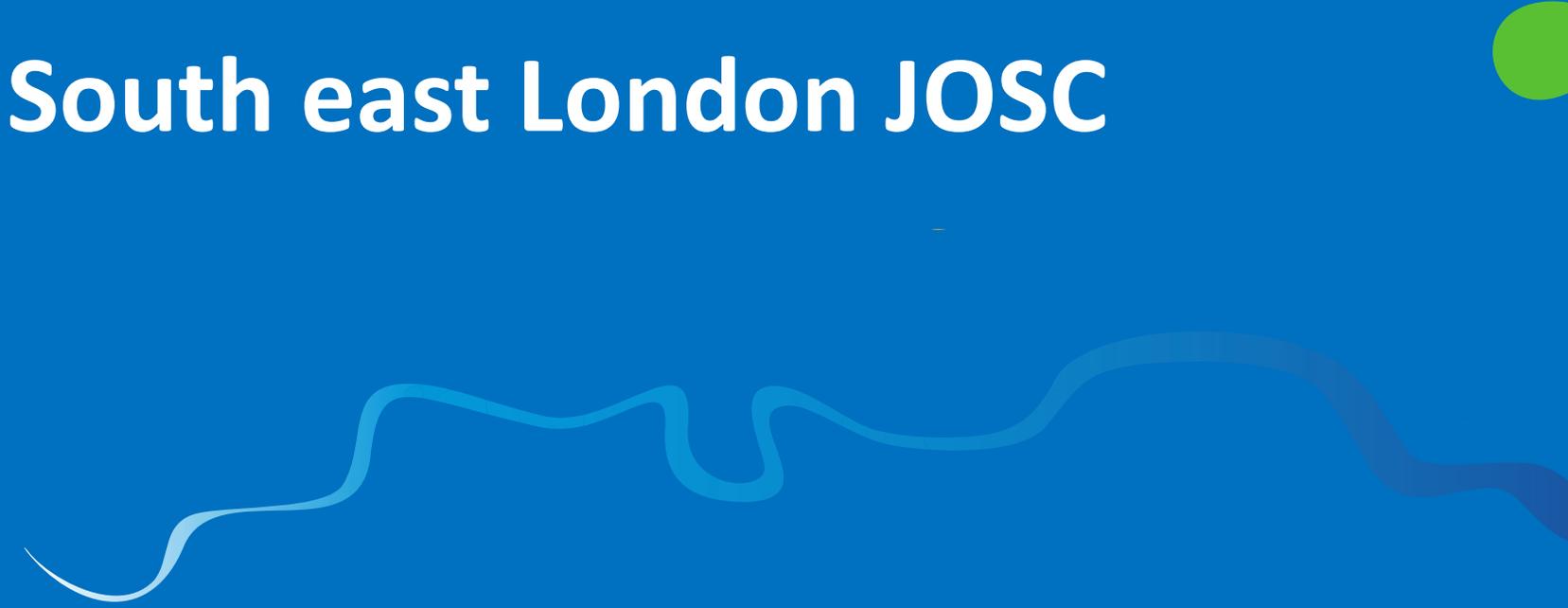


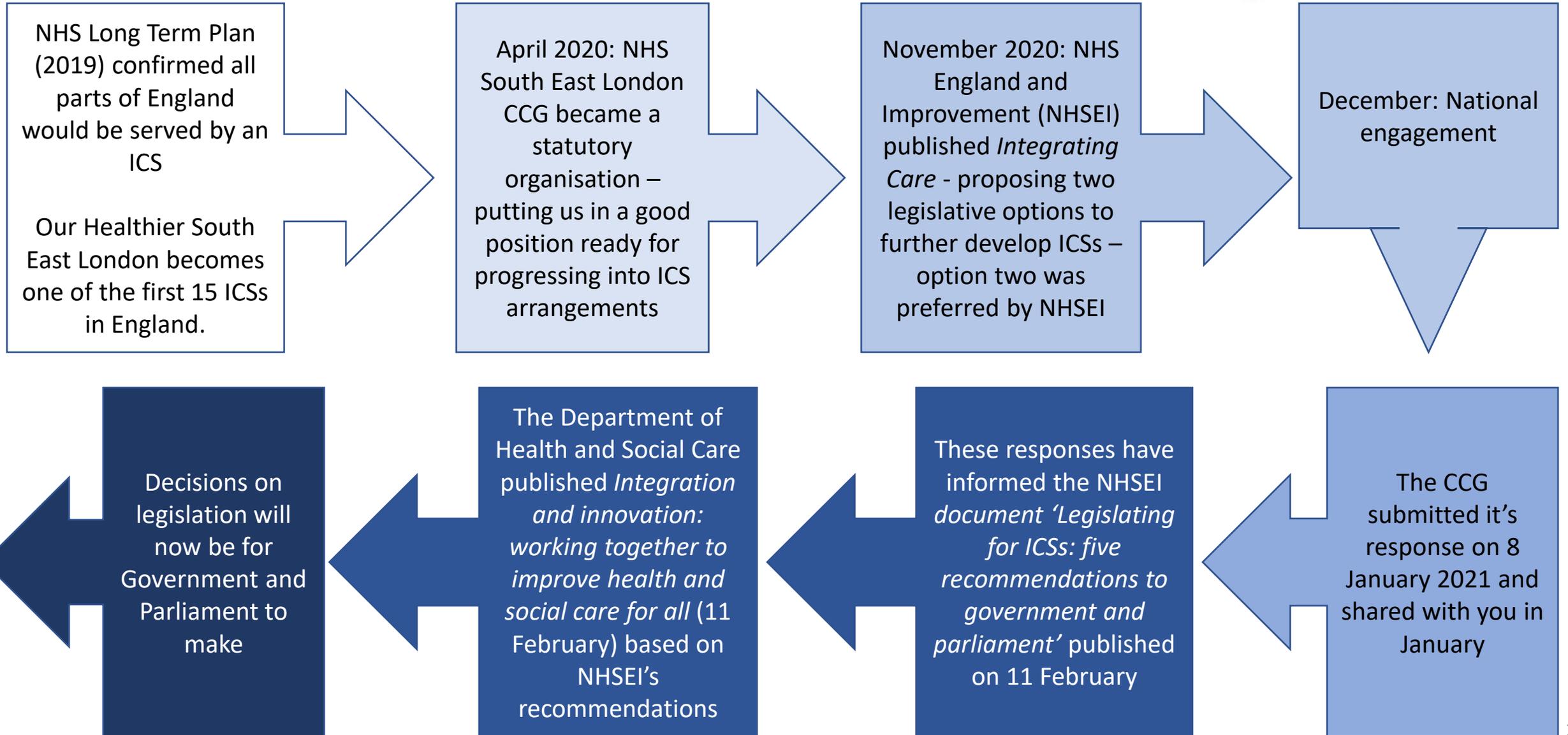
Integration and innovation:
*Working together to improve health and
social care for all*

**ICS next steps – South east London JOSCS
Briefing**

08 April 2021



Recap



Engagement principles inform proposals

On 26 November 2020 NHS England and Improvement's Board received and approved a paper on the future of integrated care and launched an engagement process on the changes proposed. This [paper](#):

Reiterated the aims and ambitions of integrated care in the Long Term Plan

Outlined changes required to deliver this

And options for how Integrated Care Systems could be embedded in legislation or guidance

Proposals serving Four fundamental purposes:

- Improving population health and healthcare
- Tackling unequal outcomes and access
- Enhancing productivity and value for money
- Helping the NHS to support broader social and economic development

We believed that in overall terms the ambitions and the purpose outlined nationally align and build upon our own development aspirations and we made that clear in our response as an ICS partnership in our feedback in early January 2021.

What is an ICS expected to do?

- **Distribution of financial resources** to places and sectors that is targeted and seeks to tackle 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
- **Digital and data** used to drive system working and improved outcomes.

1. Enable decisions to be taken as close to communities as possible

2. Support provider collaboration

3. Deepen collaboration between partners (particularly with local government)

Enabling these changes were at the heart of our recent SEL system reforms:

- **CCG Merger and Place Based Boards**
- **Borough Local Care Partnerships**
- **Provider Collaboration in Acute, Community and Mental health**

