West Northamptonshire Council

Appendix A

WEST NORTHAMPTONSHIRE COUNCIL

CABINET

TUESDAY 13TH JULY 2021

CABINET MEMBER FOR ADULT CARE, WELLBEING AND HEALTH INTEGRATION: COUNCILLOR MATT GOLBY

Report Title	**Integrated Care across Northamptonshire (ICAN) procurement**
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Contributors/Checkers/Approvers		
West MO	Catherine Whitehead	5th July 2021
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Other Director/SME	Gus Da Silva	5th July 2021

List of Appendices

Appendix A – Shadow executive report on 12.2.21

1. Purpose of Report

1.1 To provide an update to Cabinet on progress toward the Northamptonshire Integrated Care System (ICS) and gain cabinet support for its planned implementation as described within this report.

1.2 To update cabinet on the iCAN programme (Integrated Care Across Northamptonshire) and seek support for its aims and outcomes for residents

1.3 To seek approval from cabinet to complete the procurement and award of contract of the iCAN programme on behalf of the Northamptonshire Health and Care Partnership.

1.4 To request that delegated authority is given to the Executive Director of Adults, Communities and Wellbeing, in consultation with the Executive Director of Finance (S151 officer), and Portfolio holders for Finance and Adults, Communities and Well Being to consider, and

determine the need for a one-off revenue contribution from the Council of up to £1m, towards ICAN, where there is a clear and evidenced return on investment.

2. Executive Summary

Integrated Care System

2.1 Over the past 3 months the Northamptonshire Health and Care Partnership have been working to define and establish potential local arrangements for the Northamptonshire ICS in readiness for the 1st April 2022 national legal deadline. This report sets out the work to date in establishing the ICS which will operate at a County wide level from an overall Northamptonshire system perspective but with local strategy and service delivery built around the West Northamptonshire Health and Wellbeing Board. How services come together at a Unitary Council and Neighbourhood level will be the focus of further work over the next 6 months.

Integrated Care Across Northamptonshire – iCAN

2.2 iCAN is one of four system priorities for the ICS and this report sets out the recommended approach to mobilise a system partner to enable the programme to be taken forward and for associated efficiencies to be delivered.

3. Recommendations

It is recommended that Cabinet:

a) Note the progress toward establishing the Integrated Care System and the further work required to describe how the ICS will operate at a Council and neighbourhood level.

b) Delegate to the Executive Director for Adults, Communities and Wellbeing in consultation with the Cabinet member for Adult Social Care and Public Health the decision whether to modify the adult social care TOM contract (with Newton Europe).

c) Recommend to Council the approval of one-off revenue funding of up to £1m to be agreed from general fund balances to contribute to the iCAN programme, subject to satisfactory evidence of a likelihood of a positive return on the investment.

d) Delegate to the Executive Director of Adults, Communities and Wellbeing, in consultation with his Portfolio Holder the Executive Director of Finance (S151 officer), and the Portfolio holder for Finance the power to determine whether there is satisfactory evidence of a likelihood of a return on the investment.

e) Note that the iCAN funding will be included within the Better Care Fund section 75 and that this will be reported to and governed through the West Northamptonshire Health and Wellbeing Board.

4. Reason for Recommendations

4.1 To respond to national guidance and requirements including the white paper Integration and innovation: working together to improve health and social care for all (Feb 21) and the formation of the ICS (integrated care system) since April 2021.

4.2 To support the realisation of benefits across health and social care to achieve improved outcomes for residents, reduced operating costs and to reduce reliance on acute hospital care.

4.3 To utilise health funding to support the joint objectives outlined.

4.4 To progress the proposed changes before the winter of 2021 in order to secure early benefits and changes in ways of working ahead of anticipated high demand in hospitals and risk of poorer outcomes. This will minimise the risks and uncertainty of both demand and costs that are predicted for winter 2021.

