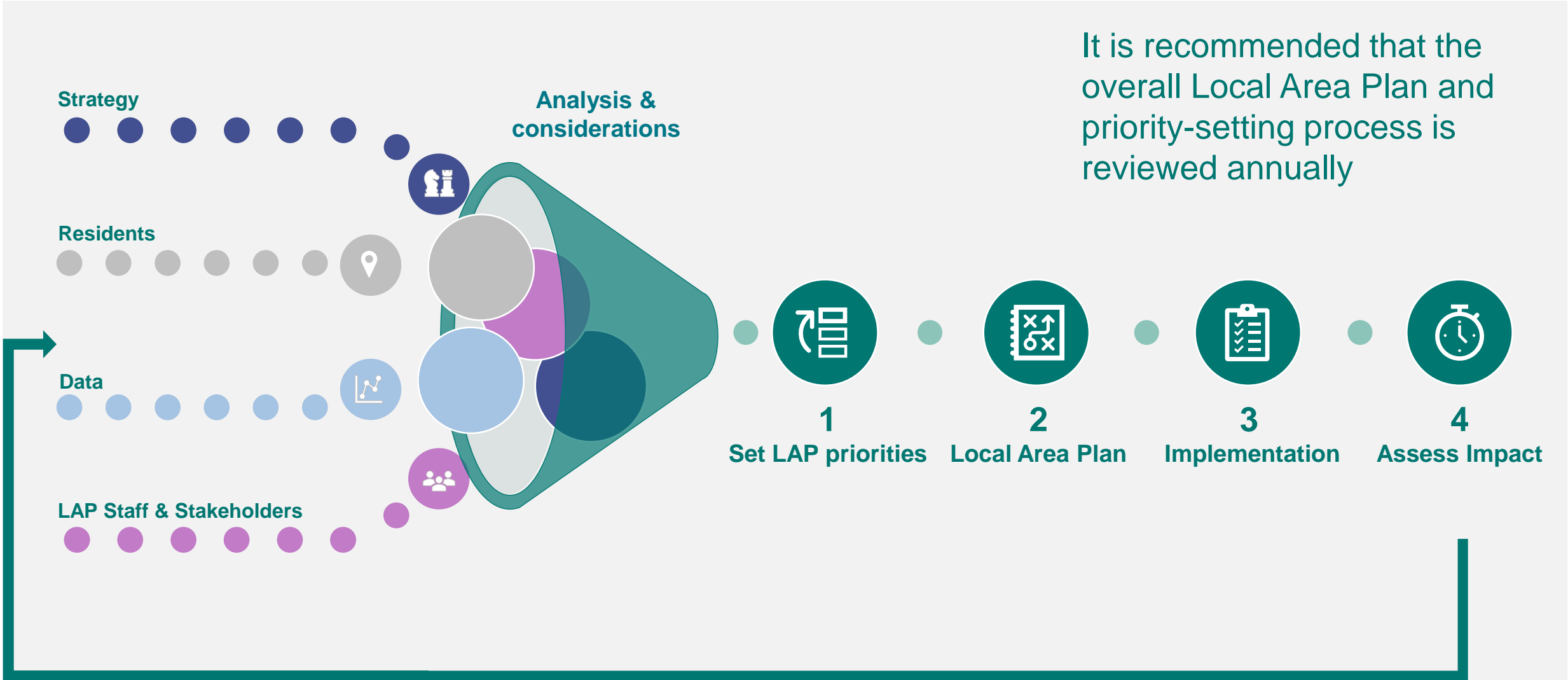
- Provide a link between residents and organisations to translate the needs of residents into service requirements
- Identify and empower residents to support co-production of new services and pathway re-design
- Enable collaboratives and partner organisations to access community spaces and other assets in order to bring their services close to populations

To our Places and ICS, LAPs will...

