

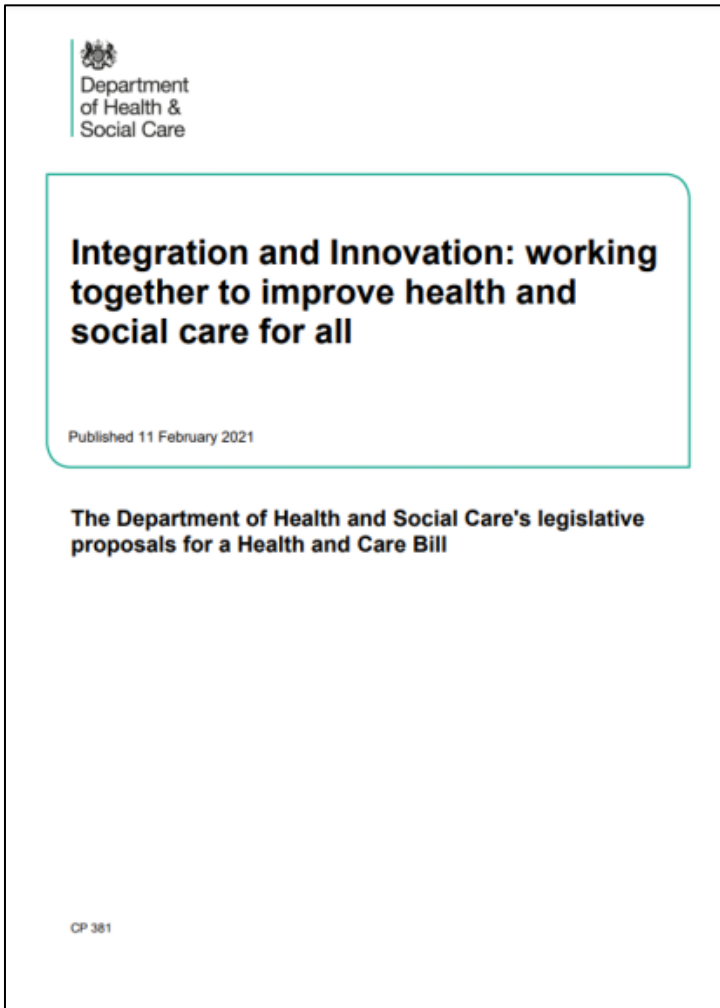
Overview for Southwark Health and Social Care Scrutiny Commission

Development of the South East London Integrated Care System

17 November 2021



The Government's Integration and Innovation White Paper sets out the next phases for integrating health and care services in England



- Published in February 2021, the Integration and Innovation White Paper proposes to place 'integrated care systems' (ICSs) on a 'statutory footing'
- This means that, subject to legislation in Parliament, ICSs will become the entities formally responsible for allocating resources and planning services
- Under the proposals, ICSs will continue to bring together a broad partnership across health and social care to improve health and wellbeing
- Clinical Commissioning Groups (CCGs) will be replaced by new 'ICS NHS bodies' responsible for delivering these functions with partners
- The White Paper commits to a more strategic and less transactional approach to commissioning and promises to repeal market regulation
- It also emphasises the key role of partnerships within boroughs and collaboratives of providers within ICSs

In practice, this means a continuation and development of the model of partnership working we have established for our system

- We have been working as a system since we established a 'Sustainability and Transformation Partnership' in 2016
- In 2018, we were the first local system in London to become designated as an 'Integrated Care System' which would work together to manage resources
- This has meant moving away from a 'transactional' model of overseeing services to much closer joint working on service change
- In our boroughs, health and local authorities work together in combined teams to join up services
- Our mental health providers combine clinical leadership and work together on service change
- In the Covid 19 pandemic, acute providers pooled resources to protect patients and maintain services



- Following the white paper, we will need to make some changes to our ICS governance arrangements
- Subject to legislation, we will also need to close our CCG and establish a new ICS NHS body
- However, our main priority is to embed the model of partnership and system-working we have developed over the last five years
- In particular, we want to develop our model of collective decision-making, pooling resources and working together on system-wide challenges
- We are determined not to create a new 'top down' hierarchy for our system.
- Instead, we want to ensure that partnerships within our system, and staff within our services, have the power, authority and autonomy to drive change.

