



Leadership Academy

East of England

Case Study:

Suffolk and North East Essex Integrated Care System Development



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Introduction

Suffolk and North East Essex Integrated Care System have a longstanding approach to systems OD and partnership development.

This case study focuses on system leadership and System OD priorities immediately following legislative changes for Integrated Care Systems in July 2022, particularly with a focus for ICB and ICP development. The importance of a culture of partnership versus hierarchy and a permissive environment as opposed to functional control is identified. An OD approach is undertaken that recognises the Integrated Care System as interlinked and the complexity of the need for concurrent, multi-layered approaches, at various levels of ICS subsidiarity.

As a result, governance arrangements that facilitate transparent decision-making and foster the culture and behaviours that enable system working are established and an Outcome Based Accountability model to deliver collaborative programmes by working together at system, place and neighbourhood level to drive measurable improvements to population outcomes adopted.

The need for a longer-term commitment to systems OD for Integrated Care Systems to enable delivery of their aims evident.



Background

Suffolk and North East Essex (SNEE) Integrated Care System (ICS) were one of the first systems in the country to become an ICS via an informal partnership in 2018. It has a longstanding history for planning and delivery of a variety of systems OD interventions to support the development of partnership and collaboration across the ICS.

This has spanned the three Alliance place-based partnerships; West Suffolk, Ipswich & East Suffolk and North East Essex, the voluntary, charitable and social enterprise (VCSE) sector and Integrated Neighbourhood Teams. Dedicated development to Anchor Institute approaches and an Integrated Care Academy has resulted in sustainable, collaborative ways of working, underpinned by thinking differently. There have been challenges, with the debate of ICS boundaries for Essex in mid-2022 requiring a risk analysis for potential implications of changes upon partnerships, relationships, and ways of working. These boundary issues, however, were resolved in July 2022, when the geographical formation of Integrated Care Systems with the east of England were confirmed. This debate, however, did impact in terms of creating new tensions for relationships, shared vision and purpose.

Within June 2021 the Integrated Care System Design Framework set the pathway to Integrated Care statute responsibilities from July 2022. SNEE ICS started to consider what this meant for Integrated Care Board (ICB) and Integrated Care Partnership (ICP) Development, particularly within the context of the SNEE ICS development journey to date.

