

ICS development and overview

03 February 2020



A partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with NHS England

Integrated care systems (ICSs) in England (1 / 2)

Roles and responsibilities - ICSs will be expected to perform two fundamental roles:

- (1) Planning and co-ordinating** system transformation at system, place and neighbourhood level, including workforce planning, population health management and quality improvement.
- (2) Management of system performance** including health outcomes, quality of care, operational and financial performance. Through partnership working, including with local government and other community partners, mature ICSs will unlock new opportunities to address the wider determinants of health and wellbeing, such as planning, housing, education and economic development.

In undertaking these functions ICSs will need to shift the focus of health and care so that it is on populations and 'place' rather than on organisations; adopting a population health management approach will support this re-orientation of focus, but such an approach is a long term journey that requires time to shape and embed.

Leadership and governance - Whilst there is flexibility within national guidance it is expected that each ICS will have a non-executive chair and an ICS leader:

- a) Non-executive Chair:** The non-executive chair will have dual accountability to the ICS Partnership Board and NHSEI Regional Director (Sir David Sloman in the case of London). On 16 January 2020 Richard Douglas CB was announced as the non-executive chair of the SE London ICS, and will start in this role on 01 February 2020.
- b) ICS leader:** ICSs should continue to identify the most appropriate person to lead the ICS, choosing someone who has the confidence of system leaders, experience and sufficient capacity to undertake the role. Since November 2017 Andrew Bland has been the ICS (and previously STP) leader in SE London.

Integrated care systems (ICSs) in England (2 / 2)

ICSs have been working to put in place governance arrangements to support system partnership working and decision-making, recognising that the ICS is a partnership of sovereign bodies with decision making responsibilities. These arrangements are necessarily complex, as they need to take account of existing statutory duties and forums, as well as bringing together a range of partners at both system and place.

As part of this there are some consistent elements that all ICSs are expected to have in place:

- i) ICS Partnership Board** – the NHS Long Term Plan states that every ICS will have a partnership board, drawn from and representing commissioners, trusts, primary care networks, local authorities, the voluntary and community sector and other partners.
- ii) Supporting governance arrangements** – the non-executive chair, the ICS leader and the work of the Partnership Board need to be supported by a clear and appropriate system-wide decision-making framework. In south east London this framework needs to be aligned with both the ICS's future board and the borough based structures of the new CCG.

Through our ICS development work in south east London we are progressing discussions across all partners, including with patient voice representatives, about what the ICS's governance will look like moving forward; part of the scope of this is how we transition from our current OHSEL Board to a South East London ICS Partnership Board.

