

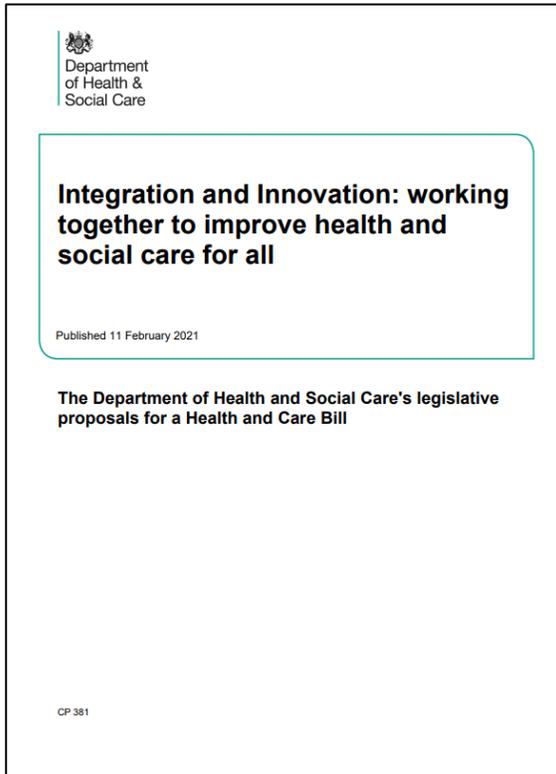
# Update on ICS Development

## SEL Joint Oversight and Scrutiny Committee

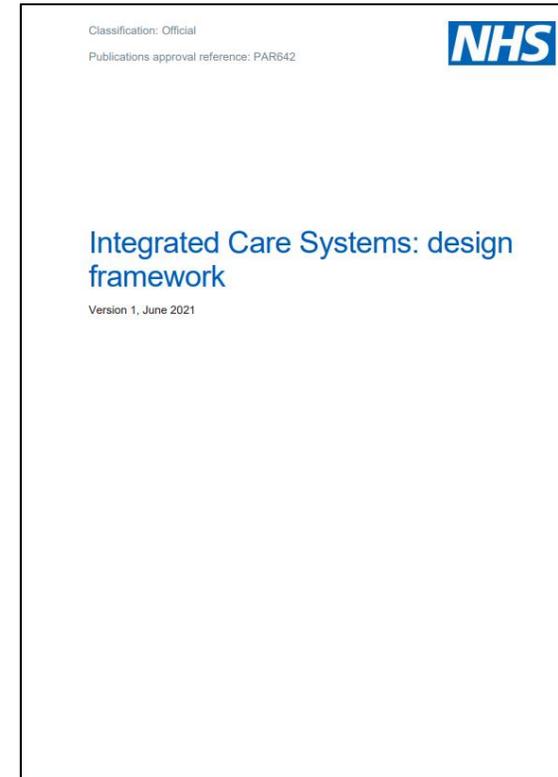
June 2021



# The Integrating Care White Paper and the ICS Design Framework



- Statutory ICSs to be vehicle for addressing healthcare challenges
- Broad cross-system partnerships and new ICS NHS bodies
- Stronger place-based partnerships to join up care
- Provider collaboratives to combine resources and work together to transform care
- Commitment to subsidiarity
- More strategic and less transactional commissioning
- Removing market regulation



- Common features of ICSs and minimum requirements
- Membership, roles and operation of boards and bodies
- ICS role in workforce development, digital, and other areas
- Involving patients and the public, VCSE and other sectors
- Employment commitment for CCG and other staff
- Timescales for establishing new governance arrangements

# Over the last few months, we have been developing our thinking on strategic priorities and design of our integrated care system

Our aim is to consolidate the model of partnership working we have developed between health, local authority and other organisations in South East London over the last five years, and relied on during the Covid 19 pandemic, in preparation for legislation placing ICSs on a statutory footing in 2022.

In the next twelve months, we will need to make some changes to our governance and institutions in preparation for the new legislation. However, our ICS is not a new set of administrative arrangements or a new NHS body. Instead, it is a partnership bringing together the full range of health and care organisations in South East London. It's shorthand for working together to improve health and wellbeing for our population, in particular through reaching shared decisions on our priorities and combining our skills and resources to deliver them.

