Agenda Item 7c



LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of John Turner, Chief Executive, NHS Lincolnshire Clinical Commissioning Group

Report to Lincolnshire Health and Wellbeing Board

Date: 9 March 2021

Subject: Integrated Care System Update

Summary:

Lincolnshire Integrated Care System (ICS) designation application

The NHS Long Term Plan published in 2019 set out an ambition for greater collaboration between partners in health and care systems to help accelerate progress in meeting the most critical health and care challenges – through the establishment of Integrated Care Systems (ICSs).

The NHS Long Term Plan set the target that by April 2021 ICSs will cover the whole country, growing out of the current network of Sustainability and Transformation Partnerships (STPs). This is still the expectation even though the focus of all health systems has been and still is on managing and responding to the coronavirus pandemic.

Since November 2020 the Lincolnshire STP has completed three rounds of designation application feedback with the NHSEI regional team, including a focused discussion at the NHSEI December System Quality Review Meeting (SQRM) with the Lincolnshire Chief Executives.

The initial focus of NHSEI in their feedback was on the proposed Lincolnshire ICS governance and partnership board arrangements, appointment of an independent chair and place-based arrangements. Latterly the focus of NHSEI has been on how becoming an ICS will support the Lincolnshire system to tackle its systemic challenges (finance and workforce in particular) and move out of special measures.

The final submission of the Lincolnshire ICS designation application to the NHSEI regional team was made on the 15 February, ahead of a submission nationally. It is anticipated Lincolnshire will receive ICS designation by April 2021.

Actions Required:

The Lincolnshire Health and Wellbeing Board is asked to note the content of this report and comment on the progress being made in Lincolnshire.

Background

Since 2016, health and care organisations have been working together in every part of England in sustainability and transformation partnerships (STPs). When these were established, they were described as a pragmatic way to join up planning and service delivery across historical divides: primary and specialist care, physical and mental health, health and social care. They were also identified as being able to help prioritise self-care and prevention so that people can live healthier and more independent daily lives.

In 2018 there was an evolution of STPs, when 14 Integrated Care Systems (ICSs) were agreed to accelerate the work started by STPs. The NHS Long-Term Plan published in 2019 confirmed that all STPs are expected to mature so that every part of England is covered by an integrated care system by 2021.

The NHS Long Term Plan described ICSs as being central to its delivery, as they would bring together local organisations to redesign care and improve population health, creating shared leadership and action. To support this process NHSEI developed a set of 'consistent operating arrangements for ICSs' that would be used to assess system maturity. These are set around the following three areas:

- System Functions;
- System Planning; and
- System Leadership and Governance

Current Position

At the start of 2020 the NHS in England faced, as did all health systems across the world, the greatest challenge it had ever done so in the coronavirus pandemic. As part of its response the NHS suspended business as usual activities and went into Emergency Preparedness, Resilience and Response (EPRR) mode.

Towards the back end of 2020 some 'business as usual' started to return, and as part of this the Lincolnshire STP was asked to submit a first draft of its ICS designation application in November 2020.

Since this first submission the Lincolnshire STP has completed three rounds of ICS designation application feedback with the NHSEI regional team, including a focused discussion at the NHSEI December System Quality Review Meeting (SQRM), meeting with the Lincolnshire Chief Executives (the Lincolnshire LA Chief Executive was also in attendance).

The initial focus of NHSEI on the Lincolnshire ICS application was on the proposed governance arrangements, specifically:

- The proposed partnership board arrangements and that the partnership board arrangements for the Lincolnshire ICS would be aligned into the Lincolnshire Health and Wellbeing Board and how this would work in practice;
- Appointment of an independent chair and some concerns that Lincolnshire was not looking to recruit a new independent Chair into the system; and
- Place-based arrangements and the proposal that there would be one 'place' in Lincolnshire that would be coterminous in its boundary with the definition of the Lincolnshire Integrated Care System.

Having had a number of discussions with the NHSEI regional team on the proposed Lincolnshire ICS governance arrangements, including at NHS and LA Chief Executive level, a shared understanding and acceptance has emerged.

Conclusion

A shared understanding has been reached with NHSEI on the proposed governance arrangements for the Lincolnshire ICS. This includes recognition that once the future of putting ICSs on a statutory footing (as highlighted in the recent consultation document) has been confirmed in 2021/22 these will need to be reconsidered. The Lincolnshire ICS designation will reflect the work happening in the system to ensure a solid foundation for system working and recovery in the longer term.

The final submission of the Lincolnshire ICS designation application was made on the 15 February, it is anticipated designation will be received by April 2021.

Next steps

The NHSEI regional team will review all ICS submissions at an Executive Meeting on 22 February 2021. If supported a recommendation will be made to the National NHSEI executives to support the Lincolnshire ICS designation.

The national NHSEI team will review all ICS designations in March, the exact date is unknown.

Background Papers

No background papers within Section 100D of the Local Government Act 1972 were use in the preparation of this report.

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