



ICB update

18 October 2022

healthwatch
Cornwall

ICS, ICB, ICP – what's the difference?

ICS = Integrated Care System - NHS, local authorities, the voluntary sector and other independent providers of care and services. Has 2 main components:

ICB = NHS Cornwall and Isles of Scilly Integrated Care Board - which will provide leadership to our ICS, and will be responsible for setting our NHS priorities and making the best use of the £1 billion budget.

ICP = Integrated Care Partnership - joint Committee which brings together stakeholders from health, the local authority and third-party health and social care partners for joint working. It has a role to facilitate integration, partnership and collaborative working to drive the delivery of better health and care outcomes across Cornwall and the Isles of Scilly.

Working at 'Place' level

- 3 x Integrated Care Areas (ICA) – North and East, Central and West
- Formed of the component parts of 'Primary Care Networks' (PCN) - GP practices working together in their areas in groups of practices with health, community, mental health, social care, and voluntary services.
- Each PCN has roughly 30,000 – 50,000 registered patients

West integrated care area

1. Penwith

Network population: 66,487

- Atlantic Medical Group
- Bodriggy Health Centre
- Marazion Surgery
- Morrab Surgery
- Rosmellyn Surgery
- Stennack Surgery
- Sunnyside Surgery

2. Isles of Scilly and South Kerrier

Network population: 33,700

- Helston Medical Centre
- Isles of Scilly Health Centre
- Meneage Street Surgery
- Mullion and Constantine Group Practice
- St Keverne Health Centre

3. North Kerrier West

Network population: 38,775

- Carn to Coast Health Centres
- Praze-an-Beeble Surgery

4. North Kerrier East

Network population: 31,030

- Harris Memorial Surgery
- Leatside Health Centre
- Veor Surgery

Central integrated care area

5. Falmouth and Penryn

Network population: 48,176

- Falmouth Health Centre
- Penryn Surgery
- Trescobeas Surgery
- Westover Surgery

6. Truro

Network population: 36,998

- Lander Medical Practice
- Three Spires Medical Practice

7. Coastal

Network population: 28,704

- Carnon Downs Surgery
- Chacewater Surgery
- Perranporth Surgery
- St Agnes Surgery

8. Arbenek Health

Network population: 31,812

- Brannel Surgery
- Clays Practice
- Probus Surgery
- Roseland Surgeries

9. St Austell Healthcare

Network population: 36,861

- Mevagissey Surgery
- St Austell Healthcare

10. Watergate

Network population: 49,164

- Narrowcliff Surgery
- Newquay Health Centre
- Petroc Group Practice

North and east integrated care area

11. Three Harbours and Bosvena Health

Network population: 43,198

- Bosvena Health
- Fowey River Practice
- Lostwithiel Medical Practice
- Middleway Surgery

12. North Cornwall coast

Population: 21,442

- Bottreaux Surgery
- Port Isaac Surgery
- Wadebridge and Camel Estuary Practice

13. Coast and Country

Network population: 16,737 (Cornish patients)

- Bradworthy Surgery (Devon)
- Ruby Country Medical Group (Devon)
- Neetside Surgery (Cornwall)
- Stratton Medical Centre (Cornwall)

14. East Cornwall

Network population: 71,682

- Oak Tree Surgery
- Old Bridge Surgery
- Port View Surgery
- Quay Lane Surgery
- Rame Group Practice
- Rosedean House Surgery
- Saltash Health Centre

