Introduction & key points

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(Agenda item: 21)

NHSE/I paper setting our proposals for a 'step change in system working'

- In November 2020, NHSE/I Board published ***Integrating Care: Next steps to building strong and effective integrated care systems across England*** - proposals expected to be in an NHS Bill (Spring 2021) and in law for April 2022

- The paper sets out options for **the legal basis for Integrated Care Systems** (ICSs) and provides the fullest detail to date on their future roles relating to commissioning, governance, finance and implications for providers.

- The proposals aren't a surprise as were signaled in the NHS Long Term Plan (2019). However the **proposals are an acceleration of the pace of ICS development** (begins to define 'system by default' and shows that NHSE/I believe that legislation is necessary

- **Emphasis is on at scale collaborations** and partnerships across ICSs and 'places' (upper tier local authority boundaries). All providers to be part of a provider collaborative or place-based partnership:
  - **Provider collaborative** – e.g. joining up similar provider organisations at scale across an ICS
  - **Place-based partnership** – e.g. joining up different multi-agency services across a county footprint

More defined role for ICS (and 2 options for legal basis)

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Comprehensive list of roles for ICSs and two legal options

- Combining publications over last 18 months, there are now 12 roles stated by NHSE/I for ICSs:
  1. Improving population health outcomes
  2. Tackling inequality of access and outcomes
  3. Enhancing productivity and value for money
  4. Helping NHS to support broader social and economic developments
  5. Enabling system transformation
  6. Collective management of system performance
  7. Distribution of finances and resources
  8. Coordinating resource for improvement and transformation
  9. Collective accountability arrangements across operational partners
  10. Workforce planning and leadership development
  11. Emergency planning and response
  12. Use of digital and data to drive system working and outcomes

- **Represents a comprehensive role in future**

- NHSE/I are proposing two options for legal basis for future of ICSs:
  1. Mandatory board / joint committee at ICS level with an Accountable Officer
  2. **Corporate NHS body at ICS level re-purposing CCGs by bringing their legal functions into the ICS (preferred)**

Importance of ‘place’

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‘Place’ is much talked about in the paper – ‘places’ are recognised as key building blocks of ICSs

- Paper recognises the importance of ‘**place’ as a scale/geography on which to design and deliver services** - large enough to be a constituent 'piece' of an ICS but small enough to be identifiable to local people
- Paper proposes that 'place' is to be **defined as an upper tier (mostly county) local authority boundary**
- Paper floats the idea of a **codified set of minimum standards** for provision of services across a place / county
- **Place-based partnerships the key vehicle for integration** of multi-agency services across a place
- Paper sets out the need for **'place leader roles'** (across organisational boundaries)
- Narrative ambition for **partnership working with local authorities** but less detail on how - Health & Wellbeing Boards an option but practice and relationships very greatly across England

Implications for providers (and forthcoming guidance)

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Providers to become part of networks (and less organisationally defined)

- Providers to become parts of **bigger 'at scale' networks** of either:
  - **place-based partnerships** (county-footprint multi-agency partnerships) or
  - **provider collaboratives** (collaborations of similar types of providers across an ICS geography)

- Guidance on provider collaboratives expected in early 2021 but **model options** *could* take the form of:
  i. Light-touch - organisations continue to be legally separate but are **ran via a collaborative or single management team**
  ii. Lead provider - organisations continue to be legally separate but **one provider takes on a lead provider (prime) role**
  iii. Full integration - merger of organisations to **create a single new organisation**

- Paper calls on **providers to 'play an active and strong leadership role'** in ICSs though representation on ICS Boards

- Existing governance arrangements are confirmed for next year (2021) but tbc beyond that. Uncertainty on arrangements if NHS providers span two ICSs?

ICS – regulation, oversight and finance

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ICSs to take on greater regulation and oversight functions and financial decision-making

- Finance
  - Paper proposes that **ICSs become key bodies for financial** accountability
  - **Finances will become increasingly organised at ICS l**evel via a single pot
  - **Single finance pot** to include - commissioning budget, primary care budget, majority of specialised commissioning, some directly commissioned services, and sustainability and transformation funding
  - Future info on financial implications to be set out in 2021/22 Operational Plan guidance

- Regulation and oversight
  - ICSs now being asked **to firm up governance arrangements** to provide a platform for their growing role
  - Proposal that ICSs have a **greater role in regulation and oversight** - unclear how this will relate to role of NHSE/I
  - Draft **System Oversight Framework** due in early 2021
  - **'Integration index'** is also proposed - a checklist of things for ICSs to do to set-up performance measures for system and place development

Future of commissioning

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Shift in commissioning focus – away from transactional model to analytics/measures for health outcomes

- Commissioning functions to be re-allocated across national, ICS, multi-ICS, and provider collaboratives:
  - **Strategic commissioning to take place at ICS level** – ICS to be responsible for assessing need and allocating resources to best improve population health needs and tackle inequalities (to become coterminous with ICS boundary by April 2022)
  - **Specialised commissioning decision-making to move to ICS, multi-ICS or national level** depending on what ismost appropriate locally (with option for modelling funding allocations on population size rather than provider allocations)
  - **All other commissioning to be transferred to provider collaboratives and place-based partnerships** including service transformation and pathway design (systems to agree which functions are best delivered at place or sisyem level)

OH response and readiness for ICS development – some thoughts…

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Very early days, with lots more info to follow, but time for some thinking…

- **Provider collaboratives**
  - Begin initial work to outline OH's provider collaborative options and OH's future role across the ICS
  - Understand longer-term models options for provider collaboratives
    - **Joint management team *across* organisations**
    - ***One provider* takes on 'prime ' or lead provider role**
    - **Creation of a *new single organisation***

- **Place-based partnerships**
  - Begin initial work to understand opportunities and risks for OH from ICS focus on 'place'
  - Opportunities for stronger county collaborations (e.g. with LAs) but risks of potential loosening of OH geographies (particularly BSW being in another ICS)

OH response and readiness for ICS – some thoughts…

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- **Commissioning, Performance & Finance**
  - Implications of commissioning being split between 'up' to ICS level and 'down' to provider collaborative level and to refine OH's future 'wants' from commissioning e.g. commissioning responsibilities and support from commissioners
  - Implications of commissioning being funded by a single financial pot

- **Governance & Regulatory**
  - Implications on current organisational governance structures (in place for 21/22 but what will future shape be) and how to manage potential divergence of MH (role for OH across ICS) and Community Services (Oxon role)
  - Opportunity to 'map' OH reps on various system boards/group to maximise organisational influence
  - Implications of greater role for ICSs in regulatory and oversight (System Oversight Framework

- **System level data & digital**
  - ICS decision-making to be informed by analysis of system level data (population health management)
  - ICS to have a role in coordination of digital enhancements