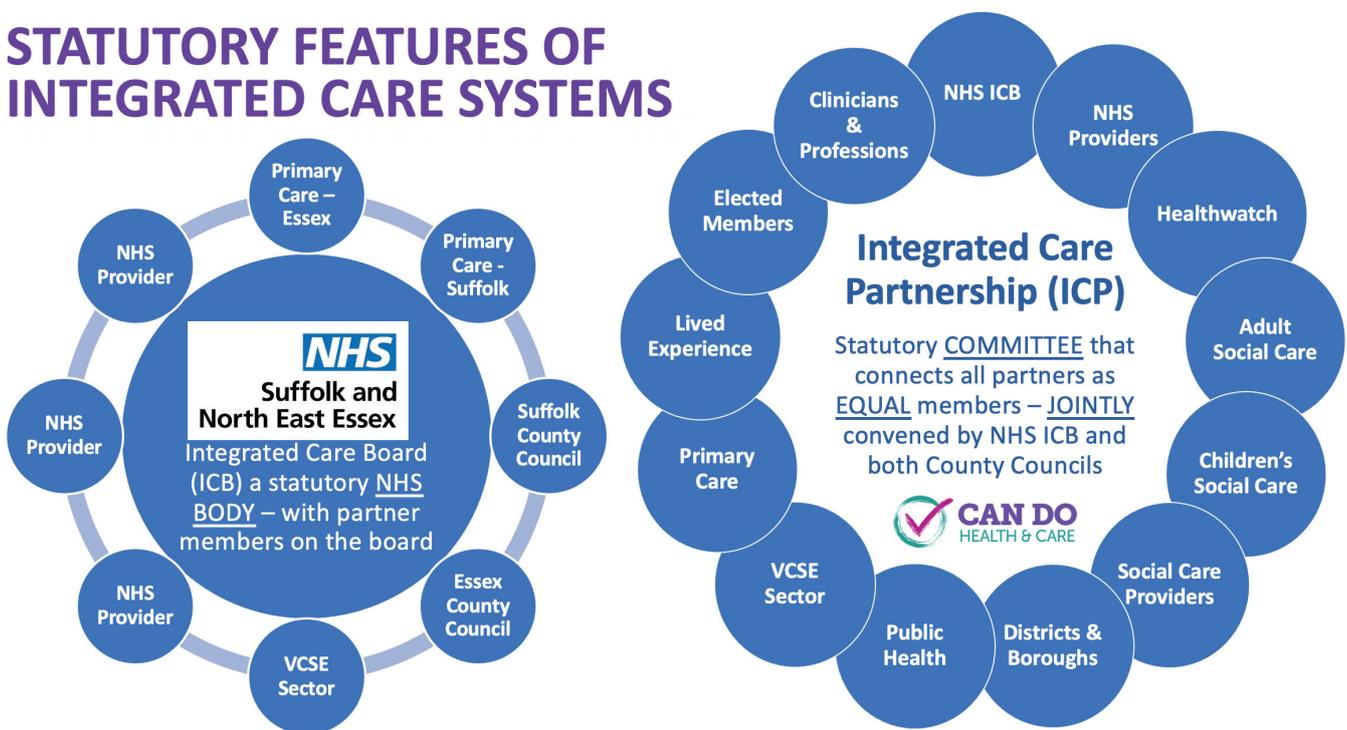
Approach

The Leadership Academy offer for [ICB-ICP Board Development](#) provided the opportunity to create a new strategic partnership to support ICS development. In December 2021 SNEE ICS Transition Board considered this offer and endorsed progression.

Royal Assent of the Health and Care Act 2022 completed its passage through Parliament in April 2022 and therefore, following this, work began on a co-design phase, between SNEE ICS and the provider