4.5 To further enable the integration of Adult Social Care and Health.

5. Report Background

- Integrated Care System

5.1 The NHS began its journey towards becoming an Integrated Care System four years ago, initially with the creation of Sustainability and Transformation Partnerships (STPs) in 2016, and then the concept of Integrated Care Systems (ICSs) from 2018. There are now 29 ICSs serving 35 million people, more than 60% of England's population, with the remaining 13 STPs now designated as ICSs from April 2021.

5.2 Integrated care systems have enabled our health and care organisations to join forces and apply their collective strength and resources to addressing the country's biggest health challenges, many exacerbated by Covid-19.

5.3 In November 2020 NHS England and NHS Improvement published *Integrating care: Next steps to building strong and effective integrated care systems across England*.

5.4 It described the core purpose of an ICS being to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

5.5 The NHS Long Term Plan confirmed that all parts of England would be served by an integrated care system from April 2021, building on the lessons of the earliest systems, achievements of earlier work through sustainability and transformation partnerships and vanguards and the lessons of joined up working in COVID. Further national guidance and requirements on the ICS are included in the white paper Integration and innovation: working together to improve health

and social care for all (Feb 21) and the formation of the ICS (integrated care system) since April 2021.

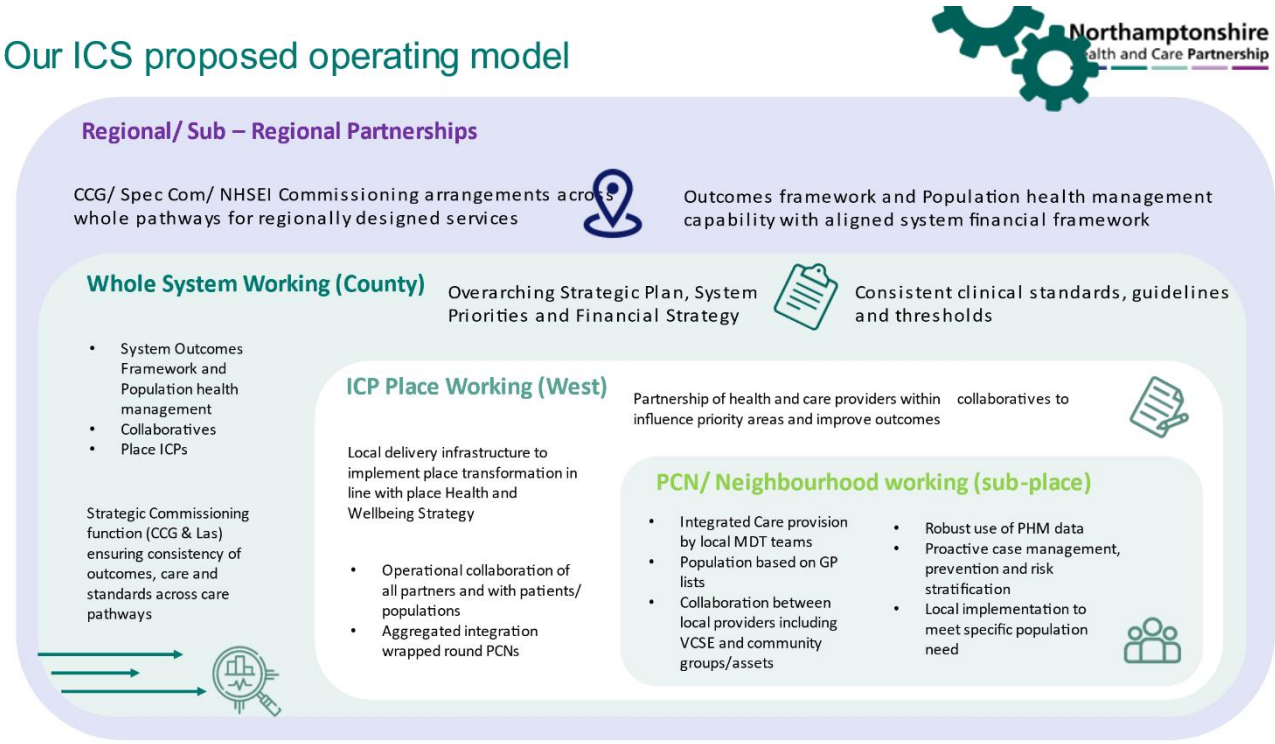
5.6 In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS care, and improving the health and care of the population they serve. This will be supported by legislation that mandates this, the dissolution of CCGs (Clinical Commissioning Groups) into statutory ICS bodies and sets out the role of Local Authorities as key partners in future integrated care.

