Cheshire and Merseyside
Health and Care Partnership

ICS Design Framework

Briefing - June 2021

Background

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Government White Paper on Health and Social Care Reform – February 2021

NHSE engagement & JUCD submission on next steps for Integrated Care (November/December 2020):

https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf

Nationally Builds on:

NHS Long Term Plan (2019),

Breaking Down Barriers to Better Health and Care (2019),

Designing ICSs in England (2019),

recommendations to Government and Parliament for legislative change (2019)

Existing White Paper

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White Paper covered the following themes, subject to any final amendments:

- Integration and collaboration
- Bureaucracy
- Public confidence and accountability
- Additional proposals – public health, social care, safety and quality
- Supporting implementation “Delivering for Patients: Implementing Innovation” (or similar).

On current timeframes, and subject to Parliamentary business, the plan is that the legislative proposals for health and care reform outlined will begin to be implemented in 2022.

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"Successful systems will align action and maintain momentum during transition, with systems continuing to make progress in improving outcomes and supporting recovery while embedding new arrangements for strategic planning and collective accountability across partners.

Effective transition will see high performing systems taking their existing ways of working and creatively adapting these to the new statutory arrangements. It is an acceleration, in the current direction."

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Key points:

- Sets out NHS England and NHS Improvement's (NHSEI) expectations for the next stage of system development.
- Outlines the core features of integrated care systems (ICS) and the expectations/minimum standards NHSEI has in terms of membership of ICS bodies, their roles and accountabilities and other elements
- Emphasises the need for local flexibility and determination.
- It provides indicative outputs expected in every ICS over the course of the transition period in 21/22.
- Some aspects of system development – will depend on changes to the government's legislation on integration and its parliamentary process.
- In due course, NHSEI will provide further guidance where required

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The document begins to describe future ambitions for:

- the **functions of the ICS Partnership**
- the **functions of the ICS NHS body**
- the **governance and management arrangements** that each ICS NHS body will need to establish
- the opportunity for **partner organisations** to work together as part of ICSs to agree and jointly deliver shared ambitions
- **key elements of good practice** that will be essential to the success of ICSs, including strong clinical and professional leadership, deep and embedded engagement with people and communities, and streamlined arrangements for maintaining accountability and oversight
- **financial framework** that will underpin the future ambitions of systems,
- the roadmap to **implement new arrangements** for ICS NHS bodies by April 2022

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- Bringing together NHS, local government and others to integrate care and improve health and wellbeing
- Develop an Integrated Care Strategy
- Not prescriptive on partnership rules, but requires local, mutual agreement
- Must include local authorities in ICS area and local NHS, but wider membership for local determination
- Chair jointly selected by NHS and local authority; can be same chair as NHS ICS Board
- Role in hearing lived experiences, building on existing engagement.

ICS NHS Body

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New organisation, leading on integrating NHS planning and provision. Responsible for:

- **Developing a plan** to meet the needs of the population
- **Allocating resources**, including resources needed in each place
- **Establish joint working arrangements with partners** to embed collaboration
- **Establish governance arrangements** to support accountability between partner organisations
- **Arrange the provision of health services**, including contracts, personalised care (inc CHC and FNC)
- **Leading implementation of the People Plan** to align 'one workforce'

ICS NHS Body (cont/d)

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- **Leading system-wide action on data and digital** to connect health and care services, understand local priorities and track delivery
- **Invest in community organisations and infrastructure, alongside councils and other partners**
- **Joint working on estates, supply chain, procurement and commercial strategies to maximise value for money**
- **Planning for and responding to incidents when such emergencies or issues arise**
- **Functions delegated by NHS England and Improvement, including primary care and specialised services**

ICS NHS Body cont/d)

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Statutory minimum membership will be:

- Independent Chair, plus a minimum of two independent non-executive directors
- Chief Executive
- Director of Finance
- Director of Nursing
- Medical Director
- At least one member drawn from NHS Trusts and Foundation Trusts within the ICS area
- At least one member drawn from general practice within the ICS area
- At least one member drawn from local authorities with statutory social care responsibility within the ICS area

Place Partnerships

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- Key to the co-ordination and improvement of service planning and delivery
- Locally determined, but reflecting communities
- ICS NHS Body remains accountable for resources, with freedom to delegate budgets/authority to place. No nationally-set allocations
- Range of available place-based governance arrangements.

ICS Collaboration

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- AKA Provider Collaboration at Scale
- Some functions where ICSs NHS bodies collaborate with other ICSs
- Collaboratives will span multiple ICS footprints where this is right for the clinical pathway for patients – an example could be Ambulance services, or 111.
- Governance arrangements for local co-design

People

- ICS NHS Board responsible for local delivery of NHS People Plan
- Individual employers remain
- ‘One workforce’ approach
- Employment commitment remains in place for staff transitioning into new ICS organisation (sub-Board level)

People – Clinical and Professional Leadership

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- Board level representation, visibility
- Distributed model, supportive culture
- Shared learning and innovation
- Transparency in identifying and recruiting leaders
- Equity of opportunity and diversity of representation
- Reflective of community served

People – public engagement

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- ICS NHS Board expected to build engagement approaches into their activities
- Probable legal duty to involve patients, carers and the public
- Listen to the patient voice at both place and system
- Seven principles for how ICSs should work with people and communities –
  - *use engagement to inform decision making;*
  - *co-design with staff, patients and carers;*
  - *work with Healthwatch and the VCFSE sector;*
  - *understand community's experience;*
  - *reach out to excluded groups;*
  - *provide clear, accessible information;*
  - *empower communities*

Financial Regime

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- Financial allocations given to ICS NHS Body by NHS England
- Funding linked to population need, covering acute, community, mental health, primary medical care, running costs
- No ‘centrally set’ allocations for place
- Money flows through ICS NHS Board to providers, largely through contracts, which may be managed by place partnerships or provider collaboratives
- Opportunity for joint commissioning with local authority
- Grants to VCSE organisations and NHS Trusts/FTs

Other elements

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- Quality
- The role of providers
- Clinical and professional leadership
- Working with people and communities
- Accountability
- Data and digital standards and requirements
- Managing the transition