

Integration White Paper and ICS developments

Joining up care for people, places and populations

Vision

- Integration is not an end in itself, but a way of improving health and care outcomes. Successful integration is the planning, commissioning and delivery of co-ordinated, joined up and seamless services to support people to live healthy, independent and dignified lives and which improves outcomes for the population as a whole. Everyone should receive the right care, in the right place, at the right time.
- Our vision is that integration makes a significant positive impact on population health through services that shift to prevention and address people's needs promptly and effectively; but it is also about the details and the experience of care - the things that often matter most to people, carers and families.
- This is captured in the 'Think Local Act Personal' statement : *Everyone should be able to say: “I can plan my care with people who work together, to understand me and my carer(s), who allow me control, and bring together services to achieve the outcomes important to me.”* (National Voices, TLAP 2013)

4 key areas

- Shared outcomes which prioritise people and populations
- Leadership, Accountability and Finance
- Digital and data: maximising transparency and personal choice
- Delivering integration through our workforce and carers

Shared outcomes

- On **shared outcomes**, government will consult stakeholders and set out a framework with a concise number of national priorities and an approach for developing additional local shared outcomes, by Spring 2023. We will review alignment with other priority setting exercises and outcomes frameworks across health and social care system and those related to local government delivery.
- Places, working with local people and communities, will then identify and agree their local outcome priorities with reference to the broad framework. Places will agree action required to meet national and locally identified priorities
- Ensure implementation of shared outcomes will begin from April 2023

Shared outcomes consultation

Government will invite views on the following questions:

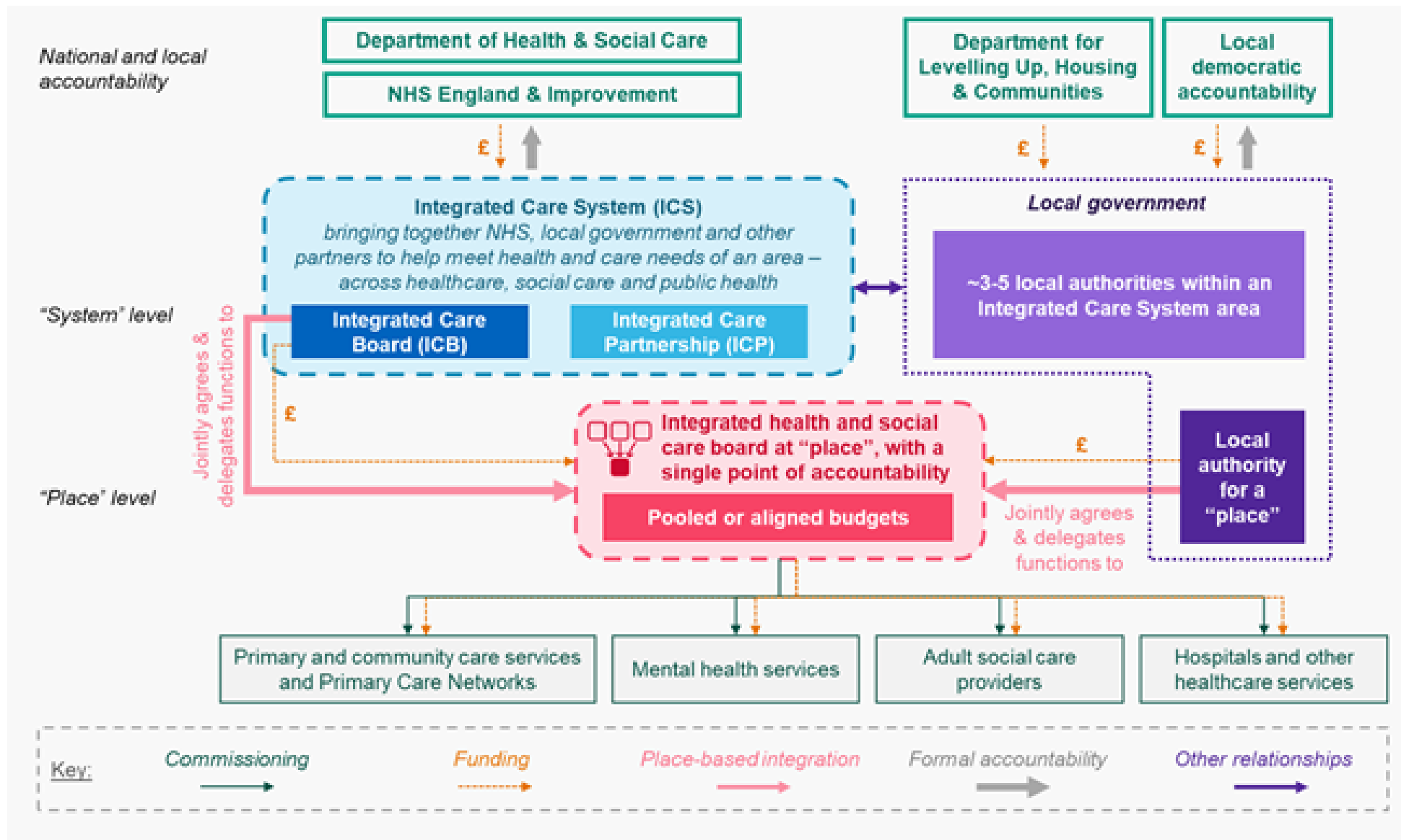
1. Are there examples where shared outcomes have successfully created or strengthened common purpose between partners within a place or system?
2. How can we get the balance right between local and national in setting outcomes and priorities?
3. How can we most effectively balance the need for information about progress (often addressed through process indicators) with a focus on achieving outcomes (which are usually measured and demonstrated over a longer timeframe)?
4. How should outcomes be best articulated to encourage closer working between the NHS and local government?
5. How can partners most effectively balance shared goals / outcomes with those that are specific to one or the other partner – are there examples, and how can those who are setting national and local goals be most helpful?