5.7 Further National guidance published 16th June established that the ICS development should be rooted in underlying principles of subsidiarity and collaboration. The guidance went on to describe common features that every system is expected to have and develop, as the foundations for integrating care, with local flexibility in how best to design these to achieve consistent national standards and reduce inequalities, as:

- decisions taken closer to, and in consultation with, the communities they affect are likely to lead to better outcomes
- collaboration between partners, both within a place and at scale, is essential to address health inequalities, sustain joined-up, efficient and effective services and enhance productivity
- local flexibility, enabled by common digital capabilities and coordinated flows of data, will allow systems to identify the best way to improve the health and wellbeing of their populations.

5.8 Over the past 3 months the Northamptonshire Health and Care Partnership have been working to define and establish potential local arrangements for the Northamptonshire ICS in readiness for the 1st April 2022 legal deadline. This work has also included a focus on how the CCG will be replaced by a new organisation called the Statutory ICS body which will receive health funding from government to be distributed across the local system whilst also being accountable for the money that it spent.

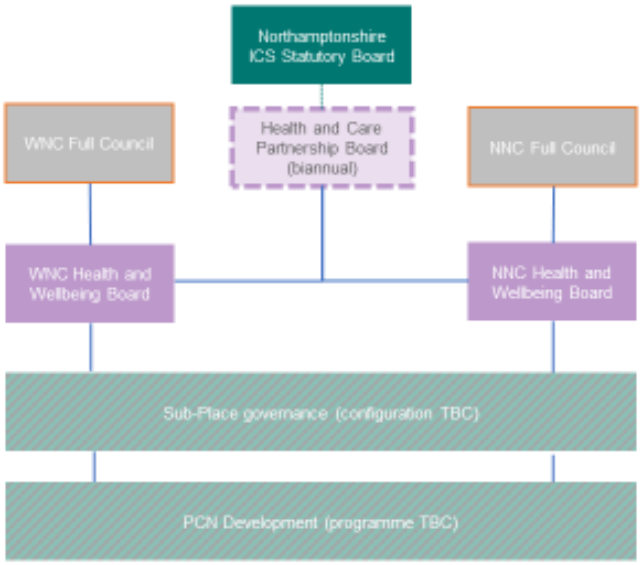
5.9 The Northamptonshire ICS is envisaged to operate at four geographical levels of place as described in the Image below; with the key focus being taking decisions, delivering care and providing services as close as possible to communities and those that need it.



5.10 Across this ICS, four key collaborative priorities have been identified and agreed by partners. Although commissioned at a system level will be structurally delivered through the four geographical levels of the system described above. The identified priorities are;

- iCAN collaborative
- Mental Health collaborative
- Elective Care collaborative
- Children and Young People collaborative

5.11 The four geographical levels and collaboratives would be structured around the following clear governance and oversight structures which collaborate to enable the integration of local services, as depicted and described below.



- ICS Statutory Board - The Northamptonshire ICS Statutory Board will bring together leaders from across the system, and is accountable for overall performance and use of resources. The (small) size of our system means that we have an opportunity to build a Board which includes the most comprehensive possible range of NHS and Local Authority partners working across the County.

    - The statutory body will include Local Authority Leaders and Chief Executives, as well as NHS leaders and non-executives (as will be required by legislation).