The south east London ICS



Person



Neighbourhood c.50k



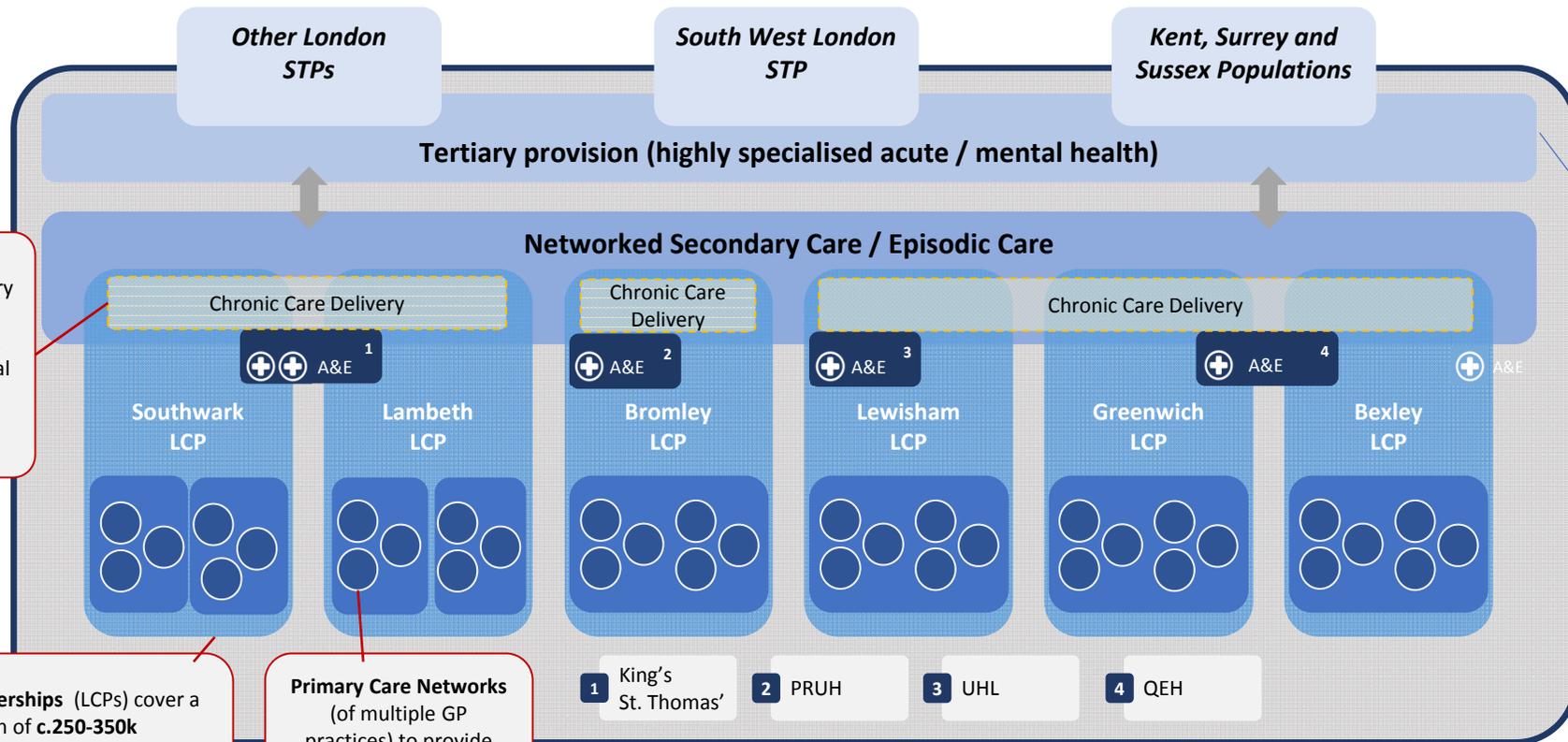
Place c. 250-500k



System c. 1m+

- In SE London it is recognised that each ‘level’ of our system plays a vital role in the design and delivery of health and care services, from individually-tailored personalised care through to whole system initiatives.
- It is also clear that a number of partnerships, both within and across different levels, need to exist within our system. Examples include networks across provider organisations and local arrangements between health and care partners within individual boroughs (e.g. Partnership Southwark).
- Further there is a need for a pan-London approach on some priorities, such as those set out in the London Vision: homeless healthcare and improving air quality, for example.
- The above considerations gave rise to our system of systems approach, and more recently have been used to help shape the single CCG arrangements, including borough-based delegation through borough executives and boards.

Our system of systems



The interface between secondary care and mental health, and LCPs, should have a local focus (based on population segmentation)

Local Care Partnerships (LCPs) cover a population of **c.250-350k**

Includes: Primary Care, Community services (Physical and Mental), Social Care, Housing, Leisure and secondary care provision (e.g. Chronic care / new models of Outpatient Care)

Primary Care Networks (of multiple GP practices) to provide enhanced personalised and preventative care for the local community. Likely to cover a population of **c.30-50k**

ICS as the organising/strategic function

ICS Enabler Programmes

- Digital
- Workforce
- Estates

Partnership working at the heart of our ICS

The success of our ICS is dependent on partnership working throughout all levels of our system, including via developing a stronger partnership between health and local government and through greater collaboration between providers and commissioners.

In particular it is important that:

- The voice of local government and local NHS partners is well organised and heard at the ICS level, including through direct representation and via wider governance arrangements such as Borough Based Boards and Local Care Partnerships.
 - The single CCG is designed to have effective Borough Based Boards that can take local decisions (through formal delegation from the CCG Governing Body) and play into wider SE London decision making.
 - Each borough has a Local Care Partnership of commissioners and providers across health and care to design and deliver population focused services for local (borough) populations.
- At the SE London level there is strong provider collaboration for more specialist or in-hospital / acute activities, building on the work of the South London Partnership and our Acute Based Care Board.