commissioned to support Board development; Tricordant. A key focus for this approach, was to ensure that it was underpinned by SNEE ICS vision for working as an interlinked system, not as a hierarchy.

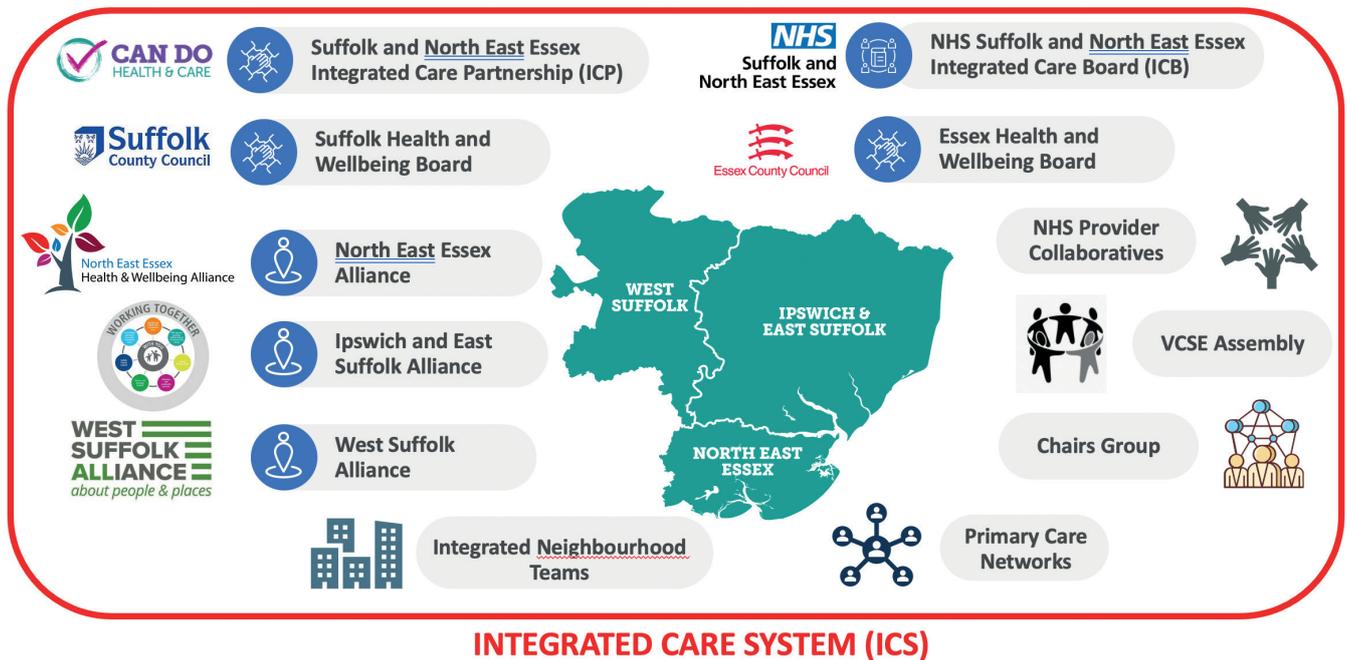
SNEE senior leaders identified that ICB and ICP Development needs to be considered within the context of how ICBs will be different from Clinical Commissioning Groups and include the connected, but differing roles and responsibilities of ICB and ICP:

STATUTORY FEATURES OF INTEGRATED CARE SYSTEMS



SNEE ICS leaders determine that a culture of partnership versus hierarchy and a permissive environment as opposed to functional control is required to effectively adopt collective responsibility for local populations.

FEATURES OF OUR NEW INTEGRATED CARE ECO-SYSTEM



Initial diagnostics and exploration, therefore included engagement, interview, and discussion with a wide range of senior leaders across ICB, ICP and within a variety of existing partnership forums across the SNEE ICS:

Emergent themes for ICB development from this diagnostic phase included:

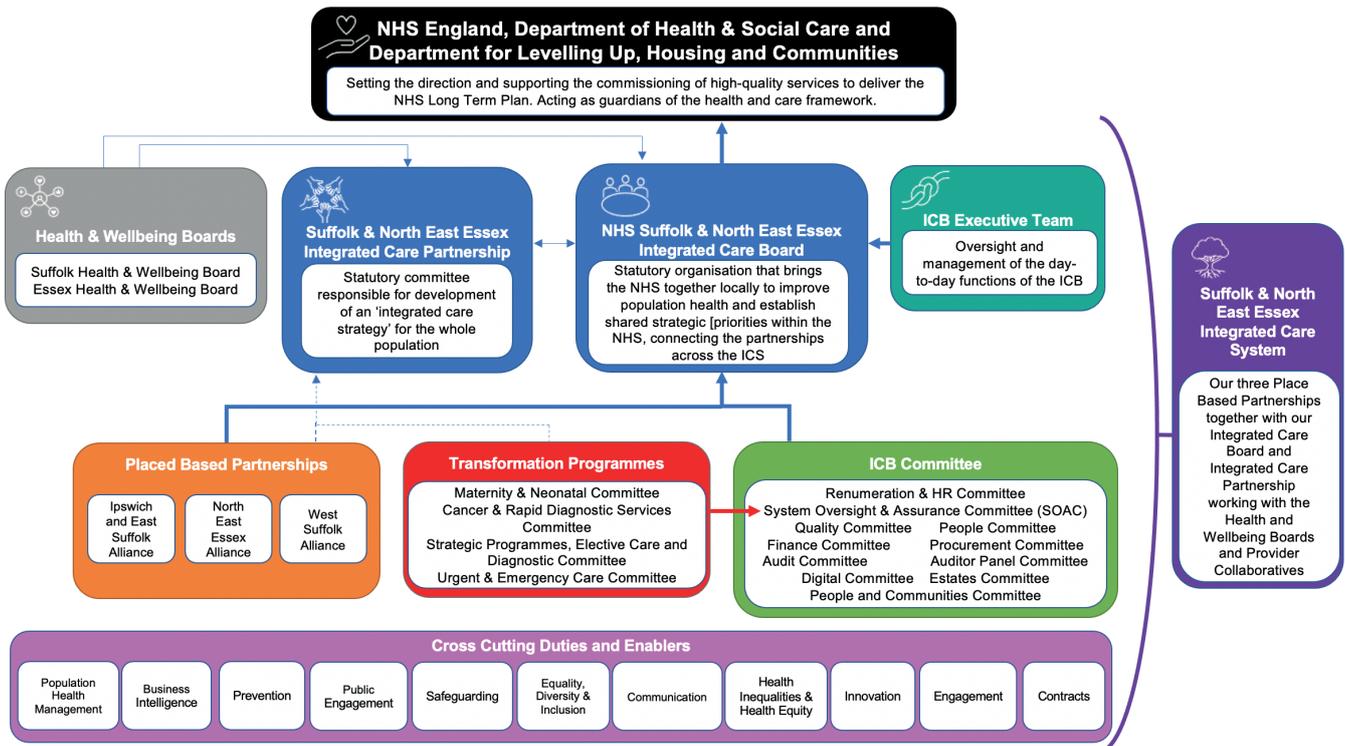
- Roles, responsibilities, and functions - A very different way of working from CCGs and previous formations of partnership is required to deliver ICS statute requirements
- Consideration of the operating model for geography, for example, what works at County Council, Health and Wellbeing Board levels and how best is this established
- The need for collective development intervention, not just within the ICB, but between the ICB and ICP, with interface to other ICS forums
- Equality, Diversity & Inclusion (EDI) - development space for members, and a focus on responsibilities for staff and local communities
- The considerable complexity for senior leaders holding both organisational level roles and system responsibilities. There is a need for systems leadership development for senior leaders, both within SNEE ICS, but also at regional and national scale in order to share learning and best-practice

Following this exploratory phase, a range of systems OD interventions were progressed:

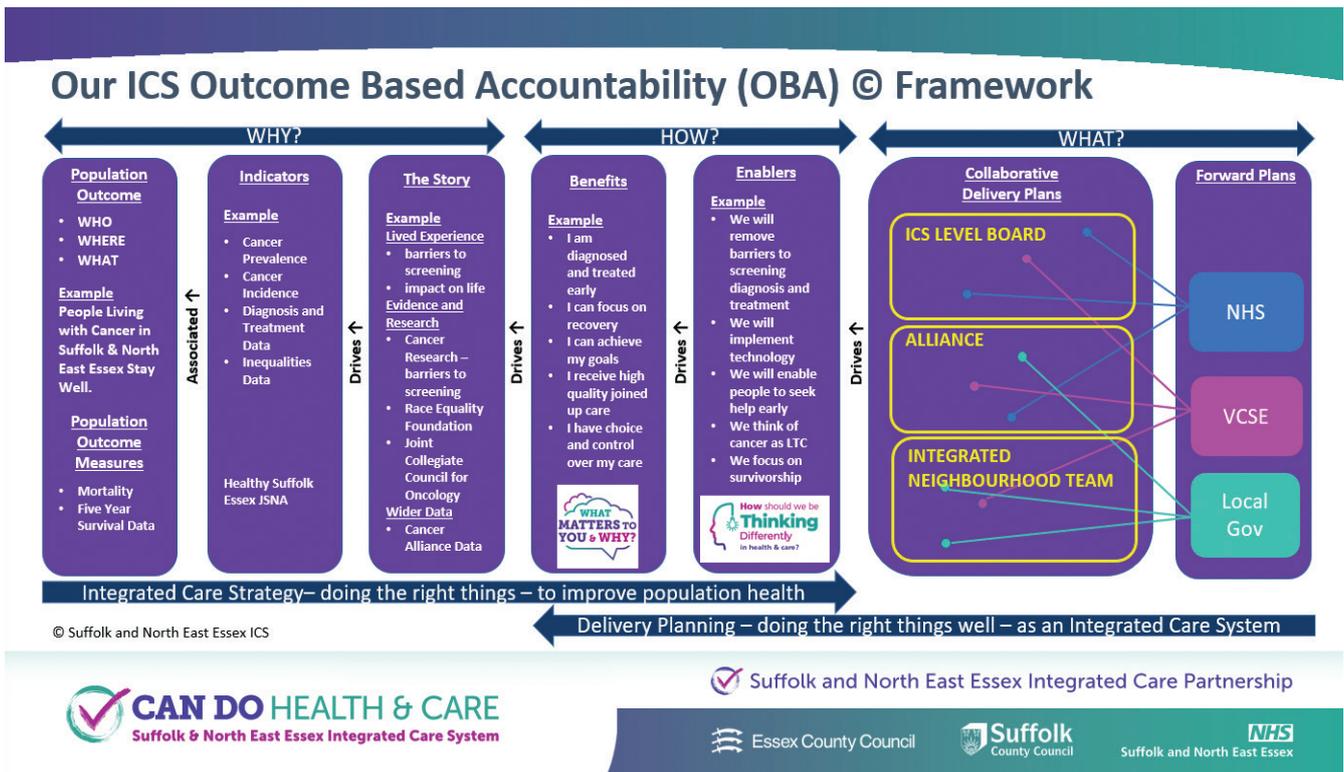
- A forward plan of dedicated ICB development sessions were established from June 22 to March 23, with a focus on these emergent themes
- The first of these sessions was a joint ICB and ICP induction event, focusing on the shared vision, purpose and ways of working between the groups and across SNEE ICS
- Deeper dives explored the interface and needs of wider ICS forums:
 - VCSE sector resulted in the development of a VCSE Resilience Charter, including key principles for how to work collectively with this vital sector moving forward
 - Operating models - interface with geography, forums and the desired outcomes SNEE ICS aims to achieve
- A bespoke introductory EDI session was held with the ICB members, identifying key actions to be taken forward
- A review of individual ICB Members development needs e.g. Coaching & Mentoring

Outcomes

The development of the SNEE ICS Functions and Decisions Map provided a framework to set out the governance arrangements that support collective accountability between partner organisations for whole system delivery and performance. Its purpose is to facilitate transparent decision-making and foster the culture and behaviours that enable system working. It is an important part of the Integrated Care System but does not cover the whole governance map, such as the Integrated Care Partnership, Health and Wellbeing Boards or governance of individual organisations.



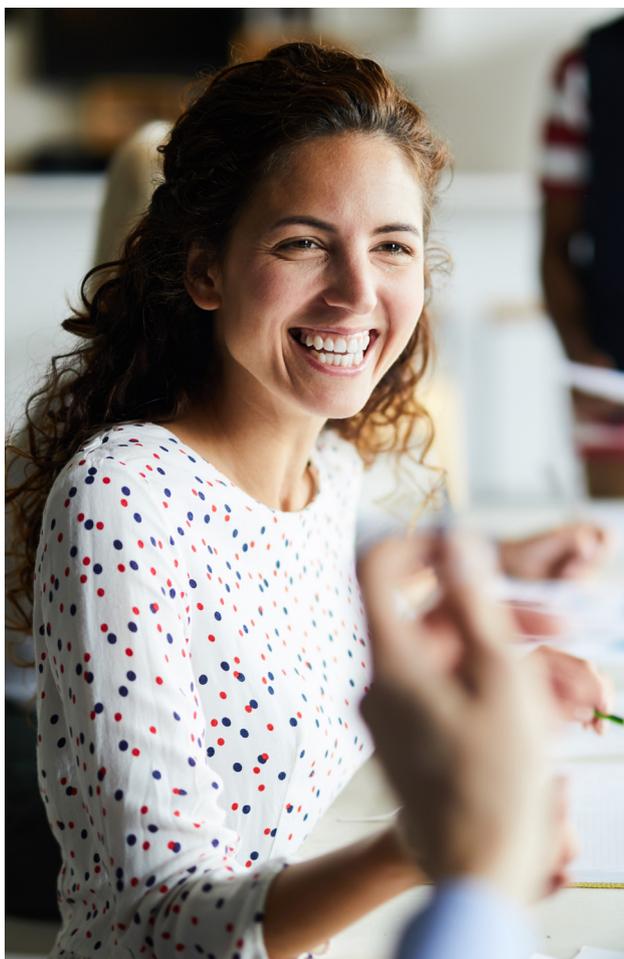
A systems OD approach was also adopted for the development of the SNEE ICS Integrated Care Strategy. A Outcome Based Accountability (OBA) approach is based on working backwards from the desired end position - the conditions of well-being upon which to make an impact - and then taking a step by step approach to understanding how those conditions need to look and feel different; how to measure if that is happening and why; who needs to be involved in making the changes and what practical steps are going to be taken to actually achieve that change. This is often called 'turning the curve'.



