

## Integrated Care Webinar series 2021/2022

# Webinar One: The next practical steps for Integrated Care Systems

12 July 2021

NHS England & Improvement System

Transformation, in partnership with the Social Care  
Institute for Excellence (SCIE)

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## Your speakers today

Chair: Roger Davidson - Director of System Partnerships NHS E

Matt Neligan, Director of Primary Care & System Transformation NHS EI

Mary Hutton, ICS Lead/Accountable Officer from Gloucestershire Clinical  
Commissioning Group

Felicity Cox, ICS Lead from BLMK (Bedfordshire, Luton and Milton  
Keynes) ICS.

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# ICS Design Framework

Matt Neligan, Director of Primary Care &  
System Transformation NHS EI

NHS England and NHS Improvement



## ICS Design Framework 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 legislation**
- There is a focus 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
- There is a re-commitment to the principles of **subsidiarity, collaboration and flexibility**, in the context of **consistent national standards and common core components** of integrated care systems
- There is a recognition that the ongoing role – and accountabilities – of individual organisations within each ICS footprint; 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, including draft statutory guidance where relevant.

### 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

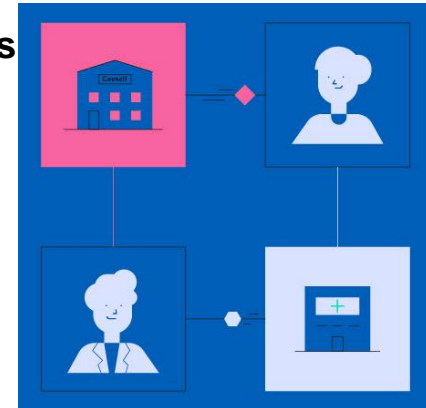
## The ICS Partnership – called in the legislation the “Integrated Care Partnership”

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- 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.
- There is an expectation that 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 – for local determination.
- **DHSC will issue further guidance**, which is **expected to be permissive**

## The ICS NHS body – called in the legislation the “Integrated Care Board”

- 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
- There is an expectation that 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 Board membership

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ICS NHS Boards will be different to traditional NHS boards, owned by the partners across the ICS

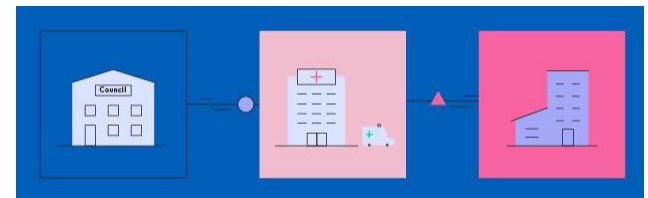
The minimum requirements for Board membership will be set out in legislation. In order to carry out its functions effectively there is an expectation that every ICS NHS body to establish Board roles above this minimum level, so that in most cases each Board will include the following roles:

- **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.

## ICS NHS Board membership

- **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** understanding at the level of neighbourhoods and **primary care networks**. Further supporting material will be shared in due course.
- 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

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- 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 it 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

## Transition timeline

**Current ICS and CCG leadership are accountable for managing transition**, with increasing involvement of the new leaders (e.g. Chair, Chief Executive) who may be appointed on a designate basis, pending the legislation

Each ICS should make **initial arrangements to manage the transition** 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 **Transition timeline** is set out in the Design Framework

**Key actions expected by the end of Q2** include:

- Carry out 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 arrangements for 2022/23, including ICS operating model and governance arrangements, in line with NHSEI model constitution and guidance

**In Q3** 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



# ICS development

## Felicity Cox, ICS Lead from Bedfordshire, Luton and Milton Keynes (BLMK)

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# Welcome to Bedfordshire, Luton and Milton Keynes ICS



**MK Health and Care Alliance:**

- Milton Keynes University Hospital NHS Foundation Trust (MKUH)
- Central & North West London NHS Foundation Trust (CNWL)
- Milton Keynes Council