    - The ICS Strategic Commissioner will provide a management function to support the ICS Statutory Board in strategic commissioning activities relating to countywide collaboratives, and to link to East Midlands specialist services planning.

- Health and Care Partnership Board/Health and Wellbeing Boards - Our Health and Care Partnership Board will be made up from the membership of our two Health and Wellbeing Boards and our ICS statutory Board. The Board will meet twice per year, in order to;

    - (i) consider progress against our Outcomes Framework over the past year, and (ii) agree a systemwide health and care strategy (or an update to the existing strategy, as appropriate) to improve population outcomes. This then forms the key mandate for the ICS statutory board, our Places and our Collaboratives.

5.12 This focussed role, membership and meeting arrangements will ensure that the Health and Care Partnership Board adds value over and above both the ICS Statutory Body and our Health and Wellbeing Boards, and also that it avoids involvement in operational business which duplicates other forums. The ICS Statutory Board Chair will also chair the Health and Care Partnership Board.

5.13 Work to date has been orientated around the ICS at a system level with the role of Place and the Health and Wellbeing Board requiring further engagement with members of the Council and its partners. This work will ensure that the board owns and develops a Health and Wellbeing Strategy for West Northants, focused on its inequalities, health challenges and solutions and that this drives local service design.

5.14 Cabinet is therefore asked to support the direction of travel identified in the report and further work required to define how the integrated care system will operate at a Unitary Council and neighbourhood level.

- **Integrated Care Across Northamptonshire - iCAN**

5.15 Our population is growing older and people are living longer with complex conditions. The number of people living in Northamptonshire is expected to grow from 741,000 in 2018 to 803,000 by 2028 – that's an increase of more than 8% in 10 years. But for our elderly population there has been a steady increase in the over 65s of around 65% from 122,000 in 2014 to an anticipated 201,000 by 2034 and this its rising and faster than most other areas. We are also seeing a rise in mental health demand and the longer term implications of some of our health inequalities.

5.16 Until very recently our health and care organisations were accountable only for the specific care that they provide to the patient or service user. Unfortunately, this has meant that someone who needs care for a variety of conditions could be receiving services from five or six different organisations with very little coordination between them. This is confusing and a wasteful use of resources, and the reality is that this situation leaves no one taking overall responsibility for the coordination of this fragmented care.

5.17 But as a set of system partners we have increasingly seen the benefits for staff and patients of working together and this has been proven in COVID where the barriers to doing the right things and getting the best outcomes have been broken down. We have been working together on a joint programme of change and transformation, ICAN (integrated care across Northamptonshire), that will permanently change how we work, where and how we provide care and improve outcomes for people. We have undertaken significant analysis of our challenges and compared ourselves to others and we see a huge opportunity for improvement.

5.18 We want to build on this work and the requirement for the creation of our Integrated Care System (ICS) creates opportunities to act together to make change and implement the opportunities we have found. Through the procurement process undertaken we have found a partner to add the skill and capacity required to help us drive this programme at the pace and scale required to make urgent, lasting and positive change. Our aim in the longer term is to empower people to choose well, stay well and live well.

- **The need for Change**

5.19 The number of people living in Northamptonshire is expected to grow from 741,000 in 2018 to 803,000 by 2028 – that's an increase of more than 8% in 10 years.

5.20 The Northamptonshire Health and Care system has been challenged over many years and this has been characterised by:

- Too many people being admitted to our hospitals
- 91 over 65s are admitted each day and this is increasing
- Patients staying too long and when they no longer need acute care
- Delays in discharging people
- Very high occupancy in our hospitals
- an inability to cope with any surge in demand and pressured winters
- Too much reliance on bed based solutions in hospital and on discharge
- Significant financial pressure on our budgets
- A lack of capacity in our facilities and workforce to meet the demand
- A knock on impact to social care in care costs and market capacity to meet the demand

5.21 We know that we cannot continue as we are. Working under this pressure and with these demands does not produce the best outcomes for people and is inefficient. If don't make changes we will need to build more hospitals, spend more on social carer and we will need significantly more GPs to deal with the demand we expect.