15. Launceston and Tamar Valley

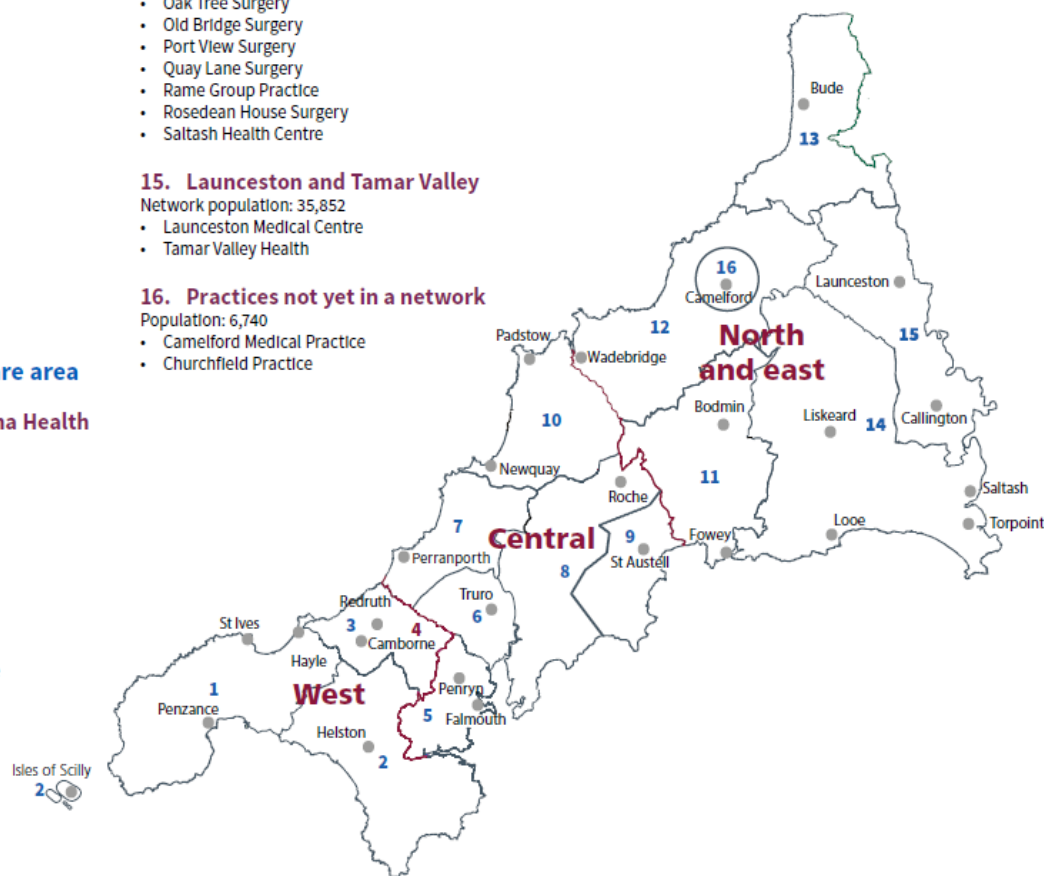
Network population: 35,852

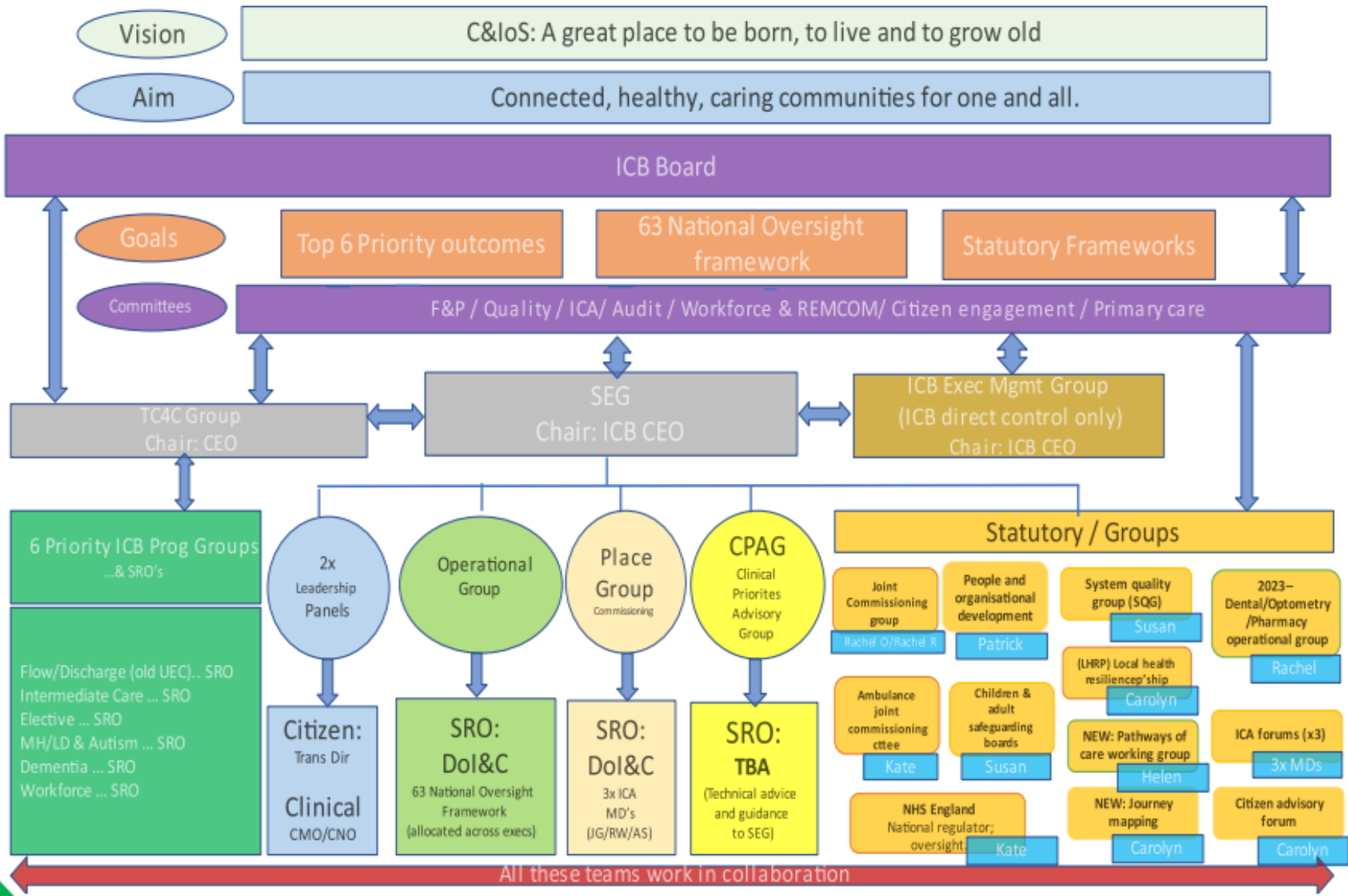
- Launceston Medical Centre
- Tamar Valley Health

16. Practices not yet in a network

Population: 6,740

- Camelford Medical Practice
- Churchfield Practice





What does national guidance say?

‘The development of ICSs means that Healthwatch will need to work at both system and place levels if local voices are to be properly represented where decisions are made. As local Healthwatch are not ordinarily funded to do this work at system level, ICBs and ICPs will need to consider what additional support Healthwatch will need to make an effective contribution.’

‘ICSs should build on the existing statutory activities of local Healthwatch in their geographies, working with the organisations to resource the co-ordination and analysis of user experience data. This will complement insight collected by commissioners and providers.’

‘Systems can also work with local Healthwatch to involve local people. One of their functions is to support the involvement of local people in the commissioning, provision and scrutiny of care services.’

What does national guidance say?

Classification: Official
Publication approval reference: B1762

NHS
England

Department
of Health &
Social Care

Working in Partnership with People and Communities

Statutory Guidance

Start with People

Inform
Sharing information about proposed changes so people understand what they mean.

Consult
Asking for people's opinions on one or more ideas or options.

Engage
Listening to people to understand issues and discuss ideas for change.