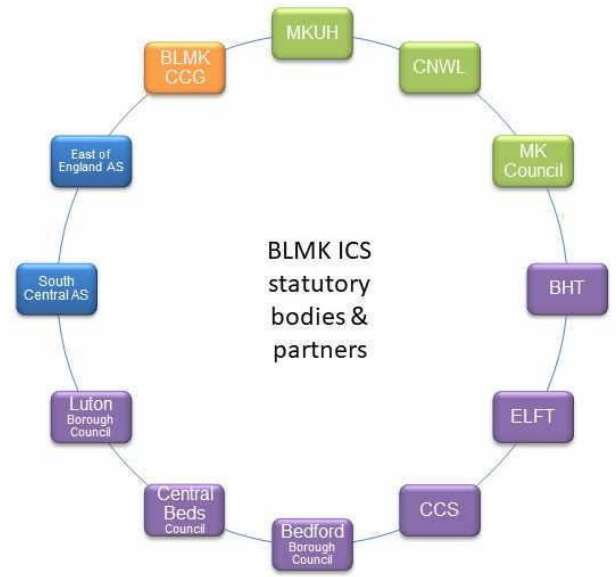
**Bedfordshire Care Alliance:**

- Bedfordshire Hospitals NHS Foundation Trust (BHT)
- East London NHS Foundation Trust (ELFT)
- Cambridgeshire Community Services NHS Trust (CCS)
- Bedford Borough Council
- Central Bedfordshire Council
- Luton Borough Council