5.22 We need to turn our focus to prevention and early intervention and we need to move away from an over reliance on bedded solutions. It is crucial that our health and social care organisations work together with the voluntary and community sectors to help older people to maintain their independence for longer. This means doing things differently, being less risk averse and offering new solutions together that keep people well in their community but also offers alternatives to hospital admissions and more effective step down options that support full recovery when they leave.

5.23 We also need to simplify things for our staff and patients. Our services are complex and confusing and people in our community get care from different organisations and have to repeat themselves. They have told us loud and clear they want things to be simpler, consistent and listen to them more. Making our processes and ways of working simpler will also help our community care providers to know what to expect, the care we need to procure and the outcomes we want from them.

5.24 iCAN is a joint initiative and builds on the transformation of Adult Social Care that was commenced in 2019. The ICAN programme would see the realisation of benefits across health and social care in terms of improved outcomes for residents, reduced operating costs and less reliance on acute hospital care as the focus shifts to more community based care, prevention and joint working.

5.25 We know that Acute hospital beds are extremely costly to maintain (at an estimated £200 a day) and when people stay too long, they have poor outcomes and increasing need for long term social care support. As a system we want to do more to care for more people at home, ensure they don't stay in hospital too long and that they are returned back to independence and their own homes. This is better for them, better for the hospitals and more cost effective too.

5.26 Whilst creating significant improvement to the experience people have of health and Social Care locally, the successful implementation of iCAN is also designed to deliver between £13.3m and £18m recurrent savings to the local Health and Social Care System. These savings have been further quantified and validated by the Health Systems Directors of Finance since the previous cabinet report.

5.27 The programme is structured around three pillars of intervention which can be generally described as;

- Community Resilience – Supporting people to remain well and independent within their own homes through increasing access to preventative intervention and coordinated access to health and social care services etc.

- Escalation and Front Door – Supporting people at the point of crisis from a multidisciplinary perspective to remain independent, reducing the need for presentation to A&E etc.

- Flow and Grip – ensuring that Flow within acute settings is successful in that people do not stay in hospital for any time longer than they need to and responding to peaks of demand as a system rather than individual organisation.

5.28 Following cabinet approval on the 12.2.2021 a procurement exercise was taken forward by the Council to appoint a system transformation partner to support the implementation of the iCAN (Integrated Care Across Northamptonshire) programme on behalf of the Northamptonshire Health and Care Partnership. iCAN is one of the four priority collaboratives for the Northamptonshire ICS.

5.29 In response to the level of available resource stated as part of the procurement process, Newton Europe (successful bidder following the full procurement and competitive process) submitted a bid of £4.8m (against an anticipated budget envelope of £5m set out in the procurement) for delivery of two of the three pillars which the ICAN programme scope. Their proposal established that full delivery of the 18-24 month programme, would require £8m of investment based on a 100% contingent fee (where the fee would only be paid if guaranteed savings were achieved and evidenced).

5.30 The iCAN programme aims, can only be delivered if all three pillars of intervention are transformed as without both the community, front door and discharge changes we will continue to admit to many people (90 over 65s a day) and deliver poor outcomes. These need to be taken forward in parallel to realise the totality of improvement to people's experience and the identified efficiencies to the system.

5.31 This report therefore seeks cabinet permission to enable the Council to commission Newton Europe to the Value of £8m on behalf of the Northamptonshire Health and Care partnership with the one off fees covered through the ICAN contract and procurement (£4.8m) and a modification to the Council's existing Adult Social Care TOM contract with Newton Europe to commission the remaining iCAN pillar (£3.2m) . This modification would extend the Councils TOM contract for a further 18 months and ensure delivery of the community pillar and better

support for all our residents through improved joint working across social care, GPs, community health, housing, the voluntary sector and other key community groups.