The diagram summarises how OBA is applied to thinking in SNEE ICS. It demonstrates the aim to deliver collaborative programmes by working together at system, place and neighbourhood level, to enable benefits for people based on collective understanding of the story that is believed will drive measurable improvements to population outcomes.

These various workstreams also culminated in the need for a central design framework, which acknowledges that multiple layers of systems OD are required to run simultaneously to support the development of a complex Integrated Care System. This means that differing strategic partners and OD consultancies could be working with differing parts of the ICS at any one time. The central design framework outlines a duty of collaboration between all supporting parties to ensure collective aligned development for all levels of ICS subsidiarity.





Learning and Insights

Whilst SNEE ICS has adopted a significant focus on systems OD over a long period of time, an interesting reflection relates to the impact of the introduction legislative changes for Integrated Care Systems. As the framework arrangements outlined by SNEE ICS demonstrate, the Integrated Care Board is not an Integrated Care System, but part of the governance for the new integrated NHS landscape. The introduction of this NHS Statutory Body has, in its establishment, swung the pendulum of focus from partnership to NHS sovereignty and in doing so, taken steps backwards towards hierarchy and function control.

This creates challenges for ICS system leaders. The ICS vision, purpose and shared leadership model has been collectively revisited, to reconnect and re-establish the trust, relationships, and ways of working that had historically matured alongside the partnership development journey to date.

Observations and Next Steps

It is perhaps too early in the ICB Board development and wider ICS systems OD journey to measure impact upon performance measures or system maturity progression.

What can be determined is that the Integrated Care Systems OD journey is complex, multi-layered and a long-term requirement to ensure the aims of Integrated Care Systems can be delivered.

SNEE ICS continue their commitment to systems OD. Commencing the [Leading for Systems Change](#) programme in March 2023, with 40 health, social care and wider caring community staff participating in this Leadership Academy systems leadership programme, to broaden and strengthen the development of systems thinking and systems behaviours. Within SNEE ICS this will underpin work for the Integrated Care Strategy and is titled [“Break the Mould.”](#)

A further area of focus is to continue the development approach to geography, by adopting an ICS cross collaboration with Hertfordshire and West Essex ICS and Mid and South Essex ICS to focus on the experience of Essex residents, including:

- How the three ICPs, with common partners, can support and enable collaboration
- Joining up data across all major partners to achieve a truly joined up picture of places
- Working more closely as health and care systems with Essex businesses
- Developing a trusting relationship between Essex residents and local health and care services, exploring residents’ experiences of services including any potential differences or inconsistencies
- Joint engagement with the University of Essex and other partners on work exploring the unique challenges and opportunities for coastal communities in the East of England (SNEE, MSE and N&W).
- Collaborating as health and care Anchors as part of Essex Partners

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