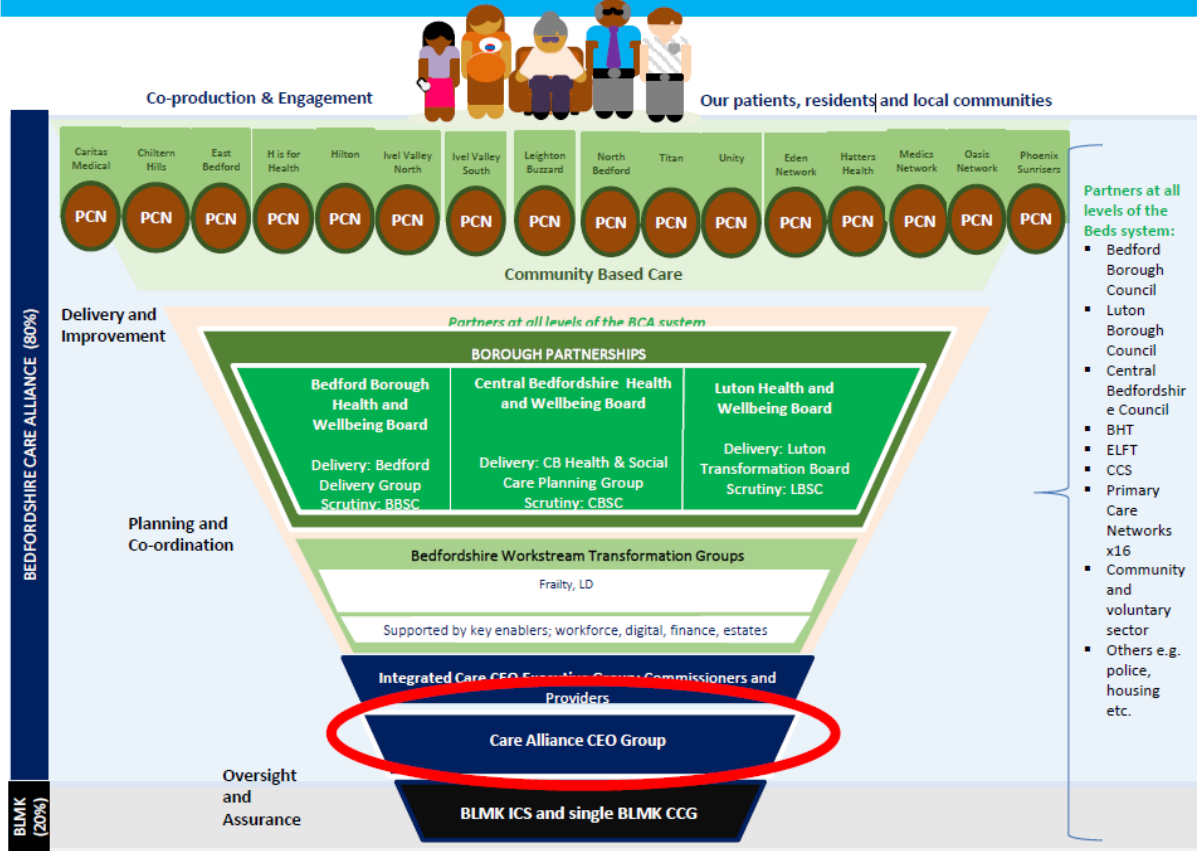
**Ambulance Trusts:**

- East of England Ambulance Service NHS Trust
- South Central Ambulance Service NHS Trust

