

Integrated Care System (ICS)

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Legislation Roadmap

- NHSEI aspirations and recommendations set out in the Long Term Plan - September 2019
- NHSEI legislative proposals for Integrated Care - November 2020
- White Paper – Integration Innovation: working together to improve health and social care for all – February 2021
- Health and Care Bill – July 2021
- Health and Care Act given Royal Assent on 28 April 2022
- ICS Statutory bodies – from July 2022

What are Integrated Care Systems?

- **Integrated Care Systems (ICSs)** are new partnership arrangements between organisations that meet health and care needs across geographical areas, to coordinate services and ease planning in a way that improves population health and reduces inequalities between different groups.
- Clear recognition that the **governance of systems needs to reflect the specifics of each area.**

National drivers for change - Integration

“Our aim is to use the next several years to make the biggest national move to integrated care of any major western country”

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“Integrated care is about giving people the support they need, joined up across councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care”

“Covid-19, and experience over the last few years has demonstrated the importance of different parts of the health and care system working together in the best interests of the public and patients, despite the legislative barriers”

Four core purposes of an ICS are to....

- **Improve outcomes** in population health and healthcare
- **Tackle inequalities** in outcomes, experience and access
- **Enhance productivity** and value for money
- Help the NHS support broader **social and economic development**

Underpinning Principles

- Decisions taken closer to, and in consultation with, the communities they affect, leading to better outcomes.
- Collaboration between partners, both within a place and at scale, to address health inequalities and join up services.
- Local flexibility enabled by common, evidence-driven intelligence, and digital capabilities to allow the system to identify the best way to improve the health and wellbeing of populations.

ICS Structure

Each ICS will comprise an:

Integrated Care Board (ICB):

- Consists of local NHS organisations to lead integration within the NHS to improve population health and care
- Takes over the functions of Clinical Commissioning Groups from 1 July 2022
- Develops a plan to meet the health and healthcare needs of the population and ensures allocation of resources to deliver the plan across the system
- Takes account of the Integrated Care Strategy developed by the ICP

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Lincolnshire Health and Care Collaborative (LHCC):

- A partnership of health and care providers to drive forward the provision of high quality, cost effective integrated health and care in Lincolnshire
- Will take on delegated duties from the ICB
- Initial areas of focus:
 - Prescribing – in particular mental health prescribing
 - Care closer to home
 - Muscular skeletal problems

NHS Lincolnshire ICB – key appointments

- Interim Chair - Sir Andrew Cash
- Chief Executive - John Turner
- Executive Directors
 - Director of Finance – Matt Gaunt
 - Director of Nursing – Martin Fahy
 - Medical Director – tbc

Non Executive Directors

- Dawn Kenson – non executive lead for service delivery and performance
- Dr Gerry McSorley – non executive lead on the Remuneration Committee, primary care, and East Midlands Partnership
- Pete Moore – non executive lead for audit and risk
- Sir Jonathan Van-Tam – non executive lead for quality, health inequalities, population health and prevention, and research, education and innovation
- One further non executive appointment to be confirmed

ICS Structure

Integrated Care Partnership (ICP)

- Jointly convened by local authorities and the ICB to strengthen partnerships between the NHS, local authorities and wider partners
- Statutory committee of the ICS but does not take on functions from other parts of the system
- Responsible for developing an Integrated Care Strategy - taking account of the JSNA and JHWS
- Single point of contact – lincolnshireICP@lincolnshire.gov.uk

Health and Wellbeing board (HWB)

- Remains a committee of the council meeting quarterly
- Responsible for publishing a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS)
- To advocate and encourage integration of services and integrated working

A **coterminous system** in Lincolnshire – i.e. same geography with one HWB and one ICS so **ambition** locally to align the functions

Integrated Care Partnership Timeline

- April 2022: Each ICP to publish a single point of contact so local partners can get in touch and discuss how they might be involved
- 27 May 2022 : Agree initial ICP arrangements including principles for operation from 1 July 2022, in line with relevant guidance
- 1 July 2022: ICB initiates the establishment of the ICP
- July 2022: DHSC to publish statutory guidance on the Integrated Care Strategy
- December 2022: Each ICP to publish interim strategy if it wishes to influence the ICB's first 5-year forward plan for healthcare, to be published by April 2023

