



# Healthier Together Integrated Care System (ICS) update to the Joint Health Overview and Scrutiny Committee (JHOSC)

15 March 2021



# 1. Integrated Care System (ICS) designation

## 1.2 Background to ICSs

In an integrated care system, NHS organisations work in partnership with local councils and others to take collective responsibility for:

- Improving the health and wellbeing of the populations they serve;
- Delivering integrated services; and,
- Managing resources.

Integrated care systems have allowed organisations to work together and coordinate services more closely, to make real, practical improvements to people's lives. For staff, improved collaboration can help to make it easier to work with colleagues from other organisations. As integrated care systems mature they will better understand data about local people's health, allowing them to provide care that is tailored to individual needs.

The Local Government Association has highlighted six principles for achieving integrated care, based on engagement with councils throughout England:

- Collaborative leadership
- Subsidiarity - decision-making as close to communities as possible
- Building on existing, successful local arrangements
- A person-centred and co-productive approach
- A preventative, assets-based and population-health management approach
- Achieving best value.

NHS England has highlighted four development themes for the next phase of development for integrated care systems, drawing learning from experience nationally and internationally:

- 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; and
- Developing strategic commissioning through systems with 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.

For a number of years the Partnership has been working towards becoming an integrated care system. This moves us on from a 'sustainability and transformation partnership' (STP), essentially recognising the progress we have made in closer collaborative ways of working.

## 1.2 Designation as a maturing ICS in BNSSG

In December 2020, our Partnership was recognised as a ‘maturing’ integrated care system (ICS) by NHS England and Improvement. The designation was supported by the Partnership Chief Executives from across Bristol, North Somerset and South Gloucestershire. A copy of the signed letter of support from our Chief Executives for our designation as a ‘maturing’ ICS is set out at Appendix 1. This is welcome recognition of the progress we have made in deepening our relationships across the Partnership and of the work already underway to join up services to deliver better outcomes for the people of BNSSG.

The NHS Long Term Plan, published in 2019, confirmed the intention for every part of England to be served by an integrated care system from April 2021. With each part of the country now ready to function as an ICS, progress is underway to establish ICSs in law. Further information outlining these changes and what this means is outlined in section two of this report.

## 2. Publication of the Government white paper: ‘Integration and Innovation: working together to improve health and social care for all’

### 2.1 Overview of Government white paper

On Thursday 11 February, the Department of Health and Social Care published a white paper detailing the legislative recommendations for Integrated Care Systems (ICSs). The paper, [\*‘Integration and Innovation: working together to improve health and social care for all’\*](#), sets out proposals for legislating for ICS. It reinforces the goal of joined up care for everyone and sets some key measures, including:

- Establishing a statutory basis for Integrated Care Systems in England.
- Removing the existing regulations that require competitive procurements for NHS services.
- Putting the Healthcare Safety Investigations Branch permanently into law as a Statutory Body so it can continue to reduce risk and improve safety. The Healthcare Safety Investigations Branch already investigates when things go wrong, so that mistakes can be learned from, and this strengthens its legal footing.
- Merging three of the national regulatory bodies to fold Monitor and the Trust Development Authority (i.e. NHS Improvement) into NHS England.
- A package of measures to deliver on specific needs in the social care sector. This will improve oversight and accountability in the delivery of services through new assurance and data sharing measures in social care, update the legal framework to enable person-centred models of hospital discharge, and improve powers for the Secretary of State to directly make payments to adult social care providers where required.

- Legislation to help support the introduction of new requirements about calorie labelling on food and drink packaging and the advertising of junk food before the 9pm watershed.

The White Paper builds on engagement that was undertaken by NHS England and Improvement and a discussion paper published in late 2020. Our Partners jointly responded to the discussion paper in a letter that confirmed support for the principle of establishing ICSs on a statutory footing. Our response also emphasised the importance of a permissive approach to legislation that would enable local systems to build on existing arrangements and reflect differences in geographical footprints and populations. Our system response to this consultation is set out at Appendix 2.

## 2.2 The ICS elements of the Government white paper in more detail

As outlined above, it is intended that legislation will be brought forward to ensure every part of England is covered by an ICS. ICSs will be established in the form of an NHS ICS statutory body and an ICS health and care partnership.

The ICS NHS body will be responsible for the day-to-day running of the ICS, NHS planning and allocation decisions. The ICS partnership will bring together the NHS, local government and wider partners such as those in the voluntary sector to address the health, social care and public health needs of an area.

It is intended that health and wellbeing boards (HWBs) would remain in place and continue to have an important responsibility at place level to bring local partners together, as well as developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, which both HWBs and ICSs will have to regard.

## 2.3 Next steps

We have been informed that the Bill is set to be brought forward in the next, rather than current, parliamentary session and is expected to become law from April 2022.

The White Paper proposes a permissive approach whereby the legislative framework will prescribe minimum requirements for consistent operating arrangements and give local systems flexibility in developing decision-making structures and processes, at both ICS and place levels. We expect this framework to give us considerable flexibility in key areas, including:

- The development of an outcomes framework for measuring progress against our shared aims for improving health and wellbeing and reducing inequalities.
- The membership and governance of our statutory ICS Partnership, so that we can build on our existing arrangements within Healthier Together.
- The definition(s) of Place within BNSSG, so that we can build on the six integrated care localities that we have developed across BNSSG.
- The strategic relationship of our ICS to local Health and Wellbeing Boards.