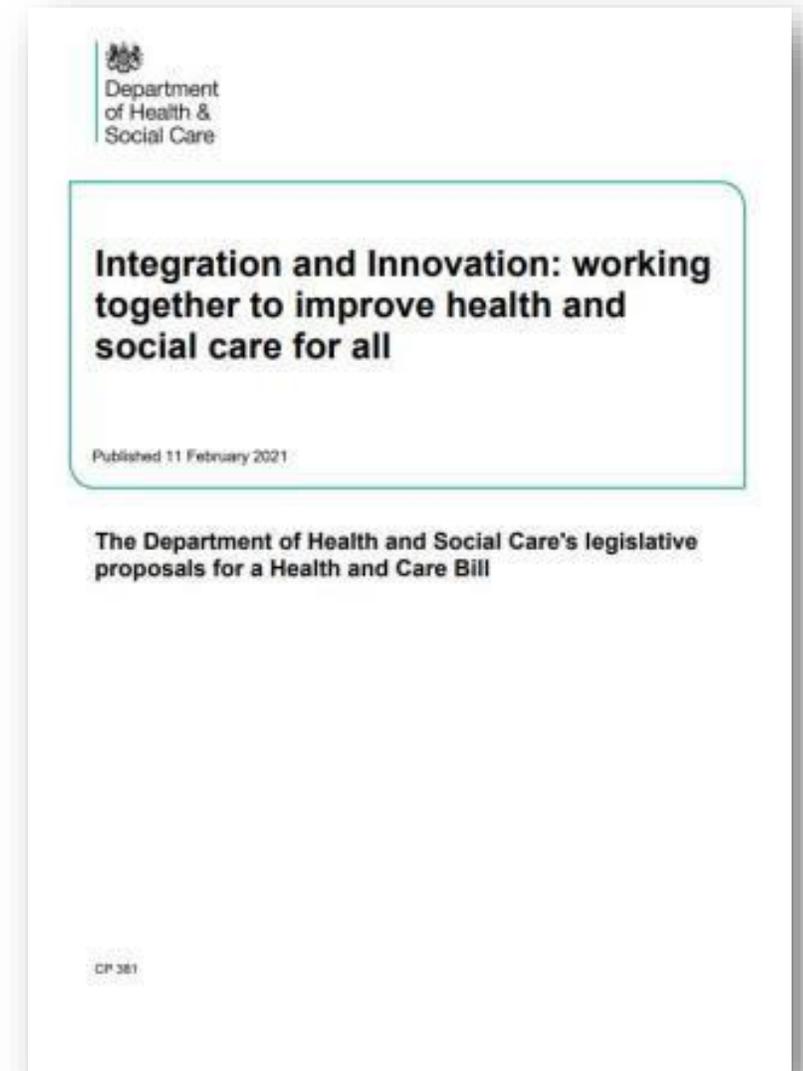
So what does the White Paper say?

These proposals **represent a specific set of proposals** where change to primary legislation is required.

The proposals can be **grouped** under the following themes:

- 1. working together and supporting integration;**
2. stripping out needless bureaucracy;
3. enhancing public confidence and accountability;
4. additional proposals to support social care, public health, and quality and safety.

The government's plan is that legislative proposals for health and care reform outlined in the paper will begin to be **implemented in 2022**



Working together and supporting integration

- Two forms of integration will be underpinned by new legislation:
 - Within the NHS to remove boundaries to collaboration
 - Greater collaboration between the NHS and local government and other delivery partners.
- ICSs will be made up of an ICS NHS Body and an ICS Health and Care Partnership, bringing together the NHS, local government and partners:
 - The ICS NHS body will be responsible for the day to day running of the ICS
 - The ICS Health and Care Partnership will bring together systems to support integration and develop a plan to address the systems' health, public health, and social care needs.
- A 'triple aim duty' will be placed on health bodies, which will require them to secure:
 - Better health and wellbeing for everyone
 - Better quality of health services for all individuals, and
 - Sustainable use of NHS resources.
- Legislation will remove barriers to integration by allowing ICSs to establish joint committees, collaborative commissioning approaches and joint appointments.
- New legislation will ensure more effective data capture and data sharing across health and care.
- There will be further changes which reconfirm the legal basis of the Better Care Fund



<p>How will a statutory ICS be different from a CCG?</p>	<ul style="list-style-type: none">• ICSs will be a different type of decision-making body from CCGs – by bringing in the perspectives and skills of a wider range of partners. We want to empower them to take the best of CCGs, but to be better equipped to respond to the whole needs of the population they serve.• Although we propose the ICS takes on many of the CCG functions, its remit will be much broader and have a much greater system role. NHS trusts, FTs or local authorities will be full and active partners in the leadership of the ICS and could also delegate some of their functions into the collaborative arrangements in the system.
<p>Will this change accountability arrangements for NHS trusts and foundation trusts?</p>	<ul style="list-style-type: none">• Our recommendations for ICS will not fundamentally change the core duties and functions of NHS trusts and foundation trusts to improve quality of care for patients and meet key financial requirements.• The move towards greater collaboration will foster mutual accountability for health outcomes between NHS and other organisations at system level, drawing on the collective expertise of commissioners and providers to plan services in the best interests of local people and the wider health economy.• To help achieve this, NHSEI’s legislative recommendations for government include new duties to support more collective decision-making in order to improve quality of care, ensure effective use of resources and take into account the health needs of the local community.

Next steps – timeline

2019 NHS
Long Term
Plan

January 2021
Responses submitted to
inform legislative proposals

Summer 2021
**?? Received by
Parliament ??**

April 2022
**?? New Statutory
Body begins ??**

November 2020
NHSEI propose x2
legislative options to
further develop ICS

February 2021
White Paper
published

**Autumn / Winter
2021/22**
?? Legislation ??