Co-design
Designing with people and incorporating their ideas into the final approach.

Co-production
An equal partnership where people with lived and learnt experience work together from start to finish.

Version 1, 4 July 2022

Kate Shields, Chief Executive, Cornwall Integrated Care Board

Our view about person voice is really clear. Without the voices of our people and our communities we will fail from the start. What we do and how we do it has to be aligned with what matters to the people we serve.

People and their communities will increasingly be engaged in our services re-design across our system and we'll ensure their voice is heard in our ICB and be at the heart what we do in Cornwall and the Isles of Scilly.

5. Work with Healthwatch and the voluntary, community and social enterprise sector as key partners
- Build strong partnerships with [Healthwatch](#) and the VCSE sector to bring their knowledge and reach into local communities. Work with them to facilitate involvement from different groups and develop engagement activities
 - Understand the various types of VCSE sector organisations in your area, from larger national charities to local user-led groups, their links to different communities and how the NHS can connect with them
 - Recognise that resources can be limited and that organisations may need financial support and capacity building to take on partnership roles
 - When commissioning other organisations to work with communities, ensure that decision-makers remain personally involved and hear directly what people or their representatives have to say.

What does national guidance say?

Local Healthwatch organisations could contribute in different ways to support the **integrated care partnership** through their statutory functions including:

- collating and sharing existing insight about people's experience of health and care services
- undertaking additional research and engagement in support of development or delivery of the strategy to gather the views and experiences of local people, including those from marginalised groups who are seldom heard
- providing advice and expertise to support the integrated care partnership to undertake and commission community engagement to a high standard
- supporting the integrated care partnership to collaborate with people with lived experience of inequality to carry out monitoring processes

What about Healthwatch England?

- Input into statutory guidance
- Monthly ICS briefings – pulling together examples from across the network
- Draft 'Memorandum of Understanding'
- Briefing documents
- Letter from Sir Robert Francis to Commissioners

What have we done so far?

- Attendance at ICB - meeting monthly – in public; papers and video online
 - Governance, system performance, finance, key local strategies, committee updates, Transforming Care for Cornwall
- Attendance at Citizens Engagement Committee – meeting quarterly – not in public
 - Review of Engagement Strategy
 - Involving People and Communities Strategy Meeting
- Attendance at 2 ICA forums – Central and West
 - Population health data, estates, pilot projects within PCNs, community models

Citizens Engagement Committee

- Met for first time on 20 September
- Draft Engagement Strategy indicates following timeline until May 23:

May 2022 to May 2023

- Improvements and clarification of governance arrangements.
- Adoption of new policies such as the new ICB 'paying involvement payments and expenses to non-NHS staff policy and guidance'.
- Approval of business case for patient safety partners
- Approval of the role description of PPV Procurement Partner
- Continuation of ICS wide engagement leads network meetings.
- Further exploration regarding the use of single stakeholder relationship management platform, likely to be Let's Talk Cornwall.
- Agreement on package of support for ICAs, PCNs and PPGs.
- Engagement with people and communities regarding the integrated care strategy
- Memorandum of understanding formulated and signed with Healthwatch.
- Further discussions with VCSE sector regarding community hubs and piloting new models.
- ICS wide roadshows take place across the region in summer 2022, gathering soft and hard intelligence with regards to what the public like about the NHS and where they want to see improvements.
- Engagement report to ICB Board and quality assurance meetings

Opportunities



Engagement



Insights



Research



Priority
areas

Useful links

ICB Meetings:

- <https://cios.icb.nhs.uk/about/meetings/>

ICS, including ICP info:

- <https://cios.icb.nhs.uk/ics/>

Working in partnership with people and communities: statutory guidance

- <https://www.england.nhs.uk/publication/working-in-partnership-with-people-and-communities-statutory-guidance/>

NHS Start With People network:

- <https://www.england.nhs.uk/get-involved/get-involved/start-with-people-network/>