- The approach to continued development of joint commissioning between the NHS and local government within BNSSG.
- Agreements on data sharing and interoperability of digital infrastructure within BNSSG.
- Collaboration in organisation development, workforce planning, recruitment and retention, learning and development and in facilitating movement of staff across BNSSG.
- Sharing of estate and other resources.
- Joint approaches to performance and quality improvement.
- Approaches to joint ownership and management of risk.
- Schemes of delegation.
- Collaboration in communications and public engagement.

We had already commenced a process within BNSSG to develop our ways of working as a newly designated ICS and we will now use that process to facilitate engagement in preparing to implement the new legislation. This process is outlined in section three of the report below.

### 3. Formalising how we will work together

Our designation as a maturing ICS is welcome recognition for the progress we have made as a Partnership from 2016 to 2020 and in responding to the Covid-19 pandemic. We now turn our attention to how we will work together in the next phase of our journey and in preparing to implement the new ICS legislative framework from April 2022.

As a Partnership we have agreed to formalise how we will work together in our next phase of development as an ICS through a Memorandum of Understanding (MoU) and supporting frameworks. This will be a suite of documents that we will develop together so that we can build shared ownership and commitment to collaborative ways of working. The Memorandum covers a range of topics, they are:

- Memorandum of Understanding and supporting documents, including
  - Organisational development plan
  - Financial framework
  - Performance management and improvement framework
  - Quality improvement and oversight framework
  - Communications and engagement framework
  - Outcomes framework

The purpose of developing these agreements is to better enable us to deliver on our shared ambition as a Partnership, helping us to take practical steps to realising our plans to:

- Improve and coordinate health and care at place and neighbourhood level
- Measure and monitor population outcomes, ensure high quality and optimise performance

- Make sure our services fit with people’s lives by continuously engaging and communicating with the people we serve
- Make it easy for people working in health and care to work with each other
- Make sure our workforce is health and fulfilled, we must support our people and develop skills and capabilities across the system
- To keep improving the health and care services we provide we need to be more productive as a system and save money to reinvest in our capabilities.

Our Chief Executives started this work in January 2021. The next step that we are currently working through is engaging with the leadership of each of our constituent organisations.

A timeline of next steps is broadly as follows:

Date	Activity
February – March	Workshops to engage the leadership of each partner organisation to explore roles in the partnership and collect feedback
March – May	Functional experts develop and review key areas of agreement
July	Draft documents reviewed by the Partnership Board
September	MoU endorsed by the partners and signed off by the Partnership Board
Monthly	Regular touchpoints with BNSSG Executive Group and Partnership Board

## 4. The Integrated Care Partnership Discovery Programme

### 4.1 Background

A key feature of ICSs is ‘systems within systems’. This means that within a partnership that makes up an ICS there are also smaller partnerships centred around more local areas and populations. It’s essentially a three-tiered model as follows:

1. **System:** ICS level – setting and leading overall strategy, working at large scale.
2. **Place:** Integrated Care Partnership (ICP) level – where the majority of changes to clinical services will be designed and delivered, providers working together to join up services or form alliances .
3. **Neighbourhood:** Primary Care Networks (PCN) level – where GPs and community-based services work together to deliver coordinated, proactive care and support.<sup>1</sup>

Within BNSSG we have a shared ambition to create thriving and dynamic integrated partnerships at place level. We want to establish ICPs that will:

<sup>1</sup> Reference The Kings Fund: [Integrated care systems explained | The King's Fund](#)

- Focus on population health and wellbeing
- Work with communities and the voluntary sector to build on the asset base of individuals and communities
- Join up care in the community, delivering a preventive, proactive model of care
- Make the community the default setting of care, meeting the majority of people's needs close to where they live
- Engage with communities in co-design
- Optimise our resources to deliver efficient and effective services.

This work builds on the progress made over the last three years in developing integrated care in six BNSSG localities, as illustrated below.