We are determined not to create a new, top-down hierarchy to oversee our system. While senior leaders will come together in a partnership group and on the board of our new NHS body to set direction and oversee the system, our objective is to 'invert the pyramid' of traditional hierarchies – ensuring that partnerships within our system, and staff within our services, have the power, authority and autonomy to drive change.

Our local care partnerships, which bring together health and local authority services in our boroughs, will be at the very centre of our system, with the authority to reshape core primary, community and care services for their communities. Our provider collaboratives will be the engine room for driving improvements in access, quality and efficiency of health services across South East London. We are committed to ensuring that skills and resources are located at the right levels in our system so that partners can fulfil these roles autonomously. The counterbalance to autonomy is openness. As a system, we will operate transparently, and consult partners on issues that affect them, to avoid creating new institutional silos.

Our plan describes our priorities, operating principles and seventeen areas of work to prepare for transition to the new system, focusing in particular on the cultural and organisational infrastructure needed to work in partnership and deliver improvement and innovation. These are not the CCG's, or the future ICS NHS body's work programme. Instead, they are currently, and will continue to be, ICS projects, led and delivered by our partnership.

# Our draft system development plan sets out the high level design of our integrated system

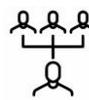
Our ICS is a partnership. It's our shorthand for south-east London working together to improve health and care for our communities.

Our six system-wide priorities for improving care:

- ▶ Preventing ill-health and supporting wellbeing
- ▶ Compassionate, whole person care, delivered in community wherever possible
- ▶ Rapid access to high quality specialist services when people need them
- ▶ Joined up care across health and other public services
- ▶ Addressing health inequalities
- ▶ Building resilient communities

In practice this means building on the significant changes we have made in how we work together

Our 'operating principles' to guide how we manage our system:

- ▶ Partnership by default 
- ▶ A single SEL pound 
- ▶ Combining our resources 
- ▶ Respecting subsidiarity 
- ▶ Ensuring sustainability 

As an ICS we are being more systematic about the cultural and organisational infrastructure needed for faster change

Our approach to building cultural and organisational infrastructure:

- ▶ Formalise a new way of working 
- ▶ Establish a new system architecture 
- ▶ Support our staff to work as a system 
- ▶ Focus on innovation and improvement 

# What we believe success should look like

**We have known for some time that we need to fundamentally change how we deliver services to the reflect the needs of our diverse communities. Recent work amongst ICS partners confirms these priorities, and the need to use our resources more systematically as anchor institutions to strengthen community resilience.**

- ▶ **Preventing ill-health and supporting wellbeing**  
A shift from treating people when sick to preventing ill-health and supporting wellbeing, rooted in primary and community care and neighbourhoods but across our system
- ▶ **Compassionate, holistic care, delivered in the community wherever possible**  
Building meaningful relationships with our service users and delivering whole person care that reflects people's physical health, mental health and social needs
- ▶ **Rapid access to high quality specialist services when people need them**  
Ensuring that people can quickly access outstanding specialist services without long waits or unjustified variation in the care they receive
- ▶ **Joined up care across health and other public services**  
Working together so that people experience joined-up support when they rely on multiple services and seamless care when they move from one service to another
- ▶ **Addressing health inequalities**  
Delivering care in ways that reduce health inequalities between different population groups and communities, including care that better reflects the needs of deprived groups.
- ▶ **Building resilient communities**  
Using our resources and working in partnerships to strengthen the economic and social resilience of our communities, in how we hire, procure, support our staff and other areas

# What we mean by operating as an integrated system

Operating as a system means a different way of working and a different approach to service development: pooling our knowledge and insight, making collective decisions, allocating and using resources differently, and a partnership model for transforming our services.



## Partnership by default

Each of the partner organisations in our system will have a voice at the table at the appropriate level in collective decision-making. We will hold ourselves collectively to account for improving care. We will build strong partnerships with citizens, other public services and the VCSE.



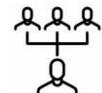
## A single SEL pound

Each year, we receive a limited allocation of funding to meet the needs of our communities – there is a ‘single SEL pound’. We work together to make best use of this funding, allocating money where it will have greatest impact rather than fighting for resources to the detriment of our population.