5.32 In taking forward this proposal the Council's legal and procurement team have advised on the approach to be within the requirements of the Public Contract Regulations 2015.

5.33 The modification of this contract when combined with the procurement exercise undertaken in March 2021 enables Newton Europe to be commissioned to the value of £8m for the full delivery of the iCAN. The £8m fee is structured on a 100% contingent basis against the successful delivery of £13.3m - £18m of efficiencies to the Northamptonshire health and care system.

5.34 The current TOM contract has a value of £6.8m when considered in the context of the Public Contract regulations 2015 this contract can be modified by up to 50% based on the criteria being met. In taking forward this proposal the Council would justification on this matter is set out below;

- There is a provision within the contract to enable modification in that the contract allows the scope of the Programme to be extended into further areas not specifically covered in the contract in order to achieve its programme objectives (also known as the scope).
- An additional procurement process cannot be undertaken as Newton Europe are uniquely based both technically to support the approach and have the most cost-effective price.
- The interoperability between the diagnostic work undertaken by Newton Europe prevents an alternate provider being able to take forward the approach.
- Introducing a new provider at this point would cause significant inconvenience or substantial duplication of costs for Council and its partners.
- The increase proposed does not exceed 50% of the value of the original contract.
- Added complication are the winter pressures and the risk of further Covid waves require immediate interventions that cannot be achieved with the time frames of a new procurement process and the appointment of an alternate provider.
- The modifications will not change the nature of the contract only to expand the scope.
- As an organisation Newton Europe have evidenced experience submitted through the ICAN procurement of their ability to deliver the expectations of the ICAN programme.

5.35 The mobilisation of the contract would be predicated on the financial commitment being secured from partners both from a budgetary and governance perspective. The Council will not enter into a Contract for iCAN until the full health financial commitment has been finalised.

5.36 Work is underway to identify in detail which organisations will realise the efficiency. In the event that this work identifies that efficiencies would be realised to the Council then subject to an acceptable return on investment level, delegated authority is requested for the Executive Director of Finance in consultation with the Cabinet member for Finance to contribute to the iCAN programme. This work includes;

- Provide a profile of targeted savings showing to which activity they may be attributed and when they are expected to arise, linking these to specific projects (or bricks).
- Identify any overlaps in the savings profiles and where savings are arising and can be attributed to specific partner organisations. This will require organisations benefiting from savings to be delivered and organisations contributing savings to the wider system to be determined. This will include WNC.
- Offer options as to how savings benefits might be distributed between the constituent organisations in order to meet the investment required to transform delivery of the service and propose a mechanism for disputes resolution
- In conjunction with the ICAN Programme highlight the priority interventions critical to improving system performance in the short term as a contribution to Winter Preparedness such that unplanned escalations and admissions are minimised and hospital stays reduced. Identification of the key work streams will be accompanied by the development of a full, detailed project plan for managing the impact of Winter pressures to which Newton Europe, in conjunction with system resources, complete all aspects relating to ICAN and TOM.
- With the ICAN Programme PMO enable the development of KPIs for programme pillars and projects which will demonstrate progress towards the savings targets and the levels of performance required to ensure that the programme, pillar and project objectives and timescales are being achieved. Each pillar and project is to benefit from a package of essential information necessary to determine its progress and performance.

5.37 As previously stated, the mobilisation of the contract would be predicated on the financial commitment being secured from partners both from a budgetary and governance perspective. An initial payment of £5.4m has already been identified from health to sit within the Better Care Fund for this purpose, and the additional funds will be confirmed following the final directors of Finance approval of the detailed financial analysis and evidence.

5.38 Again to be clear the Council will not enter into a Contract for iCAN until such a point as financial support has been agreed and received, and the Council will not make any financial contribution itself until and if we are able to evidence that the ICAN programme will result in additional savings over and above our MTFP savings plans in adults.

