East London Health & Care Partnership

The next steps to building strong and effective integrated care systems across England – a summary

NHSE/I November 2020v1.3

Executive Summary

The document signals a renewed ambition for how we can support greater collaboration between partners in health and care systems to help accelerate progress in meeting our most critical health and care challenges. It is based on the experience of the earliest ICSs and wide input from colleagues across the NHS, local government and wider partners.

- Our proposals are designed to serve four fundamental purposes:
- improving population health and healthcare
- tackling unequal outcomes and access
- enhancing productivity and value for money
- helping the NHS to support broader social and economic development

Executive Summary

In practice this means that from April 2021 all parts of our health and care system will be working together as integrated care systems, involving:

- stronger **partnerships in local places** between the NHS, local government and others, with a more central role for primary care in providing joined-up care
- **provider organisations** being asked to step forward in formal collaborative arrangements that allow them to operate at scale
- developing **strategic commissioning** through systems and a focus on population health outcomes
- the use of **digital and data** to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care.

In addition to setting out expectations for how integrated care systems will work from April 2021, the document also describes options for giving ICSs a firmer footing in legislation likely to take effect from April 2022 (subject to parliamentary decision).

NEL ICS Exec will submit a response to NHSE (england.legislation@nhs.net) on 8 January after hearing from local stakeholders by 4 January 2021 (nel-ics.pmo@nhs.net)

Background

It builds on the commitments and ambitions set out in:

- 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)

Flagstones of development are:

- Improved partnership and collaboration
- Formulising partnership arrangements
- Focus on population health
- Use of digital and data

Build on LTP observations

- Decisions closer to communities lead to better outcomes
- Collaboration at place level can overcome competing priorities
- Collaboration between providers more likely to improve quality, access and productivity

Purpose

- Remove legislative barriers that hinder partnerships
- Enhance or facilitate a bottom up approach to health and social care
- Work from larger footprints while devolving decision making

Priorities

- **Cancer**
- **Transforming mental health**
- **Tackling inequalities**
- **Meet the Covid-19 challenge** (mutual aid demonstrates the power of collaboration)

Integrated Care Systems

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Partners will work together to determine:

- Distribution of financial resources
- Improvement and transformation
- Operational delivery arrangements
- Commissioning development and workforce planning
- Emergency planning and response
- Use of digital data
- Draw strength from its constituent parts

“Place” - a building block for ICSs

- Provide staying well advice
- Preventative services
- Joined up care and treatment
- Access to digital services
- Proactive support to the vulnerable
- Estates – plays a part in social/economic sustainability

Practical steps

1. **Provider collaborative:** Join up working at scale and placed based. Coordinated. Local flexibility. Workforce plan
2. **Placed based partnerships:** Primary care link to Health & Wellbeing Boards. Local understanding and identity. Principle of subsidiarity (Primary Care, Mental Health, Comm/Vol, Community Health Services)
3. **Clinical & professional leadership:** Embed system wide clinical leadership, through PCNetworks, neighbourhoods and partnership boards
4. **Governance & accountability**: ICS Governance to include Comm/vol sector. Establish placed based and provider collaborative clinical leadership.

Practical steps

5. **Financial framework:** A Single pot. Local leaders making allocating decisions. New powers for joint budgets and blended tariffs.
6. **Data and digital:** Connectivity. Smart data & digital foundations. Citizens at the centre. Transform and build tech infrastructure.
7. **Regulation and oversight:** New integration index performance data. System oversight framework to come
8. **Commissioning change:** Reduced competition. Population level outcomes. Key tasks – assess, prioritise, plan, measure, transformation, agree at scale provision. CSUs to continue their role

Specialist commissioning principles

- Stay consistent to national service specifications
- To be led at ICS or multi ICS level
- Clinical networks and provider collaboration to drive improvements
- Shift from provider to population allocations

Legislative proposals to:

- reduce competition
- simplify procurement
- improve capital investment coordination
- establish ICS trusts
- create joint provider and commissioner committees
- merge NHS England and Improvement
- embed the “Triple Aim”
  - Better health for the whole population
  - Better quality of care
  - Financial sustainability for the tax payer

Two options to avoid top down, ‘distracting’ re-organisation

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1) Statutory ICS Board/Joint Committee with an with accountable officer

- Establish a mandatory ICS board
- Explicitly duty for all members (CEOs) to deliver the system plan
- Retains individual organisation duties & outcomes
- ICS AO selected from member AO/CEOs and not replace individual AO/CEOs
- Replies on collective responsibility
- Responsibilities still not clear – ok as a transitional model?

2) Statutory Corporate NHS Body Model – NHSE/I preferred

- Re-purposed NHS body to undertake CCG duties
- Requires agreed framework of duties and powers
- ICS AO would be a full time role
- No Organisational powers of veto
- Less conflicts of interest
- Better for long term ambition and vision?

Staff Stability

Stable employment: As CCG functions move into new bodies we will make a ‘continued employment promise’ for staff carrying out commissioning functions. Terms and conditions to the new organisations will be preserved (even if not required by law) to help provide stability and to remove uncertainty.

New roles and functions: Many commissioning functions will move to a new organisation and will then evolve over time to focus on system priorities and ways of working. The priority will be the continuation of the good work being carried out by the current group of staff and we will promote best practice in engaging, consulting and supporting the workforce during a carefully planned transition, minimising disruption to staff. *Other functions* will be more directly impacted, principally the most senior leaders in CCGs (chief officers and other governing body / board members). ICSs need to have the right talent in roles leading in systems.

NHSE commitment:

- To not make significant changes to roles below the most senior leadership roles
- To minimise impact of organisational change on current staff by focusing on continuation of existing good work through the transition and not amending terms and conditions
- To offer opportunities for continued employment up to March 2022 for all those who wish to play a part

Implications and next steps

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- Systems can already:
  - Manage acute care collaboratively
  - Tackle unwanted variation
  - Use data to tackle inequalities and share the load
- NHSE/I to provide support / tools to ICSs following internal reorganisation
- A road map to April 2022 in development
- Seek to provide employment stability
- NEL to consider local feedback process to meet NHSE 8 Jan 2021 deadline
- Be ready to operate as a single ICS from April 2021
  - By April 2021 NEL to produce a plan on how it will meet consistent operating arrangements and the next phase of the Covid response
  - By Sept 2021 an implementation plan for our future roles as outlined above, that will need to adapt to take into account legislative developments.

Your feedback

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- We are keen to provide a response to NHSE/I on their proposals and would encourage feedback on your views so that we can compile our ICS response.
- We would encourage groups to discuss these proposals and let us have your views. It would be particularly helpful if discussions could take place between different partners about how they see these proposals impacted on our ability to work in a more integrated way.
- The closing date for a response to NHSE/I is 8 January 2021
- In order to compile a response and get it signed off by ICS leaders we will need any feedback no later than 4 January 2021 – However, please submit earlier if possible.
- We are keen to know which of the governance models put forward by NHSE/I you prefer: option 1 or 2 on slide 12?
- Do you have any comments on what we need to do to make our ICS work most effectively?
- What other views do you have about our emerging ICS?
- Please send your responses to nel-ics.pmo@nhs.net by 4 January at the latest

Thank You

East London Health & Care Partnership

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North east London's local authorities, NHS and community organisations working together to deliver sustainable health and care for local people.
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Citizen's Panel

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enquiries@eastlondonhcp.nhs.uk