## Combining our resources

As common practice, we will work in partnership to address major challenges in our services: we will combine strengths and pursue new opportunities for innovation – spotting ways to fix problems through cross-system action as well as within organisations.



## Respecting subsidiarity

We will ensure that our local care partnerships, our provider collaboratives and leaders and staff closest to communities are responsible for shaping their services, inverting traditional hierarchies.



## Ensuring sustainability

We will work together to ensure the sustainability of our system and individual partners within our system, maintaining financial balance and securing efficiencies so we can invest in better care.

# How we will build the capabilities and infrastructure to deliver faster change

Since the creation of our partnership, and during the pandemic, we have developed new ways of working that are helping us deliver change. We want to maintain and develop these ways of working as we move to a statutory ICS.



**Formalise a new way of working**

Continuing to develop effective ways of working based on trusting relationships, reducing bureaucratic controls, respecting autonomy, ensuring openness and transparency.



**Establish a new system architecture**

Developing our new system architecture to support our ways of working, for example empowering our local care partnerships and provider collaboratives, developing an ICS NHS Body with capabilities to convene, connect and build consensus across our system.



**Support our staff to work as a system**

Supporting our staff to play effective leadership roles across our system, enabling team-working, developing shared standards and exchanging learning on how we can improve staff wellbeing, diversity and inclusion.



**Focus on innovation and improvement**

Developing our capabilities and infrastructure to lead more widespread innovation and improvement, with a focus on improvement in partnership across organisations

# As part of these changes, we will continue to build a new system architecture based around key partnerships

The architecture of our system needs to support our new ways of working, for example enabling local decision-making rather than creating institutional bottlenecks, while supporting system-working rather than creating new silos



Formalise a new way of working



Establish a new system architecture



Support our staff to work as a system



Focus on innovation and improvement

<b>Local care partnerships</b>	Our local care partnerships will be at the centre of our system, bringing together leaders and staff from NHS, local authority and the voluntary sector to shape core primary, community and social care services.
<b>Provider collaboratives</b>	Our provider collaboratives will be a driving force for improving care across South East London. They will benchmark performance, share best practice, combine resources and work together on improvement to improve patient care.
<b>The new ICS NHS body</b>	From Spring 2022, staff in our CCG will transfer to a new NHS ICS body. We see this body as a connector and enabler within the system, helping to convene system partners, build consensus on strategic direction and system planning, support transformation, and support the ICS NHS Board in its role in overseeing system performance.
<b>Supporting infrastructure</b>	We will continue to develop key supporting infrastructure to enable system-working including intelligence on improvement opportunities, data systems to support population health and IT systems to better enable information sharing across services.

# We will also need to implement some changes to the high level governance of our system by end of 2021

**Establish a partnership of senior leaders from health, local authorities and other organisations to:**

- ▶ **Bring together organisations to improve health / wellbeing**
- ▶ **Develop an integrated care strategy**
- ▶ **Enable joint action to improve health and care services**
- ▶ **Facilitate faster action on social determinants of health**
- ▶ **Support broader social and economic development**

**Establish a new system-wide board for the NHS ICS Body bringing together partners to:**

- ▶ **Allocate resources**
- ▶ **Develop plan for services**
- ▶ **Enable joint working**
- ▶ **Ensure collective accountability**
- ▶ **Arrange service provision**
- ▶ **Deliver people plan**
- ▶ **Develop digital and data**
- ▶ **Oversee performance**
- ▶ **Support improvement**
- ▶ **Support social / economic development**

# The next phases in our development

Over the next few months, we will need to focus attention on some of the key governance and institutional arrangements for our system, as we prepare to become an ICS with statutory responsibilities in Spring 2022.

We will pursue this work alongside and without distracting from arguably even more important parts of our development programme: developing our ICS operating model, establishing effective ways of working, building system architecture to enable subsidiarity and system working, and investing in leadership, learning and innovation.

## Key priorities for the next 12 months

Establishing new overarching governance arrangements for our system by Autumn 2021

Completion of our immediate development workstreams on the roles of different partnerships in our system by Autumn 2021.

Developing the governance and infrastructure to support our local care partnerships in our boroughs and our provider collaboratives.

Establishing new approaches to support clinical and professional leadership and system-wide innovation and improvement

Closure of our CCG and transfer of staff to a new ICS NHS body, under an employment commitment, in Spring 2022.