5.39 Work is underway with partners to identify in detail which organisations will realise the efficiency and the mechanisms by which it is released (for example avoided cost, cashable savings, dampened demand and reduced crisis care). Only in the event that this work identifies efficiencies would be realised to the Council, then subject to an acceptable return on investment, delegated authority is requested for the Council to contribute to the iCAN programme.

5.40 Subject to cabinet agreement the Council will structure the iCAN programme into the Northamptonshire Better Care Fund section 75 agreement to ensure required governance and oversight is in place and approved by the Health and Wellbeing Board.

6. Issues and Choices

- **Integrated Care Across Northamptonshire**

6.1 Health partners have requested that the Council support the commissioning of the system partner for iCAN. The rationale for this decision is based upon

- the strong working relationships between the Council and health partners,
- the Councils proven track record in taking forward a similar approach in its implementation of the Adult Social Care TOM
- the need to act before winter 2021 to secure the capacity and change and current pressure on health resources to support this themselves
- the financial advantages of the Council hosting the arrangements

6.2 The local system knows what needs to change and the opportunities available. However, unless we have the right capacity, with the right skills and experience to help us design new ways of working, based on evidence, we will be unable to implement the required changes sustainably at pace and scale. The consequential impact for the system of not providing the required capacity will be that at some point the demand for service will become greater than the capacity available.

7. Implications (including financial implications)

- **Resources and Financial**

- Our 2018 CQC local system review found patient experience for people aged 65+ was varied and sometimes unsatisfactory. Compared to our peers we:
  - admit almost 9% more people aged 65+ a day to hospital (8 out of 90 daily admissions)
  - have 12% more stranded patients (113 out of 900 – overall, on average, one in three patients in acute beds and one in two in community beds no longer need to be there)
  - are twice as likely to admit patients from the community and three times as likely from care homes.

  Someone who needs care for a variety of conditions could be receiving services from five or six different organisations with very little coordination between them, which is confusing, wastes resources, and leaves no one taking overall responsibility for the individual's care. It also puts them at higher risk of an emergency department attendance or admission when things go wrong.

  This is not what people want. It does not achieve the best outcomes for them1. It is not the quality of care our organisations want for our residents. And with rising demand for health and care services in Northamptonshire and an underlying system deficit of £117m as of June 2021, it is not sustainable.

[1] https://www.england.nhs.uk/urgent-emergency-care/reducing-length-of-stay/

Indeed, if we do not act now, in four years the needs will have increased so much that we will not be able to support our population adequately:

- The development of the ICAN programme was informed by independent diagnostic work to establish opportunities to improve services, deliver better outcomes for local people and achieve efficiency savings. The diagnostic work produced clear evidence of the potential of the programme and the requirement for investment in a system transformation partner to support its realisation.

- Health partners have identified that a one off investment of around £8m with a system transformation partner could realise a benefit range of circa £13.3m and £18m in annual recurrent gross savings. The £8m investment would be structured on a 100% contingent fee basis.

- At this stage the Council has not made a contribution to the cost of iCAN, and unless demonstrable efficiencies from the programme can be evidenced as being delivered to the Council, then the programme will be fully Health funded.

- However, in the event that this work identifies that efficiencies would be realised to the Council then subject to an acceptable return on investment level, delegated authority is requested to agree one off revenue funding to contribute to the iCAN programme up to a value of £1m. Should this investment be required (in order to deliver additional ongoing savings in excess of this amount) then officers will seek to identify the additional amount through existing funding sources in the budget or relevant earmarked reserves. If the additional requirement cannot be met from these funding sources, then it will need to be met by general fund balances.

