Developing statutory integrated care systems

NHS England and NHS Improvement

Welcome and introduction

NHS England and NHS Improvement

The ambition for integrated care

Context

- The NHS has been leading the drive towards more integrated care, a goal for every major health system in the world, since publication of the NHS Five Year Forward View.
- NHS organisations, local councils and other partners have increasingly been working together as integrated care systems (ICSs) since 2018 - the whole of England is now covered.
- By joining forces, ICS partners have developed better and more convenient services, invested more to keep people healthy and out of hospital and set shared priorities for the future.
- Our response to the pandemic showed the importance of joined-up working and accelerated the changes on which we had embarked - for example, through more provider collaboration.
- As recommended by NHSE/I, the government now plans to legislate to put ICSs on a statutory footing, baking in the notion of collaborative working.

ICSs have four key purposes:

- **improving outcomes** in population health and healthcare;
- **tackling inequalities** in outcomes, experience and access;
- **enhancing productivity** and value for money;
- supporting broader **social and economic development**.

The key elements of an ICS

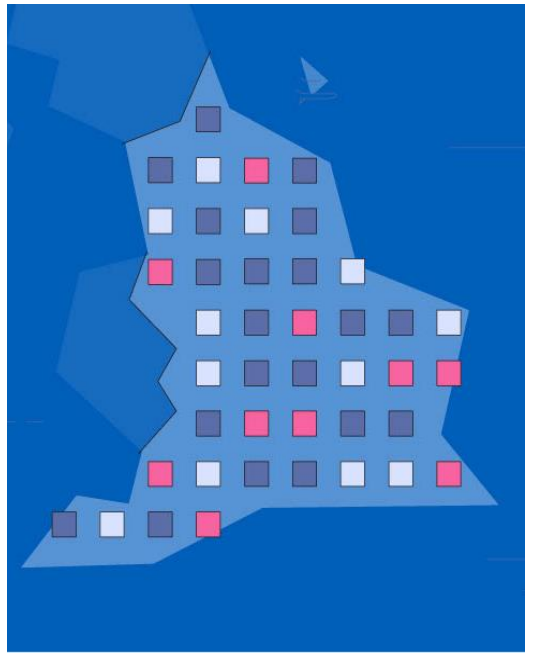
ICSs comprise all the partners that make up the health and care system working together in the following ways.

The statutory ICS arrangements (subject to legislation) will include:

- **an ICS Partnership**, the broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS
- **an ICS NHS body**, an organisation bringing the NHS together locally to improve population health and care.

Other Important ICS features are:

- **place-based partnerships** between the NHS, local councils and voluntary organisations, residents, people who access services, carers and families – these partnerships will lead design and delivery of integrated services.
- **provider collaboratives**, bringing NHS providers together across one or more ICSs, working with clinical networks and alliances and other partners, to secure the benefits of working at scale.



ICS Design Framework

NHS England and NHS Improvement

Overview

- The **ICS Design Framework** sets out the next level of detail on our expectations and ambitions for ICSs from April 2022.
- It builds on the **White Paper** and, where relevant, **will be subject to the legislation** due to be debated in Parliament.
- It focuses on our **expectations for the NHS specifically**, and the functions, governance and role of the ICS NHS Body, in the context of the wider ICS Partnership.
- The Framework re-commits us to the principles of **subsidiarity, collaboration and flexibility**, in the context of **consistent national standards and common core components** of integrated care systems.
- It recognises the ongoing role – and accountabilities – of individual organisations within each ICS footprint; and the role of the ICS to make these **greater than the sum of its parts**.
- The Design Framework will be followed by **further resources and materials** to support transition over the course of this year.

DESIGN FRAMEWORK: CONTENTS

- The ICS Partnership
- The ICS NHS body
- People and culture
- Governance and management arrangements
- The role of providers
- Clinical and professional leadership
- Working with people and communities
- Accountability and oversight
- Financial allocations and funding flows
- Digital and data standards and requirements
- Managing the transition to statutory ICSs

How the Framework has been developed

- The ICS Design Framework has been produced through close collaboration with the full range of NHS organisations, representatives of patient groups, clinical and professional leaders, local government, the voluntary sector and DHSC colleagues.
- We will continue to use this approach as we develop further guidance and implementation support. Thank you to NHSEI colleagues who, over the past few months, have helped us shape the content.
- These next slides cover four key elements of the new system:
    1. **The ICS health and care partnership;**
    2. **The ICS NHS Body and its board membership;**
    3. **Place-based health and care partnerships;**
    4. **Provider collaboratives working at scale.**

The ICS partnership

- Each ICS will have a Partnership at system level, **formed by the NHS and local government as equal partners** – it will be a **committee, not a body**.

- **Members** must include local authorities that are responsible for social care services in the ICS area, as well as the local NHS (represented at least by the ICS NHS body). Beyond this, members may be widely drawn from all partners working to improve health, care and wellbeing in the area, to be agreed locally.