Leadership, Accountability and Finance

- On leadership, accountability and oversight, set an expectation that by Spring 2023, all places should **adopt a model of accountability** and provide clear responsibilities for decision making including over how services should be shaped to best meet the needs of people in their local area
- Work with the CQC and others to ensure the inspection and regulation regime supports and promotes the new shared outcomes and accountability arrangements at Place
- Develop a national leadership programme, addressing the skills required to deliver effective system transformation and place-based partnerships, subject to the outcomes of the upcoming leadership review
- Appoint a set of **front-runner areas** in Spring 2023. These will trial the outcomes, accountability, regulatory and financial reforms discussed in this document

Leadership, Accountability and Finance

- **Review section 75** of the 2006 Act which underpins pooled budgets, to simplify and update the regulations
- We will work with partners to develop guidance for local authorities and the NHS to support going further and faster on financial alignment and pooling.
- Publish guidance on the scope of pooled budgets Spring 2023



Accountability consultation

1. How can the approach to accountability set out in this paper be most effectively implemented? Are there current models in use that meet the criteria set out that could be helpfully shared?
2. What will be the key challenges in implementing the approach to accountability set out in the paper? How can they be most effectively met?
3. How can we improve sharing of best practice regarding pooled or aligned budgets?
4. What guidance would be helpful in enabling local partners to develop simplified and proportionate pooled or aligned budgets?
5. What examples are there of effective pooling or alignment of resources to integrate care / work to improve outcomes? What were the critical success factors?
6. What features of the current pooling regime (section 75) could be improved and how? Are there any barriers, regulatory or bureaucratic that would need to be addressed?

Data and digital

- Ensure every health and adult social care provider within an ICS reaches a minimum level of digital maturity (electronic care records; use of NHS no)
- Develop a standards roadmap (2022) and co-designed suite of standards for adult social care (Autumn 2023)
- Ensure all professionals have access to a functionally **single health and adult social care record for each citizen** (by 2024) with work underway to put these in the hands of citizens to view and contribute to (IG Framework, skills and tech)
- Ensure **each ICS will implement a population health platform** with care coordination functionality, that uses joined up data to support planning, proactive population health management and precision public health (by 2025)
- Ensure 1 million people are supported by digitally enabled care pathways at home (by 2022). Digital investment plans should be finalised by June 2022 which include the steps being taken locally to support digital inclusion.