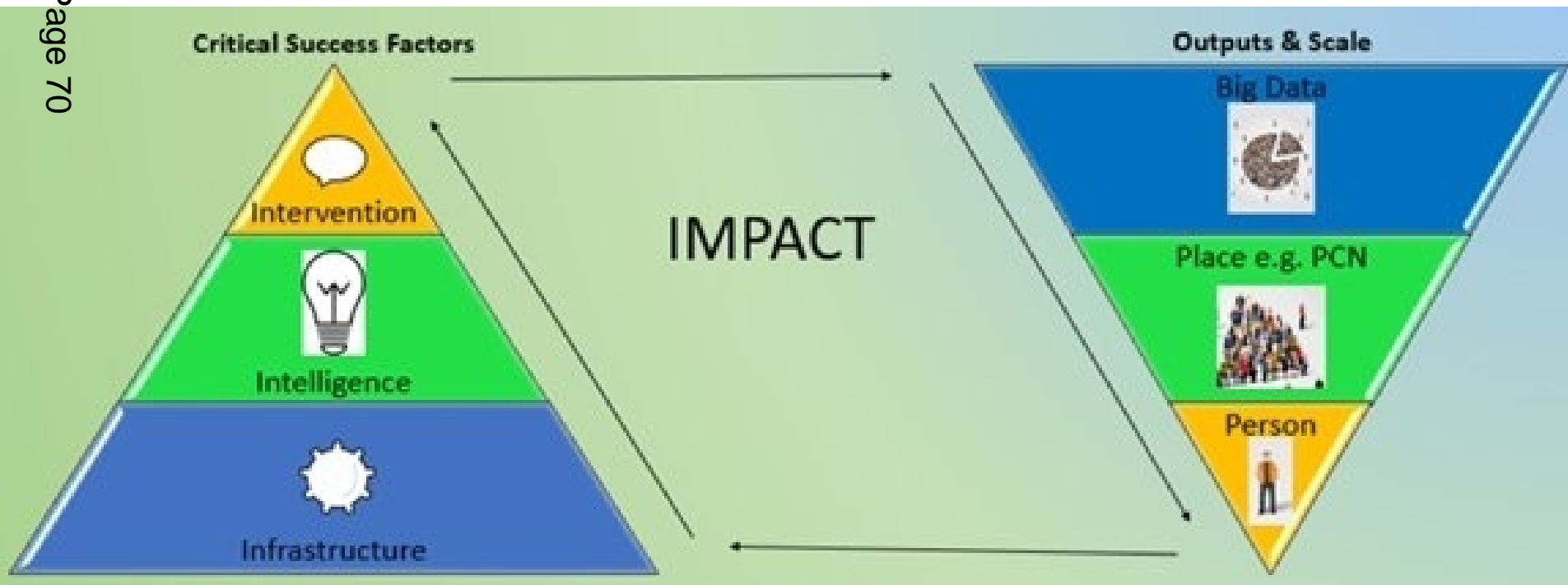
Better Lives Lincolnshire

- The name given to the ICS in Lincolnshire is 'Better Lives Lincolnshire' (BLL)
- A senior executive leadership team is leading the development of the Lincolnshire ICS. Jointly chaired by Debbie Barnes (Chief Executive, LCC) and John Turner (Chief Executive, NHS Lincolnshire CCG)
- BLL's priorities for the next 12 months are to:
 - successfully recover from Covid including managing existing and future pressures
 - start to turn the wellbeing dial
 - build confidence amongst partners and citizens

Population Health Management (PHM)

- A whole system approach to intelligence-led decision making
- Starts with **big-data** – combines clinical, services, financial data with intelligence on places, communities, behaviours and lifestyles and the wider determinants of health

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Benefits of PHM

- Better understanding of population need and future demand to inform service planning, commissioning and workforce strategies
- Identification of system weaknesses and opportunities
- Comparison of outcomes for specific groups to identify most appropriate pathways through our system and targeted interventions
- Calculation of per capita costs through system delivery to inform system change and appraise redesign options
- Powerful impact analyses supporting an intelligence-led decision making process

Primary Care Networks

- Build on existing primary care services, bringing together GP practices, community, mental health, social care, pharmacy and voluntary services
- Are clinically led and are a key vehicle for delivering a wide range of services to the communities they serve
- Are focused on service delivery rather than on the planning and funding of services
- Will be the mechanism through which primary care representation is made stronger in Integrated Care Systems, with the accountable clinician being the link between general practice and the wider system