

# **Integration and Innovation**

*Working together to improve health  
and social care for all*

Health & Wellbeing Board  
28<sup>th</sup> March 2021



# Integrated Care Systems Legislation

Publication of “Integration and Innovation: working together to improve health and social care for all” white paper by DHSC follows the NHSE/I Board paper setting out the following aims for future legislation:

- Stronger **partnerships in local places** between the NHS, local government and others with a more central role for primary care in providing joined-up care;
- **Provider organisations** being asked to step forward in formal collaborative arrangements that allow them to operate at scale; and
- Developing strategic **commissioning** through systems with a focus on population health outcomes;
- The use of **digital and data** to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care.



# Integrated Care Systems Legislation

Proposals are designed to serve **four fundamental purposes**:

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

The vision reflects three observations derived from the Long Term Plan:

- **Decisions taken closer to the communities** lead to better outcomes;
- **Collaboration between partners in a place** can overcome competing objectives
- **Collaboration between providers** is likely to be more effective than competition



## Integrated Care System (ICS)

### ICS NHS Board:

- Develop a plan to meet the health needs of the population within their defined geography
- Develop a capital plan for the NHS providers within their health geography
- Securing the provision of health services to meet the needs of the system population
- Duty to meet system financial control targets

### ICS Health and Care Partnership:

- Develop a plan to meet the wider health, social care and public health needs of the system
- The ICS Board and Local Authorities will have due regard to this plan when making decisions

### Minimum requirement for Membership of Board:

- ICS Chair
- ICS Chief Exec / Accounting Officer
- Representatives of NHS Trusts and General Practice
- Others determined locally
- Appropriate clinical advice



# System Design Principles:

We have begun to development system design principles to underpin our approach

- Our population and staff are at the heart of all we do
- Form needs to follow function and outcomes
- We will deliver through collaboration
- Build on our successes and learning from our failures
- Governance must facilitate agile decisions, and continue to evolve, aim is not to design a 'final state' but recognise this is a journey / dynamic
- Keep and value the 'grit' that commissioning can bring to our system
- Population outcomes driving transformation underpinned by population health management and consolidated data
- Focus on doing once, removing duplication and delivering best value
- Delegate where possible whilst maintaining
  - appropriate scale and pools of expertise where disaggregation is not possible
  - strong clinical and lay / public participation
  - common standards and frameworks where important to outcomes



# Building on successes & learning:

## Evolving from our current position

- Maintain and build on relationships between Health & Social Care partners
- Important to promote the successes of our system model externally
- Maintain and promote freedom to innovate
- Developing narrative to promote value of smaller / deeper model of ICS working:
  - Practical learning e.g. Agile decision making
  - Clinical Programmes / Programme budgeting
- Learning from rapid achievement (add more examples)
  - Virtual ward
  - Vaccination centre
- The learning from our successes should inform our model for future ways of working
- Building on trusted relationships and continuing to include all those who are influencing the wider determinants of health recognising the importance of the VCSE, housing, education, children's services etc.

## Developing Subsidiarity:

- What needs to be done
  - at Gloucestershire level
  - Partner collaboration
  - closer to local communities
- PCNs, developing nature of neighbourhoods
- Consider level of administrative resources that should be allocated at the levels
- Data analysis at place level
- Balancing of opportunities at place with benefits of pathway working at system scale

# Next steps

- ICS Board, acting as the sponsor group, to develop implementation plan aligned to system design principles outlined
- One Gloucestershire to act as a test system with 8 other systems and the national team to test concepts and guidelines
- South West system leaders nominated to lead development in a range of areas to support South West approach where desirable
- Review resource requirements to ensure sufficient support in place
- Agile review of emerging policy and guidance
- To begin the mapping of transition plan