- Represent our local areas and give voice to residents
- Translate strategy into local action on the ground by delivering the outcomes framework and contributing to system-wide priorities as the delivery vehicle
- Provide a strong evidence base through both quantitative data (digital footprint) and deep local insight from frontline partners, to empower local leaders to take accountability for local action

LAPs value to each group is also enhanced by their relationship with the others – making connections and sharing insights

The delivery mechanism at this level of the structure starts with developing a shared Local Area Profile which will then be used to create a sustainable Local Area Plan. We are proposing the below initial process for doing this. There will also be a significant inter-dependency with the ICS Strategy.



Communities/Localities can offer a huge amount of value to many components of the ICS. Their value has been proposed below



Community/Locality

To our population, Community/Locality will...

- Provide knowledge and understanding of community-wide health and care needs and priorities
- Ensure a simpler and more joined up system that reduces barriers to health and care services and means that people only need to 'tell their story once'. Community/Locality will do this by unblocking challenges that Local Area Partnerships might be experiencing

To our staff, Community/Locality will...

- Support new service models to allow staff to work in – and contribute to – the communities in which they live
- Help to make connections between NHS and Council services, and so to integrate care for the individuals they serve
- Provide strategic direction for frontline staff, driven by system and place-wide strategies. This can foster a sense of shared purpose and value in the work that they do across all partner individuals and support staff recruitment and retention

To our Collaboratives, Community/Locality will...

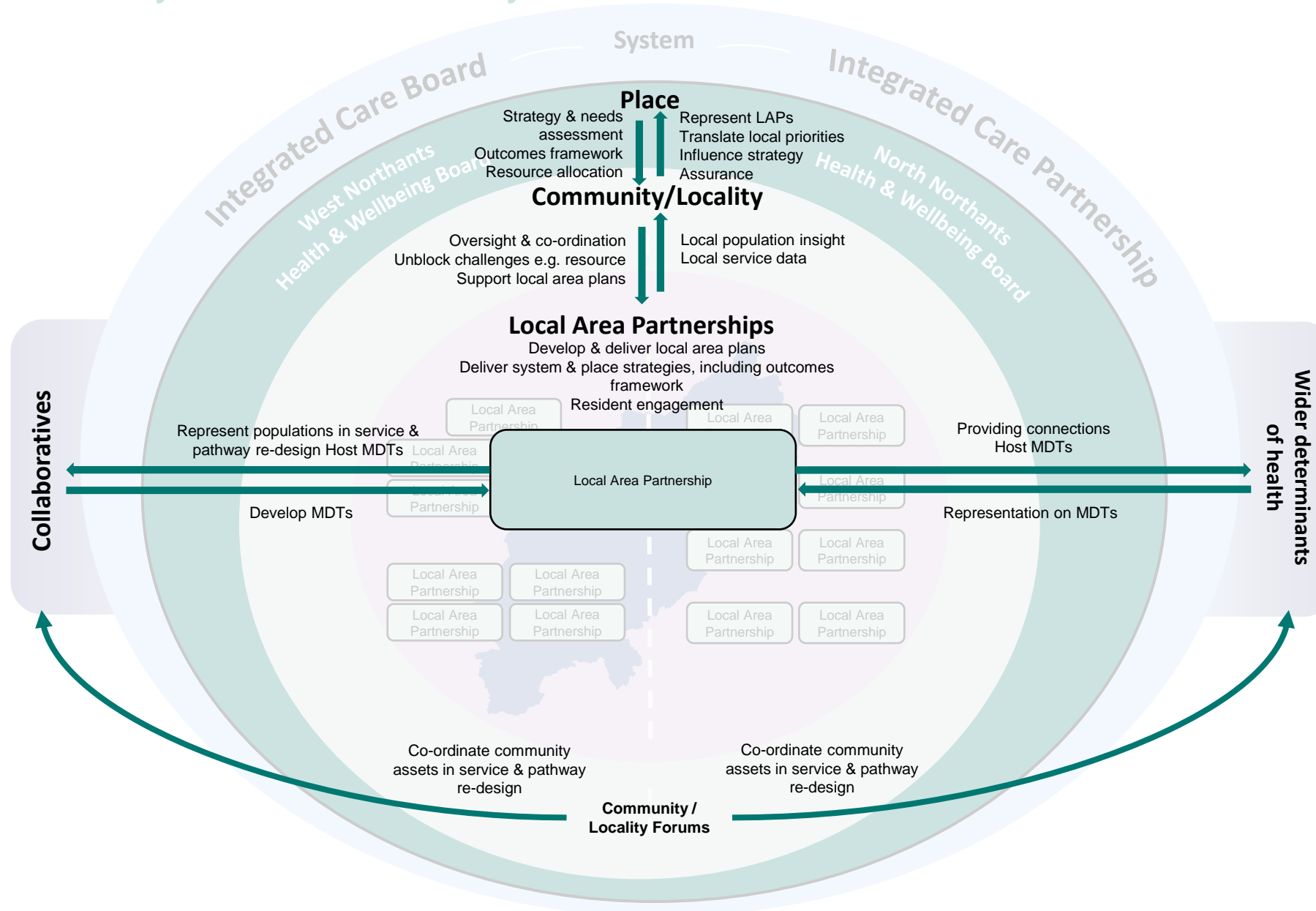
- Help to translate the needs of our local residents into service requirements by having oversight of LAPs and local area plans, thereby supporting truly 'population-centred' service (re-)design
- Support with their understanding of the wider determinants of health across the area/community in the services they provide. Community/Locality will do this by co-ordinating appropriate representation from Collaboratives on MDTs at LAP level through their oversight of LAPs

