Healthier Lancashire & South Cumbria

Integrating care

Next steps to building strong and effective integrated care systems across England

Key Messages

Introduction

- Builds on the route map set out in the NHS Long Term Plan, for health and care joined up locally around people's needs
- Details how systems and their constituent organisations will accelerate collaborative ways of working in future
- Describes options for giving ICSs a firmer footing in legislation likely to take effect from April 2022 (subject to Parliamentary decision)
- NHS England and NHS Improvement are inviting views on these proposed options from all interested individuals and organisations by Friday 8 January.

ICSs will need to work together across partners to determine

- **distribution of financial resources** to places and sectors that is targeted at areas of greatest need and tackling inequalities;
- **improvement and transformation resource** that can be used flexibly to address system priorities;
- **operational delivery** arrangements that are based on collective accountability between partners;
- **workforce planning, commissioning and development** to ensure that our people and teams are supported and able to lead fulfilling and balanced lives;
- **emergency planning and response** to join up action at times of greatest need; and
- the use of **digital and data** to drive system working and improved outcomes.

Provider Collaboratives

- Provider organisations will have **mandated representation in ICS leadership** and decision-making, they will help to set system priorities and allocate resources
- Providers will join up services across systems:
  - **within places -** vertical integration through place-based partnerships between primary, community, local acute, and social care, or within and between primary care networks
  - **between places at scale -** horizontal integration for example, through an alliance or a mental health provider collaborative
- All NHS provider trusts will be expected to be part of a **provider collaborative**
- NHS England and NHS Improvement will set out **further guidance** in early 2021, describing a number of potential models for provider collaboratives

Strong & Effective Place Based Partnerships

4 Main Roles:

- support and develop PCNs which join up primary and community services across local neighbourhoods;
- simplify, modernise and join up health and care (including through technology and by joining up primary and secondary care where appropriate);
- understand and identify – using PHM techniques and other intelligence – people and families at risk of being left behind and to organise proactive support for them; and
- coordinate the local contribution to health, social and economic development to prevent future risks to ill-health within different population groups.

Systems should ensure that each place has appropriate resources, autonomy and decision-making capabilities to discharge these roles effectively, within a clear but flexible accountability framework that enables collaboration around funding and financial accountability, commissioning and risk management. This could include places taking on delegated budgets.

Clinical & Professional Leadership

- ICSs should embed **system-wide clinical and professional leadership** through their partnership board and other governance arrangements, including **PCN** representation.
- **Primary care clinical leadership** takes place through critical leadership roles in neighbourhoods through PCNs, in place based partnerships and at system level.
- **Specialist clinical leadership** across secondary and tertiary services must also be embedded in systems.
- **Wider clinical and professional leadership** across systems from nursing, social care, allied health professionals, high street dentists, optometrists, pharmacists and the full range of specialisms and care settings.

Financial Framework

- **‘Single pot’** to bring together current CCG commissioning budgets, primary care budgets, the majority of specialised commissioning spend, the budgets for certain other directly commissioned services, central support or sustainability funding and nationally-held transformation funding that is allocated to systems
- **ICS leaders will have a duty to distribute resources** in line with national rules and locally-agreed strategies for health and care, to protect the future sustainability of local services and to ensure that their health and care system consumes their fair share of resources allocated to it
- ICSs will be expected to use **new freedoms to delegate significant budgets to ‘place’ level**.
- **Decisions about the use of all of these budgets will usually be made at the lowest possible level**, closest to those communities they serve and in partnership with their local authority

Legislative Proposals - ICSs

Option 1: a statutory ICS Board/ Joint Committee with an Accountable Officer

- one aligned CCG only per ICS footprint
- current accountability structures for CCG and providers would remain
- CCG able to delegate many of its population health functions to providers
- duty for the Board to agree and deliver a system plan and all members would have an explicit duty to comply with it

Option 2: a statutory ICS body

- ICS Board to include NHS providers, primary care and local government alongside a Chair, a Chief Executive and a Chief Financial Officer, with flexibility to appoint others
- ICSs would take on the commissioning functions of CCGs. Additional functions would be conferred and existing functions modified to produce a new framework of duties and powers
- flexibility to make arrangements with providers through contracts or by delegating responsibility for arranging specified services to one or more providers

Both Options: 'continued employment promise' for staff carrying out commissioning functions. We will preserve terms and conditions to the new organisations (even if not required by law) to help provide stability and to remove uncertainty

Next steps

- Leaders understand that any changes are subject to a legislative process in spring of 2021
- 2021/22 becomes a transitional year for any changes to the statutory basis of Integrated Care Systems
- Partners in the ICS will continue to develop plans for system reform which reflect the emphasis on:
  - Communicating agreed changes to partners, the public and our staff
  - Identifying the key measures of success for making these changes
  - Taking strategic decisions together on a Lancashire and South Cumbria footprint
  - Continuing to develop our place-based partnerships between NHS, local government, voluntary, community, faith and social enterprise partners
  - Supporting priorities for provider collaborations
  - Working closely with Local Government partners as discussions with government about reorganisation continue