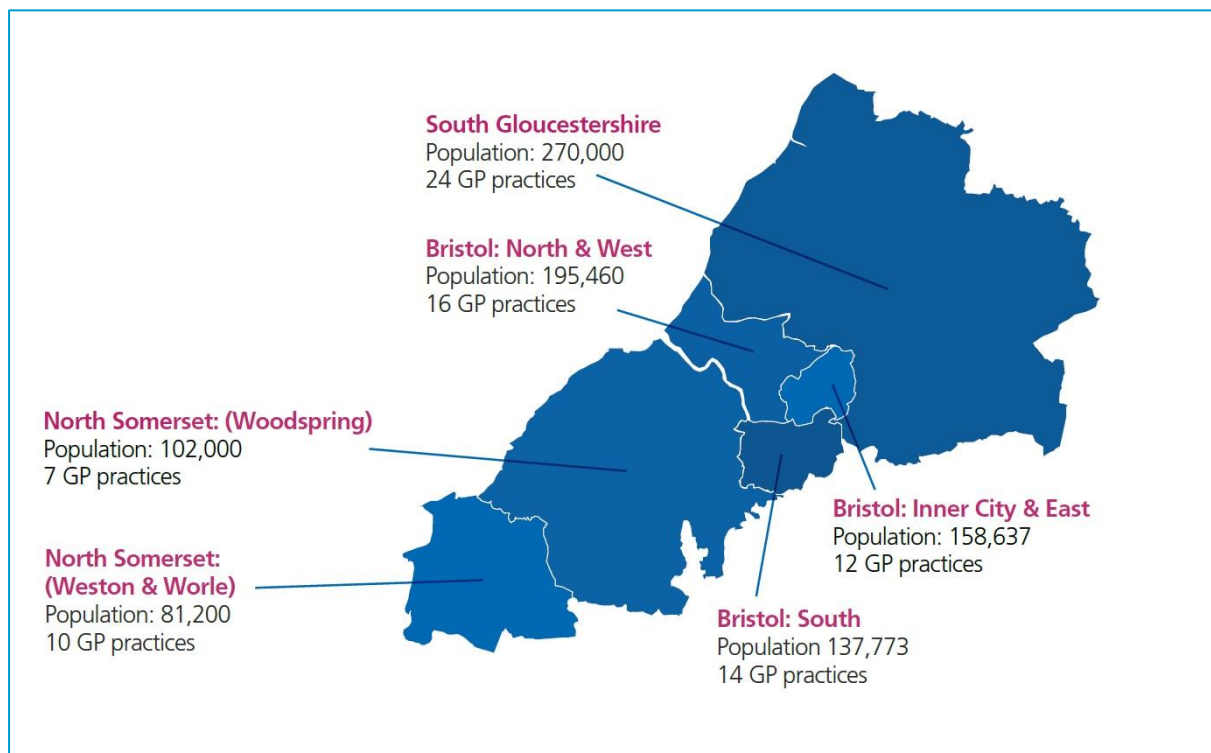


Figure 1: Six localities within BNSSG.

Primary care has been preparing over the last three years to take its place at the heart of ICPs, with GPs taking a leading role. Partnership Forums have also been convened at locality level, and we now have a single provider of community services as a cornerstone for service delivery, enabling localised care within an overall BNSSG-wide framework. The Building Healthier Communities Together Programme is working to establish locality Voluntary, Community & Social Enterprise (VCSE) partners to ensure the third sector is embedded fully within localities and can ultimately be members of the ICP partnerships.

Over time, our collective ambition is to radically reduce health inequalities and improve outcomes for local populations. To enable this, each ICP will be wholly responsible for the delivery of integrated out of hospital care for its whole population, with delegated resources and local commissioning arrangements in place, where appropriate.



In the short term, there is an opportunity for us as a system to develop formally constituted ICPs, which are able to deliver a population health model to deliver community mental health services by April 2022.

## 4.2 Scope of the Discovery Programme and governance

In July the BNSSG Partnership Board agreed to establish an Oversight Group to deliver the ICP discovery programme, and work on this began in October 2020.

Sourcing and collating national and international examples, the purpose of the programme is to bring together all partners and enable informed dialogue for shared decision making about: the potential scale and scope of ICPs; what model(s) might be most suited to our context; and what is required to make them successful.

The ICP Discovery Oversight Group is chaired by Mike Jackson, Chief Executive of Bristol City Council, and has representatives from all the Healthier Together partners and the voluntary sector.

There is no fixed view on the most appropriate model for ICPs in BNSSG – that is something that we will work out together as a system through the process of discovery and dialogue.

## 4.3 Current focus of work

Establishing formalised ICPs will enable the integration of services to deliver a full population health model of care, wrapped around people and communities. To support this, colleagues from across the BNSSG areas are working together to help:

- Develop options around the scope and scale of ICPs.
- Provide examples of how ICPs could work practically, including in the model of care and partnership agreement.
- Develop options for the enabling factors that will be required to make ICPs work – for example data (including needs assessments, equity audits and citizen insights), digital infrastructure, governance and decision-making, and contractual and financial frameworks.
- Enable ICPs to extend the range and depth of services provided to frail and older people and in same day urgent care, and respond to commissioner requirements for a population health model to deliver community mental health services as the next stage in the journey.
- Establish a stakeholder engagement and communication programme to ensure we inform and involve key audiences every step of the way.

## 4.4 Next steps and timescales

Our immediate ambition is to have in place shadow ICPs from April 2021, with formally constituted ICPs in each locality ready to respond to requirements for a



population health model to deliver community mental health services from April 2022.

We would welcome ongoing discussions with members as this work evolves to seek views and input to all elements of the programme.

## **Appendix 1 – letter of support for designation of BNSSG as a ‘maturing’ ICS**

(see attached)

## **Appendix 2 – BNSSG outline response to NHSEI consultation on ICS next steps**

(see attached)

If you have further questions that have not been addressed during the meeting please contact The Healthier Together Office, [bnssg.healthier.together@nhs.net](mailto:bnssg.healthier.together@nhs.net) and we will be happy to help.

