# Principles for Development of System Working in Devon

- System governance needs to be light touch with minimal bureaucracy
- Arrangements need to be flexible, responsive and emergent
- The ICS recognises existing and continuing statutory roles and responsibilities
- The ICS, working with all system partners is responsible for setting strategy, direction and policy. The ICS will make recommendations to statutory organisations where required.
- There is an imperative to establish new arrangements but recognition that initial arrangements may be subject to change pending future NHSE guidance/ gateway criteria. This is an evolutionary process
- The principle of subsidiarity is accepted and all partners will hold each other to account for working to this principle.
- System and place will work together to drive transformation at all levels
- Meetings will be held virtually whenever possible

### SHADOW ICS GOVERNANCE STRUCTURE



### Whole System Engagement

- 6 monthly Forum meeting for wider stakeholders on Devon footprint
- Ongoing engagement with Virtual Voices Panel, FT members, Devonwide providers, Health and Wellbeing Boards, Community and Voluntary Sector, Healthwatch, Local Economic Partnerships

### THE SYSTEM WORKS IN PARTNERSHIP

### **Cornwall ICS**

Coproduce plan with ICS Partnership Board which will :

- Deliver Devon system strategies
- Improve health and wellbeing outcomes for the local population
- Reduce inequalities
- Improve people's experience of care
- Improve the sustainability of the health and care system
- Support local engagement incl with PCNs (see slide 3 for further detail)

# South

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## LCP WORKS WITH LOCAL POPULATIONS TO IMPROVE HEALTH .

# LCP MANAGES PERFORMANCE AND HOLDS ITSELF TO ACCOUNT FOR DELIVERING CHANGE.

#### ICS Partnership Board (monthly) Chairs / Council Leaders, System and organisational Chief Execs, Chair C+P Cabinet

Responsible for:

- Setting system strategy, direction and policy and oversight of strategy development
- Strategic planning and resource allocation
- Holding itself to account for managing system performance.
- Sharing, scaling and spreading good practice
- Solving wicked issues and enabling development at place.
- Influencing and strengthening Regional and National links
- Champion for Equality and Diversity
- Citizen Engagement

THE SYSTEM SETS STRATEGY, DIRECTION AND POLICY

### Strategic Commissioner

NHSE/I

CCG working in partnership with other commissioner incl LAs, DPHs, Spec Comm and MH Provider Coll. Responsible for Health and Care needs assessment, priority setting, strategy development, outcomes framework, developing specifications and contracts, market development, impact assessment.

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#### **Clinical and Professional Cabinet**

**Wide representation of clinicians and professionals** Provides Clinical and Professional Leadership to the ICS

System Leadership Executive Team Chief Execs ,DASSs and Place Leads (as required DoFs, DCSs) (fortnightly)

**System Finance Group** 

System Performance Group

**Quality Surveillance Group** 

System Planning Group

System Programme Delivery Group

System Comms and Engagement Group

THE SYSTEM MANAGES PERFORMANCE AND HOLDS ITSELF TO ACCOUNT FOR DELIVERING CHANGE





LCPs will lead the delivery and development of services at place level. Their constituent organisations will take responsibility for a range of functions, previously assigned to providers and commissioners to ensure that services meet the needs of the local population and population health is improved.	
The LCP is an arrangement for joint leadership of multifunctional teams, integrated by a shared plan and objectives, common processes and deployment of joint resources.	South
The aims of the LCPs are to	
Deliver Devon system strategies at local level	North
Improve health and wellbeing outcomes for the local population	
Reduce inequalities	
Improve people's experience of care	
Improve the sustainability of the health and care system	East
Support local engagement including with PCNs	
In order to achieve these outcomes the LCPs will	
Coproduce plan with ICS Partnership Board which will deliver improved health and care services at population level	West
Develop integrated services	
Create conditions for healthy living	
Manage resources within available budget	Plymouth
Plan services through engagement with citizens	Tymouth
Develop community assets	
It is recognised that the success of LCPs will be dependent on a wide network of relationships within a local area and that the culture and approach to	
working together is as important as the formal structures. Therefore the membership of the LCP leadership team will be based on local circumstances but	
should include at a minimum:	
Local Provider Organisations (Health and Care)	
PCN Clinical Directors	
<ul> <li>Local Authorities (officers and elected members) to include social care provision, housing, employment and communities</li> </ul>	
- Dublic Health Leadership	

- Public Health leadership
- Community, Voluntary and Social Enterprise Sector
- Independent Sector

LCPs should also be able to demonstrate clearly how they will work with Health and Wellbeing Boards and Scrutiny Committees

### THE SYSTEM WORKS WITH LOCAL POPULATIONS TO IMPROVE HEALTH THROUGH RAPID TRANSFORMATION