We are now developing the new overarching governance arrangements for a statutory system

New IC Partnership

- Bringing together leaders across health, care, other public services, VCSE, SEL healthwatch
- Statutory responsibility to develop an integrated care strategy
- Key role in our system in population health, inequalities, prevention, health in all policies
- Enabling collective action across wide range of areas related to health and wellbeing
- Leading our anchor mission

New IC Board

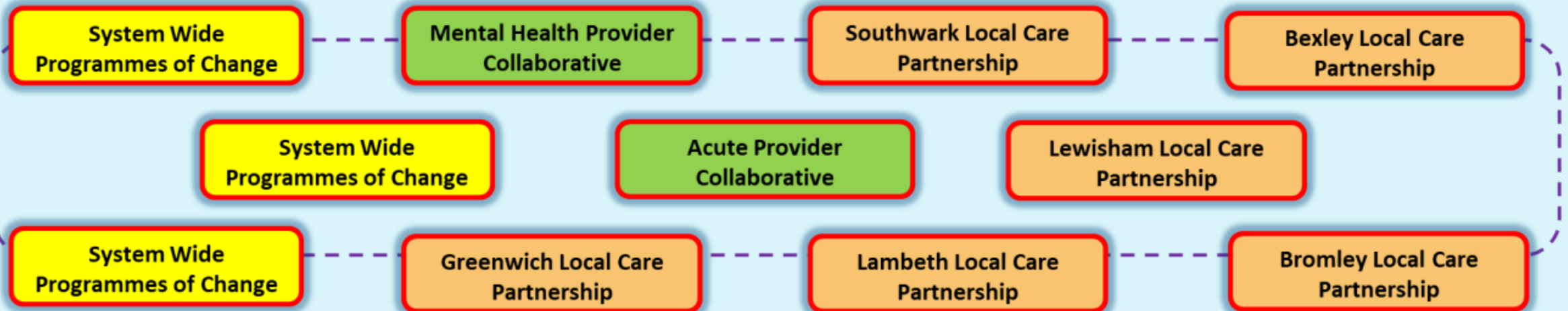
- Bringing together leaders from across the health and care system, our local care partnerships and provider collaboratives
- Oversees the work of the new ICS NHS body including resource allocation and planning
- Responsible for overseeing the performance of the system in delivering SEL and national priorities

Governance and development of other key groupings in our system

- Agree leadership arrangements for local care partnerships at level of our boroughs and collaboratives of health providers
- Agree committee structures for our local care partnerships, bringing together partners from across local systems
- Ensure each of our key partnerships has the skills and resources to deliver its delegated responsibilities

The architecture of our system is population focused - an 'inverted pyramid'

Interconnected system of mandated partnerships – place-based local care partnerships and provider collaboratives



Engages

Convenes

Understands

NHS ICS Board

Delegates

Enables Improvement

With a Board that drives the four main functions (to improve outcomes, tackle inequalities, enhance productivity and support social and economic development) through partnership, underpinned by principles of engagement, participation, subsidiarity, delegation and facilitation

ICS Partnership Committee

Broad alliance of organisations across SEL. Agrees an ICS wide Integrated Care Strategy – for which partners take delivery responsibility, collectively and individually

As well as system-level governance, partnerships in our system will also need to develop new governance arrangements in the next few months

- The ICS will set out a scheme of delegation to local-care partnerships, underpinned by associated decision-making and budgets. The partnership will also agree a mandate for our provider collaboratives.
- The local care partnerships should take on responsibility for the planning and delivery of non-acute health services, defined as primary care, physical and mental health community services, prescribing, continuing healthcare and client groups.
- Meanwhile, our acute and mental health provider collaboratives will take responsibility for key areas of joint work, for example elective recovery.
- Each of these partnerships will need to ensure over the next few months that it has the necessary governance, leadership and capabilities to take these responsibilities, and arrangements for effective partnership working.

Over the last few months, we have been clarifying our priorities and principles for how we want to work together as an 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 

As part of this work, we have clarified our shared cross-system priorities for improving health and care for our communities ...

We have known for some time that we need to fundamentally change how we deliver services to 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

We have also developed our principles and approach to 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.



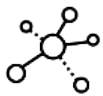
Partnership by default

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.



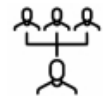
A single SEL pound

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.

We are now pursuing programmes of work to develop the capabilities and infrastructure to deliver faster change

Our work areas focus on the tangible and intangible infrastructure that will help us to work as an effective system, including how we work together, support our staff and pursue innovation.



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, and working in close partnerships with service users and communities.



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 in our system

The next phases in our development

Key priorities to Spring 2022

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.

Develop the governance and infrastructure to support our local care partnerships and our provider collaboratives.

Establish new approaches to support clinical and professional leadership and system-wide innovation and improvement and continue building other infrastructure

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