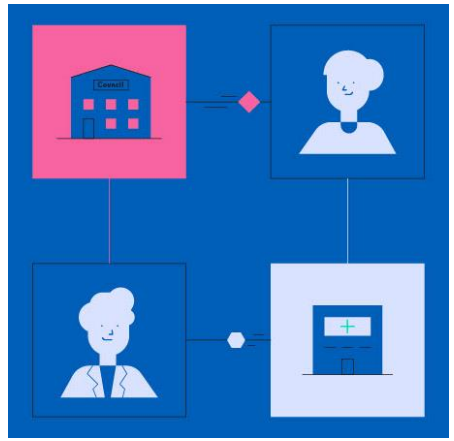
- We expect the ICS Partnership will have a **specific responsibility to develop an "integrated care strategy"** for their whole population.

- The chair of the partnership can also be the chair of the ICS NHS body but doesn't have to be – this would be for local determination.

- **DHSC will issue further guidance.**

The ICS NHS body

- The functions of the ICS NHS body will include:
  - **Developing a plan** to meet the health needs of the population
  - **Allocating resources** to deliver the plan across the system (revenue and capital)
  - Establishing **joint working** and **governance** arrangements between partners
  - Arranging for the provision of health services including through contracts and agreements with providers, and **major service transformation programmes** across the ICS
  - **People Plan** implementation with employers
  - Leading system-wide action on **digital and data**
  - Joint work on **estates**, **procurement**, **community development**, etc.
  - Leading **emergency planning and response**



- The ICS NHS bodies will take on **all functions of CCGs** as well as direct commissioning **functions NHSE may delegate** including commissioning of primary care and appropriate specialised services

- We expect the ICS NHS body will have a **unitary board** – members of the ICS NHS Board will have shared corporate accountability for delivery of the functions and duties of the ICS and the performance of the organisation.

ICS NHS body: board membership

ICS NHS Boards will be different to traditional NHS boards; they will be owned by the partners across the ICS.

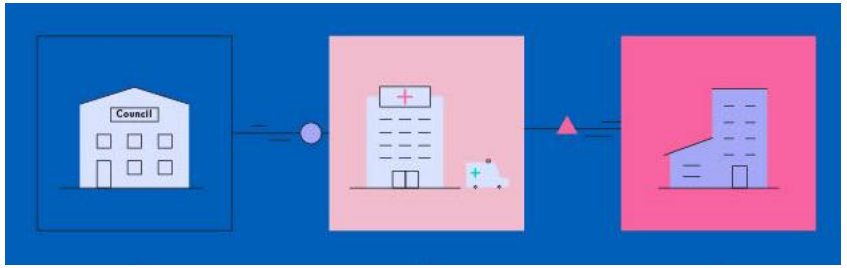
The minimum requirements for Board membership will be set out in legislation. In order to carry out its functions effectively we will expect every ICS NHS body to establish Board roles above this minimum level, so that in most cases each Board will include the following roles:

- **Independent non-executives**: Chair plus a minimum of two other independent non-executive directors.
- **Executive roles**: Chief Executive, Finance Director, Director of Nursing and Medical Director.
- **Partner members**: a minimum of three additional board members
  - one member drawn from NHS trusts and foundation trusts who provide services within the ICS's area
  - one member drawn from the primary medical services (general practice) providers within the area of the ICS NHS Body
  - one member drawn from the local authority, or authorities, with statutory social care responsibility whose area falls wholly or partly within the area of the ICS NHS Body.

ICS NHS bodies **will be able to supplement these minimum expectations** as they develop their own constitution.

Place-based partnerships

- **Place arrangements and leadership are for local determination** – partners within each ICS will want to decide how best to bring together the parties to address the needs of the place, **building from** an understanding of neighbourhoods and **primary care networks**.



- An ICS NHS body could establish any of the following place-based governance arrangements with local authorities and other partners:
  - **Consultative forum**, *informing* decisions by the ICS NHS body, local authorities and other partners
  - **Committee of the ICS NHS body** with delegated authority to take decisions about the use of ICS NHS body resources
  - **Joint committee of the ICS NHS body** and one or more statutory provider(s), where the relevant statutory bodies delegate decision making on specific functions/services/populations to the joint committee
  - **Individual directors of the ICS NHS body** having delegated authority, which they may choose to exercise through a committee
  - **Lead provider** managing resources and delivery at place-level under a contract with the ICS NHS body