To our Places and ICS, Community/Locality will...

- Provide a link between strategy and delivery and assurance through representation at the HWBBs. This will enable Community/Locality to play a pivotal role in informing and shaping the strategic priorities of Place on behalf of LAPs and supporting the delivery of the ICP and HWBBs strategies through LAPs
- Support co-ordination of a whole system approach to tackling area challenges, truly fostering cross-organisational working with health and social care
- Share local area partnership data and insights

Community/Locality value to each group is also enhanced by their relationship with the others – making connections and sharing insights

The diagram below overlays the community/locality and local area partnership place layers with their key activities and interactions



Case study example

1

Jane has been suffering with a persistent chest infection and worries that if it gets any worse, she might need urgent care.

2

Jane requests a GP appointment and in the appointment, discloses that she lives in rented accommodation and that the house is damp. She is in rent arrears and struggling to afford to heat the house. She has been affected by the rising cost of energy in recent months. Jane worries that her two children will become unwell because of this.

3

The GP offers her a treatment for her chest infection and asks the Welfare Team to offer additional support.

4

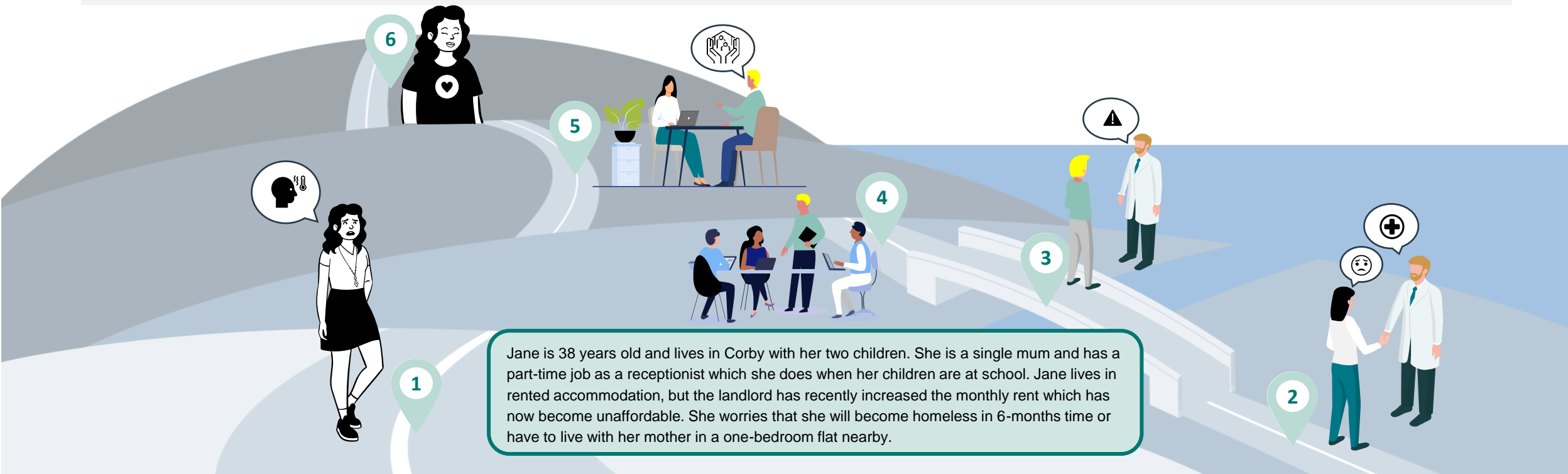
Through the work of the Local Area Partnership, the Welfare Team has designated contacts in the Council to the private rented housing team and welfare benefit support team. They make appointments to speak to Jane and support her with her issues.

5

The Welfare benefit support team realise that Jane is not claiming all the relevant benefits she is entitled to and put her in contact with a scheme to support her into better paid work. She is also entitled to financial support to help protect her from rising energy costs. The private rented housing team work with Jane to help her resolve the issues with her landlord.

6

Jane is happy that she can keep her family in their home and that her children are well.



Jane is 38 years old and lives in Corby with her two children. She is a single mum and has a part-time job as a receptionist which she does when her children are at school. Jane lives in rented accommodation, but the landlord has recently increased the monthly rent which has now become unaffordable. She worries that she will become homeless in 6-months time or have to live with her mother in a one-bedroom flat nearby.

3. Evolution of Place Development - Roadmap

There are many activities that need to happen in order to evolve this proposal which are laid out here in immediate, medium and long term timeframes