Data and digital consultation

- What are the key challenges and opportunities in taking forward the policies set out in this paper, and what examples of advanced / good practice are there that could help?
- How do we best ensure that all individuals and groups can take advantage of improvements in technology and how do we support this?

Workforce and carers

- On workforce, strengthen the role of workforce planning at ICS and place levels
- Review barriers (including regulatory and statutory) to flexible movement and deployment of health and care staff at place level
- Develop a national delegation framework of appropriate clinical interventions to be used in care settings
- Increase the number of clinical practice placements in social care during training for other health professionals
- improve opportunities for cross-sector training and joint roles for ASC and NHS staff in both regulated and unregulated roles

Workforce consultation

1. What are the key opportunities and challenges for ensuring that we maximise the role of the health and care workforce in providing integrated care?
2. How can we ensure the health and social care workforces are able to work together in different settings and as effectively as possible?
3. Are there particular roles in the health or adult social care workforce that you feel would most benefit from increased knowledge of multi-agency working and the roles of other professionals?
4. What models of joint continuous professional development across health and social care have you seen work well? What are the barriers you have faced to increasing opportunities for joint training?
5. What types of role do you feel would most benefit from being more interchangeable across health/social care? What models do you feel already work well?

Integrated Care Partnership Expectations

- expectation one: ICPs are a core part of ICSs, driving their direction and priorities
- expectation 2: ICPs will be rooted in the needs of people, communities, and places
- expectation 3: ICPs will create a space to develop and oversee population health strategies to improve health outcomes and experiences, and address health inequalities
- expectation 4: ICPs will support integrated approaches and subsidiarity
- expectation 5: ICPs should take an open and inclusive approach to strategy development and leadership, involving communities and partners to utilise local data and insights and develop plans

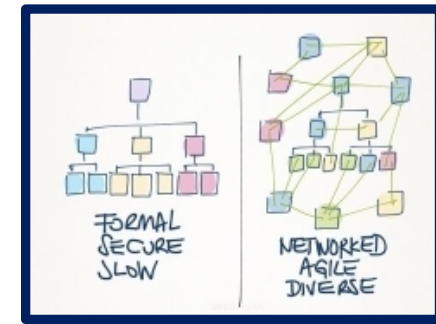
Integrated Care Partnership Expectations

Indicative date	Activity
April – June 2022	DHSC to engage with systems to inform the guidance on the integrated care strategy
July 2022	ICP formally established by local authorities and ICBs (subject to parliamentary passage)
July 2022	DHSC to publish guidance on the integrated care strategy
December 2022	Each ICP to publish an interim integrated care strategy if it wishes to influence the ICB's first 5-year forward plan for healthcare to be published before April 2023.
June 2023	DHSC refreshes integrated care strategy guidance (if needed)