- **Risk**

- There is a risk of challenge because the Council are not reprocuring but modifying an existing Adults contract with an existing supplier, that we could be challenged by other providers in the market. In the event of challenge, the modification would not go ahead. However, there would be significant pressures on the system including: -

    - Pressure on acute, community and social care capacity

- Additional costs to social care due to purchasing additional high cost capacity (care home beds)
- The need to commission external services to assist with managing flow (eg brokerage)

After consulting with the legal and procurement team the risk is mitigated and the Council would be in defensible position in the context of the Public Contract Regulations 2015 in that;

- As part of this process we have sought approval of West Northants cabinet and the CCG as to whether to continue the next stage of this programme.
- Winter pressures and the risk of further waves of COVID 19 do not enable the procurement of an alternative provider.
- It is recognised that in our iCAN procurement call off process that we clearly identified a ceiling of £5m for the project. As a diligent authority it is absolutely realistic the cost of the ICAN programme could have exceeded the original funding allocation given its uniqueness and innovative nature.
- The modifications will not change the nature of the contracts only to expand them.
- The Adults TOM contract always envisaged a significant piece of work with health on the Acute pathways of care and while some success has been had the scale of this part of the programme was delayed and reduced due to COVID. Modifying the Adults TOM contract and as adults is embedded in the ICAN programme delivery helps us to realise the full benefit for our communities and residents both for Winter 21 and ongoing.

- **Legal**

There has been involvement from both legal and procurement officers to ensure that the necessary steps are being taken to minimise the risk of challenge and to ensure that as far as possible the process complies with current procurement, contractual requirements, rules, and the detailed process is set out in the body of the report.

Under Regulation 72 of the Public Contract Regulations 2015 there are several options available to the Council is to extend and/ or modify an existing contract as long as the Council can demonstrate the following:

(i) the need for modification has been brought about by circumstances which a diligent contracting authority could not have foreseen.
(ii) the modification does not alter the overall nature of the contract.
(iii) any increase in price does not exceed 50% of the value of the original contract.
(iv) if the proposed variation has been specifically provided for in the contract.
(v) where a change of contractor cannot be made for economic or technical reasons.
(vi) where the modifications are not substantial (regulation 72(1)(e))

As the Council is relying on the above regulations to extend and /or modify the contract and have justifiable reason (as set out on the report) then they should also publish the modification by way of a notice on Find a Tender service (FTS) as required by Regulation 72(3) and (4)).

- **Consultation**

There is no need for WNC to specifically consult on this process as this is embedded within the iCAN programme. Work was done previously in 2019 when shaping the ICAN programme

working with Healthwatch to understand what our residents experience was and how they wanted things to be. Members of the public were consistent in their wants and themes which were:

- Creating person centred care through partnership working – thinking about the person not the process, system or organisation and handing off between them
- Partnerships with patients – engaging patients in choices, their care plans and respecting their decisions and desired outcomes
- Partnerships between services - less hand offs and difficulty in moving between services and more joined up care
- Create empowered and enabled communities – providing community solutions to care needs and helping people stay well at home
- Ensure care is accessible to all – making sure residents can access services and help no matter where they live and that where they live doesn't create inequalities of support and wellbeing
- Support the health and care workforce – residents know that staff do their best and they want to make this easier for them to make the right decisions and have the solutions available to make the job easier and ease demand.

NHCP as part of the ICS development work and the ICAN programme have and will continue to undertake engagement with the people of Northamptonshire about the changes that are being proposed. There are two underpinning enabling work streams within the ICAN programme, communication and co-production both of which are focussed on ensuring that Northamptonshire residents are both engaged and actively participate in the future of services involved.

- **Consideration by Overview and Scrutiny**

Over view and scrutiny will be engaged regarding the ICAN procurement as well as the ICS/ICAN programme on the 20th July with further session to discuss progress arranged within the next 6 months .

- **Climate Impact**

These proposals do not have any climate impact

- **Community Impact**

The procurement of a system partner will enable the integration of health and Social Care across the Northamptonshire ICS footprint. ICAN will however be influenced and orientated in its local delivery by the communities with both North and West Northants Councils. This will create positive impacts on communities, on wellbeing and on our ability to support better outcomes for residents.

8. Background Papers

- **None**