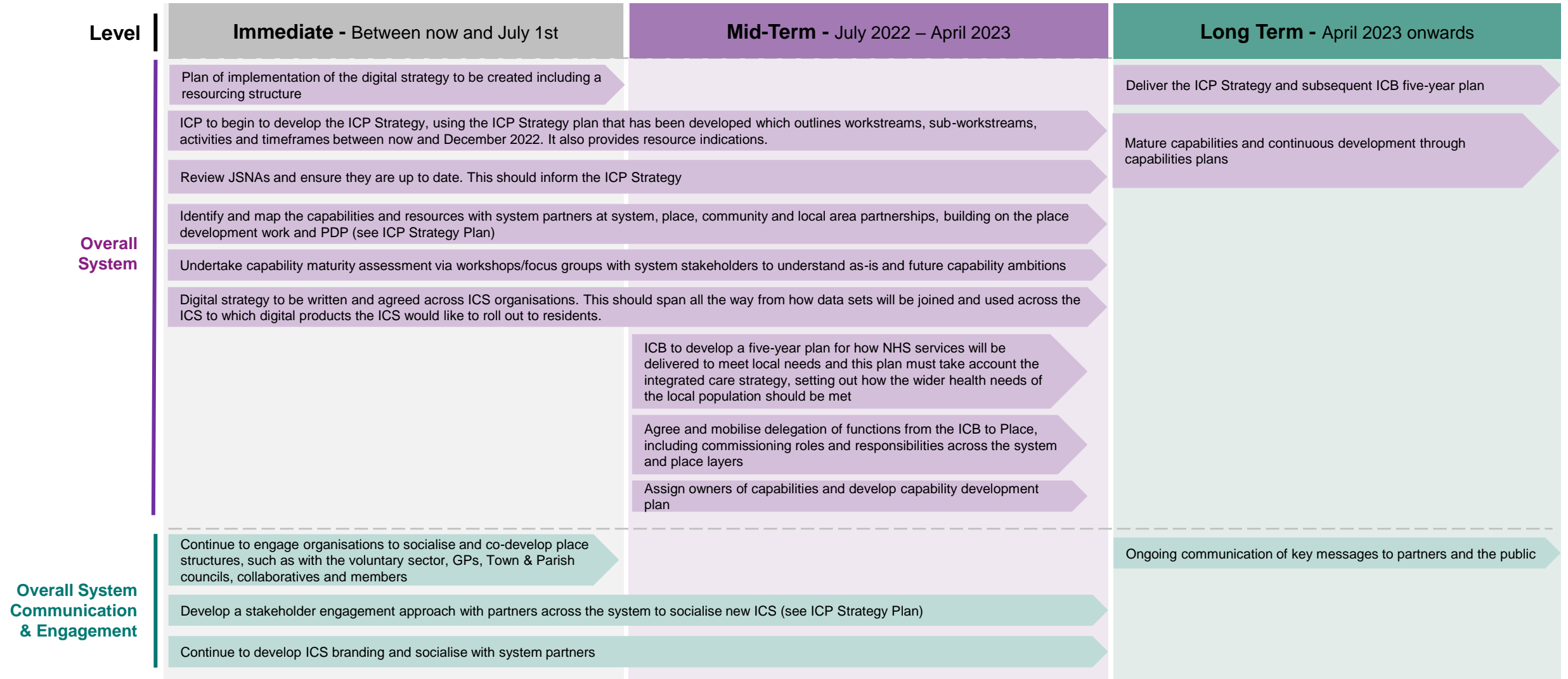
The work in December 2021 identified these immediate next steps

This shows how far place development has progressed since December 2021. It describes immediate next steps to implement the recommendations in the previous phase's paper.

Level	Next Step	Proposed Timeline	Progress to date
Overall System Governance	Identification of Place alignment with overall ICS Partnership and Collaborative governance.	<i>January 2021</i>	
Communication and Engagement	Wider public and organisational engagement and communications required to inform, engage and co-produce more detailed plans for communities and neighbourhoods.	<i>March to July 2022</i>	✓
Place	Identify the individuals required to broaden the remit or membership of the Health and Wellbeing Boards.	<i>Early 2022</i>	✓
	Amend HWB Boards ToRs.	<i>Early 2022</i>	✓
	Bring together HWB Boards with new membership and remit, including clinical and wider determinants of health representation within the new engagement and governance structures.	<i>Prior to April 2022</i>	✓
	Identifying how data and insight will be developed to target needs and outcomes at various levels of place.	<i>In 2022</i>	
	Confirmation of impact on existing system governance structures and role of these members in new governance e.g. Locality Boards, HWBB Forums and PCNs.	<i>Prior to April 2022</i>	✓
Community	Agree outline membership for Community Wellbeing Forums, and identify individuals to fill roles.	<i>By Mar 2022</i>	
	Produce ToR for community locality boards, defining their precise remit, responsibilities, and feedback into the HWB Boards.	<i>By Mar 2022</i>	✓
	Meeting of the community locality boards in shadow form.	<i>By April 2022</i>	
Neighbourhood	Undertake exercise to draw the boundaries and agree clusters of wards, according to commonality of need, that will constitute neighbourhoods.	<i>TBC – could be post April 22</i>	✓
	Identify the engagement forums to ensure feedback into the system from neighbourhood level.	<i>TBC – could be post April 22</i>	

Evolution of Place Development – Roadmap (1/2)

To further evolve Place development and move it on from the proposal in this document, the following will be required



Evolution of Place Development - Roadmap (2/2)