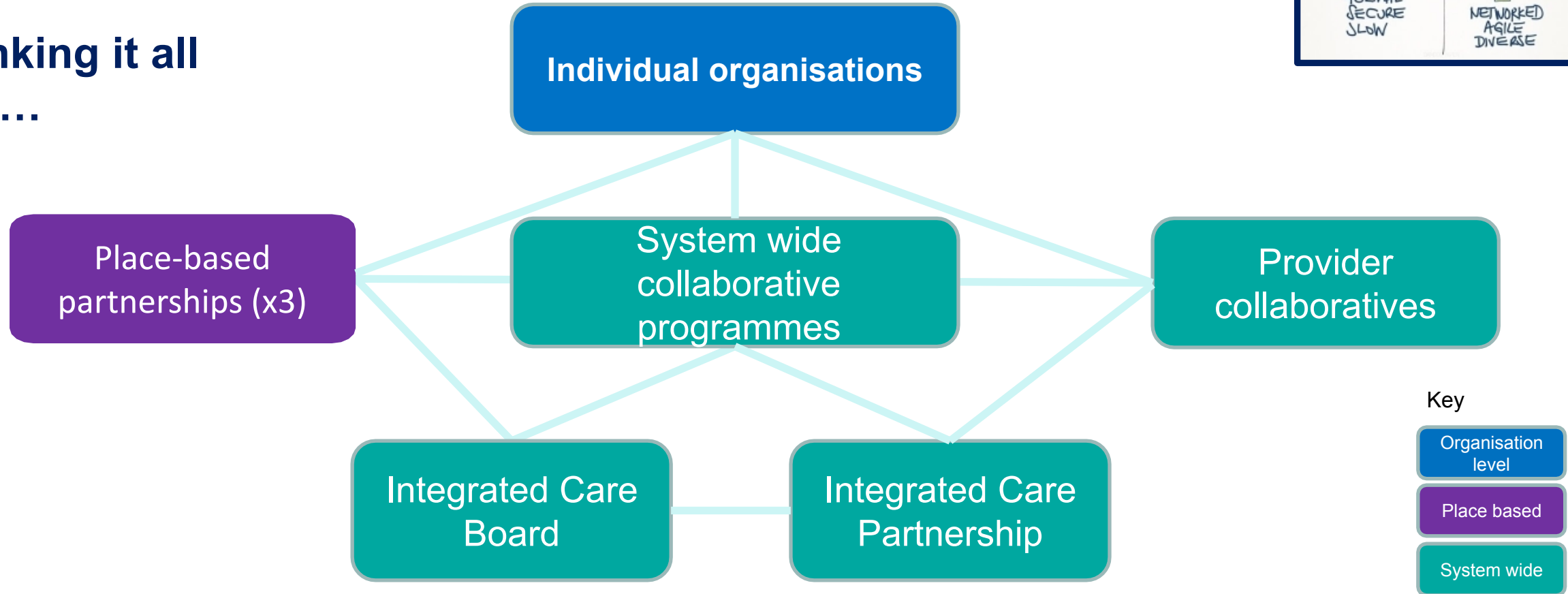
Upon receipt of an integrated care strategy, the Health and Wellbeing Board must prepare a 'joint local health and wellbeing strategy' that sets out how the local authorities, integrated care board and NHS England will meet population needs in that area. However, if the Health and Wellbeing Board does not need to prepare a new joint local health and wellbeing strategy if, having considered the integrated care strategy, they consider that their existing joint local health and wellbeing strategy is sufficient.



BSW Integrated Care System (ICS)



Linking it all up...





BSW Integrated Care System (ICS)



Integrated Care Partnership (ICP)

- Responsible for producing an integrated care strategy
- Strong links with Place Based Partnerships
- Expected to have wider membership, with participation from all partners.

Integrated Care Board (ICB)

- Collaboration across health and social care
- Responsible for the whole system – *‘eyes on, hands off’*
- Focus attention on those things best done at the system level (specialist services)
- Commissioning of services – where required
- 18 members, drawn from partners (not representatives)

These new statutory arrangements are dependent on the passing of the Health and Care Bill in Parliament. The expectation is that the Integrated Care Board will be established on 1st July 2022, with the CCG closing down at this point.



BSW Integrated Care System (ICS)

Place based partnerships (Integrated Care Alliances)

- Collaboration of all partners, including voluntary and community sector
- One in each of BaNES, Swindon and Wiltshire
- Aligned to the Local Authority footprint
- Focus on the those things that are best done locally

Provider collaboratives

- Providers working together across traditional boundaries
- Aim to drive improvement in services
- Examples include:
 - Primary Care Networks
 - Acute Hospital Alliance
 - Community Services
 - Mental Health Services



ICS developments

- Appointment of CEO Designate, Sue Harriman, NEDs, and ICB Executives
- The development of the ICB and ICP membership and functions is ongoing
- Place Directors are being recruited in April 2022
- Roles for Convenors/Chairs and Clinical and Professional Leads for place partnerships (ICAs) are being developed
- Ongoing development of ICA (Wiltshire Alliance) governance including development of Joint Committee Terms of Reference and financial accountability framework