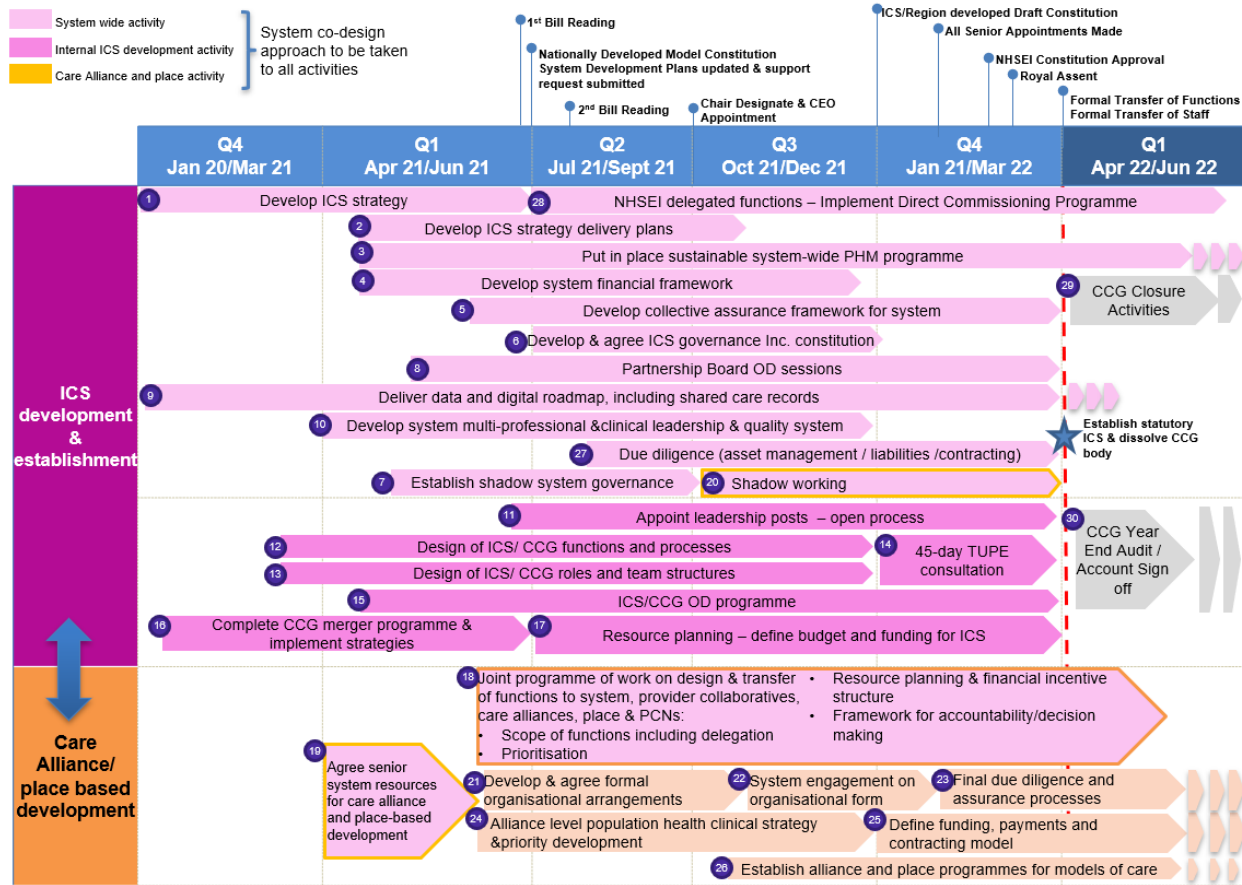
**BLMK Clinical Commissioning Group**



**What could the Bedfordshire System look like in the future?**



# ICS development plan



## Week Commencing 5 July 2021:

- 5 July – TILT session on Design Framework
- 6 July - GB Development session on merger lessons learnt & ICS design framework
- 6 July - 1st reading of Bill expected
- 7 July – TILT update papers on place-based plans & governance review
- 7 July - CBC - Health & Wellbeing Board – focus on ICS strategic priorities
- 8 July - Staff webex on merger lessons learnt & ICS design framework
- 11 July - Deadline for submission of bids from executive search agencies (for CEO, NED & Exec roles in statutory ICS body)
- Guidance expected on Governance, place-based partnerships, provider collaboratives and model constitution

## July:

- 13 July - TU Partnership Meeting – merger lessons learnt
- 13 July - CCG Programme Board – agree allocation of remaining merger and due diligence tasks
- 13 July – Felicity presenting at National ICS Webinar
- 14 July - ICS Partnership Board – focus on governance
- 16 July – appoint Executive Search agency
- 22 July - Staff webex on support through transition
- 23 July – Dean presenting to Regional DoF Group
- 22 July - 2nd reading of the Bill expected
- 26/29 July - SLG
- 26 July National advert for ICS CEO released
- 30 July - ICS Establishment Steering Group – focus on appointments/governance
- EoE ICS Establishment Community of Practice workshops
- Programme Plan development
- Risk log established in 4risk

## Quarter 2 milestones (to be further developed this month)

- Procurement list for 2022 approved
- National JDs available
- ICS Chair and CEO appointment completed
- Drafted new ICS NHS MoU arrangements for 2022/23
- Begin due diligence planning
- Plans for CCG teams to only work at sub-ICS level where SDP confirms ICS plans significant place-based function at that footprint (relevant to non-merged CCGs)

## Points to Note/New High-level Risks:

- Initial discussions with partners reveal lack of shared understanding of requirements of being a member of the statutory board and general agreement that the Partnership Forum should meet infrequently, have a bigger membership and focus on strategy and areas of shared interest/concern.



# BLMK ICS approach

- Population focus
- Strengthening system working
- Elective accelerator programme
- Population Health Management
- Advancing equality in BLMK
- Driving digital innovation
- Mental health investment
- Hub programme
- Co-production approach to change

**Our vision is to work with our population to optimise health and wellbeing, advance equality in our communities and make the best use of our resources**





# Challenges and opportunities

- Partnership working during the pandemic
- Making a difference for our population
- Staff morale, wellbeing and organisational development
- “Culture eats strategy for breakfast”
- Investing in transformation
- Legislative timeline



# Asks

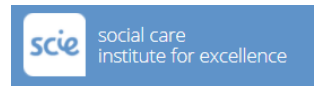
- Shared consistent understanding of the role of the ICS and the requirements of Board Members
- Time/flexibility/permissiveness in the guidance / regs
- Every ICS is unique and needs freedom and flexibility to design an approach that fits their local characteristics
- Learning – sharing learning across systems to accelerate developments
- Investment – significant system change and establishing a new type of NHS organisation requires investment of time and support to achieve the best outcome
- Collaboration & listening – at all levels



# Integrated Care Webinar series 2020/21



A recording of the webinar, slides and resources will be shared on the **Integrated Care Learning Network**.



To join the network email [integratedcare-manager@future.nhs.uk](mailto:integratedcare-manager@future.nhs.uk).

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NHS England and NHS Improvement

