Health & Wellbeing Board Buckinghamshire

July 2021

ICS Design Framework

Health and Care Bill

- Published 6th July 2021
- Aiming for Royal Assent in early 2022 and implementation from April 2022
- Aims to reduce barriers to improving health outcomes and reduce health inequalities

- Key elements:
  - Every part of England will have:
    - An Integrated Care Board (ICB), bringing together the organisations that plan and deliver NHS services. The ICB will take over the commissioning functions of CCGs, which will be abolished
    - An Integrated Care Partnership (ICP), bringing a range of partners together to deliver more joined up health and care services and tackle population health
    - The ICB and the ICP will together form the Integrated Care System (ICS)
    - Place based arrangements (locally known currently as the Buckinghamshire ICP)

NHS Design Framework

- Published 16th June 2021
- Sets out how NHS England will ask NHS leaders and organisations to operate with partners in Integrated Care Systems (ICSs) from April 2022

Purpose

- To meet system challenges, particularly:

  - Backlogs
  - New care needs
  - Tackling health inequalities
  - Adjusting to post-Covid financial regime
  - Deferred demand
  - Changing public expectations
  - Enabling respite & recovery for staff

ICS Role

- Aligning action between partners to achieve a shared purpose
- Improving outcomes and inequalities
- Enhancing productivity and making the best use of resources
- Strengthening local communities

- Want to build on Covid response, which demonstrated faster decisions, better outcomes and created resilience:
  - Commitment to collaborative action
  - Agile and pacey decision-making

ICS NHS Body - Function

Provide seamless connections to wider partnership arrangements at system level; enhance services at the interface of health and social care; lead NHS integration

- Duty to develop an ICS Plan to meet health needs of population and have regard to the Integrated Care Partnership's Strategy/Plan
- Allocate resources across system
- Governance arrangements for whole system delivery & performance
- Provision of health services including contracting or other agreements with providers at system and place:
  - Contracting/agreements with providers at system and place (through individual organisations or leads within place-based partnership or provider collaborative)
  - Supporting providers to lead major service transformation, linking with partners
  - Working with local government and the VCSE to implement personalised care for people
- People Plan implementation - 'one workforce' – with closer collaboration and shared principles/ambition across local government, VCSE and others
- Sign-off a model and improvement plan for clinical and care professional leadership
- Invest in local community organisations & infrastructure (with local government) and ensure NHS contribution to social & economic development and environmental sustainability
- Maximise value for money through estates, procurement, supply chain & commercial strategies
- Plan, respond & lead recovery from incidents
- Delegated functions from NHSE/I, for example the commissioning of primary care and specialist services

ICS NHS Body – Governance & Digital

Governance

- ICB will be the senior decision-making structure for ICS NHS body
- As a minimum the ICS NHS Body will include:
  - Independent non-executives (including Chair)
  - Executive roles: Chief Executive, Director of Finance, Director of Nursing and the Medical Director
  - Partners: at least three, including an NHS provider, primary care and local government
- Will have underpinning committees and produce a 'functions & decisions map'
- Meetings to be in public, including committees, with papers published
- Supra-ICS arrangements will be needed for cross boundary work e.g. with ambulance trusts
- Quality governance through System Quality Groups across NHS

Digital

- Drive data & digital transformation across system
- A renewed digital and data transformation plan
- Implement shared care record; digital care for patients to manage at home; and a linked data & shared analytical resource
- Arrangements co-ordinated across the NHS and local authorities, as well as between NHS

ICS NHS Body – Accountability and Oversight

Accountability & oversight

- Oversight of the ICS body will be through NHSE/I regional teams
- Accountability will build on the System Oversight Framework (SOF) and the role of Health Overview and Scrutiny Committees
- Work currently taking place with CQC and the Department for Health and Social Care to agree system assessment

Financial accountability

- Funding will be given to each ICS body, with decisions on spending devolved from NHSE/I
- Flow from ICS body to providers will be through contracts, which may be managed by place-based partnerships or provider collaboratives
- ICS body will be able to enter Section 75 agreements with local authorities
- Can set delegated budget for place-based partnerships
- The ICS Body should engage local government on NHS resources commissioned at place, and support transparency of place spend
- The ICS Body should explain any variation from previous CCG budgets and enable pooling of budgets, for example the Better Care Fund

Ten Principles of Partnership

→ Distributed leadership model, work together equally

→ Collective model of decision-making - consensus based

→ Collective model of accountability - mutual accountability

→ Transparency & local accountability - meeting in public, published papers

→ Improving outcomes for people - independent lives, reduced health inequalities

→ Champion co-production & inclusiveness

→ Support triple aim (better health for everyone; better care for all; efficient use of NHS resources), legal duty to co-operate

→ Place-based arrangements respected & supported, with appropriate resources allocated

→ Promote strong clinical & professional system leadership

→ Create a learning system - sharing evidence & insight

ICS NHS Integrated Care Partnership (ICP) - Purpose

Forum to align purpose & ambitions with plans to integrate care & improve health and wellbeing outcomes for their population – guidance to be developed through consultation but likely to cover:

- To develop an Integrated Care Strategy/Plan for the ICS population, including children & adult social care, based on joint strategic needs assessments and priorities built from bottom up
- To support place and neighbourhood-level engagement to link with communities
- To challenge partners to demonstrate progress in reducing inequalities & improving outcomes

Core development principles

→ Equal partnership across health & local government
→ Subsidiarity
→ Collaboration
→ Flexibility

ICS NHS Integrated Care Partnership (ICP)- Governance

Membership

→ To be decided by local authorities and the ICS Body (ICB)
→ Must include local authorities with social care responsibilities and the NHS
→ Could include Health and Wellbeing Board members, VCSE, social care providers, employers, housing & education providers, criminal justice system
→ The needs and voice of people must be heard
→ Could use sub groups/networks etc to deliver its strategy

Leadership/Accountability

→ ICS Body and local authorities will jointly select the Chair and define their role
→ Public health experts to play a significant role in informing approaches to public health management & improvement
→ Strategies to be developed with people with lived experiences
→ Formal sessions held in public
→ Responsible for convening, communicating, influencing & engaging public

ICS Place-based Arrangements

- Place-based arrangements are expected to be developed and agreed with local partners
  - ❖ Can build on or complement current arrangements, for example Health and Wellbeing Boards
  - ❖ At minimum, arrangements should have Primary Care, local government, Directors of Public Health, NHS providers & representatives of local people
- ICS will establish place-based leaders, who will
  - ❖ Convene the place-based partnership
  - ❖ Represent that partnership in wider structures/governance of the ICS
  - ❖ Potentially take on executive responsibility for functions delegated by ICS Chief Operating Officer or local government
- Governance at place to drive integration could include:
  - ❖ A consultative forum informing decisions of partners and the ICS
  - ❖ A Committee of the ICS body with delegated authority to decide on resource use
  - ❖ A Joint Committee of ICS body with one or more statutory providers with delegated decision-making
  - ❖ Individual directors of ICS body with delegated authority, which could be joint appointment with local government or an NHS provider.
  - ❖ A lead provider managing resources & delivery at place contracted to do so through the ICS

Design Framework - Providers

Providers will have a central role in establishing priorities for change and improvement across healthcare systems. Contracts with providers will develop into longer-term, outcomes-based agreements

Provider collaboratives (PC) - Further guidance to be published later

- A partnership arrangement with two or more trusts working across multiple places to realise the benefits of mutual aid and working at scale
- From April 2022 all acute &/or MH trusts should be part of one or more provider collaboratives
- Providers are expected to develop plans on recovery, restoration & transformation across systems and ensure sustainable services in best interests of the population (also reducing variation & inequality in provision)
- Community, ambulance & non-NHS providers should be involved where it makes sense
- Provider collaboratives will agree specific objectives with ICSs to contribute to their specific priorities and can contract with more than one ICS. Provider collaborative members should agree how to achieve priorities
- ICS Body could contract with and pay providers within a provider collaborative individually or contract/pay a lead provider

Design Framework – Providers cont.

Primary care

- Primary care should be represented and involved in decision making at all levels of ICS
- Primary Care Networks (PCNs) have a fundamental role in joining up services to improve health outcomes (including through multi-disciplinary teams)
- The place-based partnership will need to resource primary care to work together on peer support, transformation programmes & representation on the place-based partnership. The partnership should also consider support needed for primary care to transform community-based services and improve data & analytics

NHS and Foundation Trusts

- Could be asked to take on commissioning functions (as have provider collaboratives for specialised MH, LD & autism)
- Will be increasingly judged against their contribution to ICS objectives

Design Framework – Providers cont.

VCSE

- Partnership with the VCSE should be embedded across all levels and all elements including e.g. system workforce, public health management, service redesign, leadership & organisational development plans
- By April 2022 ICSs will develop a formal agreement for engaging and embedding the VCSE in system governance and decision-making arrangements (via an VCSE alliance)

Independent sector providers

- Need to engage all partners to ensure care needs of population is met & well co-ordinated

Provider selection regime

- Removal of rules around procurement to be replaced by specific NHS regime
- Can be applied by NHS and local government when making decisions around who provides healthcare services

Risks

A number of risks have been identified in responses to the Design Framework, including:

- The ambition of the timetable (Bill published pre-summer break; Royal Assent by early 2022)
- Achieving the shift in the context of focus on acute trusts, NHS national priorities and urgent transformation needs
- Potential dominance of ICS Body over the ICS Partnership
- Focus on structures rather than population outcomes and reducing inequalities
- ICS structure could bypass/undermine existing effective place-based partnerships (health and wellbeing boards, joint strategic needs assessments etc)
- Importance of getting the governance right and the potential destabilisation of the local health economy if not
- Challenge of gradually transferring resources into community/ground level activity whilst supporting place
- The potential for increased bureaucracy
- Need to acknowledge that the statutory state is the beginning, rather than the end point

Health and Wellbeing Board Considerations

1. Are there opportunities within the Design Framework that the Board would like to further explore?

2. What are the key elements or themes that the Board would like the ICS to take into consideration in relation to place-based partnerships in Buckinghamshire?