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Page 5

# 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** – Met with APC and SLP to begin to consider the new expectations collaboratives and how they will develop capabilities and arrangements to achieve them.
- **Function review** – step one due 7 May 2021.
- **System Development plan** – due in June work in May, sign off by London in July.
- **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** expected shortly – ICS Operating Model; HR process; Collaboratives
- **National Timeframes** are a little behind



South West London  
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Partnership

Page 8

# 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.

Page 9

## 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.

# Our ICS places have now confirmed their transition teams including confirmation of the NHS Transition Place based leader



Place	NHS Primary Care Lead	NHS Acute Care Lead	NHS Community Lead	Local Authority Lead	NHS Mental Health Lead	NHS Transition Place based lead
<b>Croydon</b>	Agnelo Fernandez/ Bill Jasper	Mathew Kershaw	Mathew Kershaw	Annette McPartland	James Lowell (Chief Operating Officer, SLAM)	Mathew Kershaw
<b>Kingston</b>	Naz Jivani	Jo Farrar	David Hawkins	Sharon Houlden	Jennifer Allan	Naz Jivani
<b>Merton</b>	<b>Sy Ganesaratnam</b>	<b>Suzanne Marcello</b>	<b>Alison Edgington</b>	<b>John Morgan</b>	<b>Vanessa Ford/(Jen Goddard)</b>	<b>Vanessa Ford</b>
<b>Richmond</b>	Patrick Gibson	Jo Farrar	David Hawkins	Liz Bruce & Susan Anderson-Carr	Billy Boland	Jo Farrar
<b>Sutton</b>	Dino Pardhanani	Daniel Elkeles	Daniel Elkeles	Imran Choudhury	Amy Scammell	Daniel Elkeles
<b>Wandsworth</b>	Nicola Jones	Andrew Grimshaw	Alison Edgington	Liz Bruce & Susan Anderson-Carr	Vanessa Ford/ (Jen Goddard)	Nicola Jones

# 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 transition team – who are we?



**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

## 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 – 2 face to face and 2 virtual meetings
- Merton Health and Care Together remains the partnership vehicle
- Organisational development needs for partners, sectors and MHCT
- Programme Director recruitment, CCG and provider resource
- Stakeholder Engagement and Communication plan
- Desktop update of Merton Local Health and Care – COVID impact and inequalities
- 3 primary care network development sessions completed



South West London  
Health & Care  
Partnership

Page 14

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.**