

## LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Derek Ward, Director of Public Health

Report to	<b>Lincolnshire Health and Wellbeing Board</b>
Date:	<b>25 September 2018</b>
Subject:	<b>Consultation on the contracting arrangements for Integrated Care Providers (ICPs)</b>

### **Summary:**

On 3 August 2018, NHS England launched a 12 week consultation on the contracting arrangements for Integrated Care Providers (ICPs). The consultation documentation details how the proposed ICP Contract would underpin integration between services, how it differs from existing NHS contracts, how ICPs fit into the broader commissioning system, and which organisations could hold an ICP contract. The deadline for submitting responses to the consultation is 26 October 2018.

This report provides a brief overview of the key proposals and the potential implications for Lincolnshire.

### **Actions Required:**

The Lincolnshire Health and Wellbeing Board is asked to:

1. discuss the implications of the ICP consultation;
2. consider if the Board should respond to the consultation, and if so,
3. establish a small working group to draft a response on behalf of the Board for approval by the Chairman prior to submission by 26 October 2018.

## **1. Background**

NHS England is currently consulting on proposals for an Integrated Care Provider (ICP) Contract (12 week consultation running from 3 August to 26 October 2018). The consultation document is provided in Appendix A. It provides details on how the ICP Contract would underpin integration between services, how it differs from existing NHS contracts, how ICPs fit into the broader commissioning system, and which organisations

could hold an ICP contract. The document also includes a series of questions which NHS England is seeking feedback on.

The proposals describe a new model of contract that NHS England is developing to support the commissioning of Integrated Care Providers for the NHS and (potentially) social care and public health services. As the document states:

*"Despite the longstanding aim of improving integration there has never before been a commissioning contract designed specifically to promote an integrated service model including primary care, wider NHS and some local authority services. Commissioners want the opportunity to use a contract of this type to ensure that contracting, funding and organisational structures all help rather than hinder staff to do the right thing and to define more clearly who has overall responsibility for integrating and co-ordinating care."* (Para 16 p7)

The ambition to integrate is not new, and was originally signalled in the NHS Five Year Forward View (FYFV) in 2014. However, this consultation document provides a series of proposals that give a much clearer policy view on how to achieve integration. Key points include:

- In some parts of the country NHS, LA & voluntary sector organisations are coming together to form Integrated Care Systems (ICSs). There are already 8 pilot areas and Government is looking to learn from these quickly and roll out learning
- The ICP contract will be based on population based care with an outcomes drive approach. The ICP will use a population based payment approach rather than individual contracting for individual services or procedures. An ICP contract may be awarded for a term of up to 10 years
- Providers would receive a "whole population annual payment" WPAP in monthly instalments. The WPAP will provide flexibility for the ICP to manage care more effectively across different settings and invest in services designed to improve the longer term health outcomes of the population
- Due to WPAPs and outcome focussed commissioning, the ICP will have to manage any increases in the demand for services it delivers over the duration of the contract
- ICPs are not new types of legal entities or organisations, they are providers (new or existing) that have been awarded ICP contracts
- GPs will be part of the ICP contract and model, and may be employed by the provider organisation (a community trust, acute trust or even local authority or voluntary sector organisation). They will be a key part of wider multi-speciality teams
- The ICP contract required providers to address health inequalities, to conduct risk stratification (to target services) & is aimed at improving the health and wellbeing of the population – not simply treating new and existing disease.

The consultation suggests changes to regulations that would support a fundamental shift in NHS (and potentially social care and public health) provision. Although still an early consultation, the document provides a level of detail about how ICPs will develop that has been lacking previously.

In Lincolnshire the implications of the ICP contract could be profound and far reaching on the local NHS. However, the future role of the Health and Wellbeing Board within the context of an ICP contract is not as clear as the document also makes reference (para 15, page 7) to the setting up of a joint forum *'for the discussion of what is best for the*

*population and for the achievement of the defined goals, and how budgets and resources can best be used to those ends. In these collaborations there can be a sense of shared, system accountability for managing separate organisation's resources, quality improvement and population health in a more aligned way.'*

## 2. Conclusion

The ICP consultation proposes a new model of working which could have fundamental implications for the NHS (and potentially care and public health) service in Lincolnshire. The Board is therefore asked to discuss the proposals set out in Appendix A and consider establishing a small working group to draft a response to the consultation on behalf of the Board and subject to approval by the Chairman.

## 3. Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy

The Council and Clinical Commissioning Groups must have regard to the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

The draft consultation includes a requirement for the provider to provide analysis of population health needs and to develop strategies to improve health and wellbeing of the population, supporting the CCG's discharge of its own duties in this respect.

This requirement will need to be consider alongside current requirements under the Health and Care Act (2012) which places a duty on the local authority and clinical commissioning groups, through the Health and Wellbeing Board, to produce a Joint Strategic Needs Assessment (JSNA) and to use the evidence from the JSNA to inform the priorities in the Joint Health and Wellbeing Strategy (JHWS).

## 4. Consultation

Not applicable

## 5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Draft Integrated Care Provider Contract: a consultation

## 6. Background Papers

Document details	Where it can be accessed
Draft Integrated Care Provider Contract – full consultation resources	<a href="https://www.engage.england.nhs.uk/consultation/proposed-contracting-arrangements-for-icps/">https://www.engage.england.nhs.uk/consultation/proposed-contracting-arrangements-for-icps/</a>

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