Providers and provider collaboratives

- Organisations providing health and care services are the frontline of each ICS. The arrangements put in place by each ICS Partnership and ICS NHS body **must harness the expertise, energy and ambition of the organisations directly responsible for delivering integrated care**
- Providers will continue to **retain their statutory duties** and meet requirements under the **NHS standard contract or relevant primary care contract,** but with **new relationships between commissioners and providers** embodied in the composition of the ICS NHS board and ways of working across the ICS
- It is expected that providers will **increasingly lead service transformation**, potentially via delegation of functions from the ICS NHS body
- **Primary Care Networks** will play a central role in Place Based Partnerships
- In addition to their partnerships at place level, Trusts/FTs are expected to join **provider collaborative** arrangements from April 2022. (Ambulance trusts, community trusts, and non-statutory providers, are not *required* to join provider collaboratives but should where is makes sense.)
- **Each Provider Collaborative will agree specific objectives with one or more ICS**, to contribute to the delivery of that system's strategic priorities. The members of the Collaborative will agree together how this contribution will be achieved

Evolution to the new system

NHS England and NHS Improvement

Timeline for establishing ICSs

We have asked current ICS and CCG leaders to make **initial arrangements to manage the transition to new statutory arrangements** and ensure that there is capacity in place ready for implementation of the new ICS body. **Plans should be agreed with regional NHSEI teams.**

The anticipated **transition timeline** is set out in the Design Framework.

Key actions expected by the end of Q2 include:

- Complete the agreed **national recruitment and selection processes for the ICS NHS body Chair and Chief Executive** (subject to/after the 2nd reading of the Bill these roles will be confirmed as designate roles).
- **Draft proposed new ICS NHS body MoU for 2022/23, including ICS operating model and governance arrangements**, in line with model constitution and guidance which NHSEI will issue.

In Q3 implement the recruitment and selection processes for **designate Finance Director, Medical Director, Nursing Director** and other board level roles in the NHS ICS body, via a local filling of posts processes.

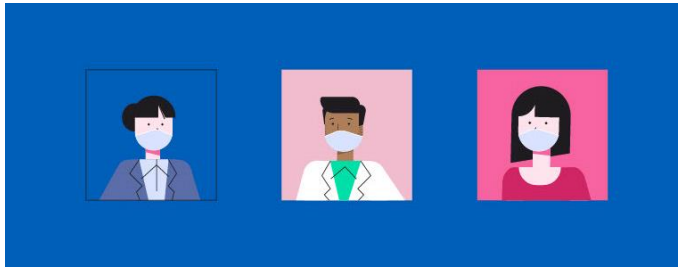
What it will mean for ICS and CCG staff

It is envisaged that all functions of a CCG will transfer to the statutory ICS and therefore **colleagues below board level should move** into the new organisation.

Colleagues in **senior leadership/board level roles** are likely to be affected by the establishment of the designate executive/ board level roles of the ICS. It is not possible to provide a commitment limiting organisational change ahead of establishment to this group of people.

The Executive Suite – Our NHS People has a range of offers to **support the wellbeing of senior and executive leaders** affected by this change.

After the legislation is introduced, **we will publish further resources and guidance** to support transition planning and implementation.



What will this mean for NHSE/I staff

- We expect that **all our roles nationally and regionally will continue to evolve to some degree** in the next few years as a result of the development of integrated care systems. Working arrangements may differ in different parts of the country to reflect the needs and priorities of ICSs as they develop.
- We know, for example, it is likely that **some of our existing functions will be delegated to ICSs** from April 2022, for example some commissioning functions.
- We will **continue to be responsible for our duties** being fulfilled, for example on oversight of, and supporting improvement in, ICSs, and will **discharge them with ICSs**, and in particular ICS NHS bodies.
- **NHSE/I policy and programme teams** will need to consider how their ways of working reflects and adapts to the respective roles and responsibilities of ICSs and Regions
- We expect that the legislation will **merge** the NHS Commissioning Board, Monitor and the Trust Development Authority **into a single body with the legal name of NHS England**
- We need to plan and **shape this together** from now over the coming months as we further develop our operating model. There will be a joint national/regional approach and there may be differences between regions in terms of devolved functions and associated staff deployment models to reflect the context, size and maturity of local ICSs.

Underpinning Core Principles

- We have already set out our core principles which includes making an **“employment commitment”** for all but the most senior staff, which asks for organisational change to be kept to a minimum during the transition.
- We are committed to a concept of **“one workforce”** within ICSs which means, regardless of employer, our people will be working as one group towards the shared goals of improving services. NHSE/I staff will be considered as part of that one workforce and included in the development of the ICS workforce.
- We are **working in partnership with trade unions** at national level through the Social Partnership Forum and locally with NHS England and NHS Improvement trade unions.
- We believe that **the development of ICSs** has potential to deliver real benefit for people across the country and will also create rewarding and fulfilling opportunities for us all.
- We will keep you up to date and engage you in our thinking and next steps.

Questions and group discussion

You may wish to consider these questions among others:

1. What does this mean for your team or directorate?

2. What does NHS England need to get right in this next phase of ICS development?

3. How does this impact on the way we work with our partners in systems?