

What will the integrated care system mean for our residents?



Our Integrated Care system can not just focus on how healthcare services operate. Evidence shows that as little as 10% of a population's health and wellbeing is linked to access to healthcare.

Therefore we need to work with partners to look at the bigger picture, including:



Fulfilling work



Education and skills



Our surroundings



The food we eat



Money and resources



Transport



Housing



The support of family, friends and communities

What will be different?

“Joan is 80 years old and lives in Haringey. She has heart disease and diabetes, and recently has been forgetting to take her medication. She has found it more difficult to manage over the last six months but wants to keep living at home. Joan's GP and social worker have developed a Care Plan in discussion with Joan. This means that the GP practice, district nursing and social care know how to work together to help Joan stay well and at home safely. If Joan's GP becomes concerned about something, he uses the 'Rapid Response' service to assess her the same day at home, which helps avoid trips to A&E. When Joan did fall last year and needed to be seen in hospital, she was assessed within 2 hours and a plan was in place quickly to get her home as soon as she was ready. Joan was supported to stay at home with a care package provided by social care, her domiciliary care workers were increasingly concerned about her forgetfulness so referred her to the memory clinic for a dementia assessment.”

How integrated care can help

- ✓ Clearer information about local services and how to use them will be available to help residents access the right support.
- ✓ Better access to mental health care, with residents given more support to find the help they need.
- ✓ Patients ready to leave hospital will be discharged, through hospitals, community services and social care working together.
- ✓ Ensuring all people have their mental health care needs met, and providing interim support for when people are on waiting lists for complex care treatment.

Taking Forward Integrated Care System Development in Haringey and NCL



- Between now and April 2022 there will be considerable focus on:
 - Establishing an **Integrated Care Board** - the NHS statutory body that takes over the functions of the CCG. Key appointments, Readiness to operate, due diligence, TUPE, policies, constitution, Standard Financial Institutions etc.
 - **Integrated Care Partnership** – a statutory committee made up of councils, NHS and potentially others in North Central London. Engagement document recently published by Dept for Health and Social Care.
 - **Borough Partnerships** – borough level governance to plan, enable and deliver integration
 - **Provider Collaboratives** – partnerships between providers (acute and primary care) draw together delivery
- There is both operational and development work to happen, both at place (borough) and system (North Central London) level in advance of April 2022 and beyond. We want to make this real and meaningful – and have the opportunity to think together about where integration between health, care and other agencies will make most difference for people – at Haringey level and at NCL level.
- Resident voice will be key throughout the process – by putting residents at the heart of conversations and governance at place (borough) and ICS level.
- We are undertaking a series of seminars with the Health and Wellbeing Board to tease out key points and areas to explore further over coming months. There will also be NCL level engagement.

Integrated Care and Core Governance

Integrated care Systems are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area. They exist to achieve four aims:

- Improve population health and healthcare
- Tackle unequal access, experience and outcomes
- Enhance productivity and value for money
- Support broader social and economic development

Core components of governance arrangements and expectations

Integrated Care Partnership (ICP)

Responsible for developing integrated care strategy for whole population.

NCL forerunner to ICP, **Quarterly Partnership Council.**

Integrated Care Boards (ICB)

Unitary (single) Boards to lead integration within the NHS.

Suggested board membership has been produced and will be outlined in legislation.

Place-based partnerships

Functions to be exercised and decisions to be made, by or with place-based partnerships.

ICB will remain accountable for NHS resources deployed at place-level.

Provider Collaborative

Partnerships involving at least 2 trusts working across multiple places, with a shared purpose and effective decision-making arrangements

Will agree specific objectives to contribute to the delivery of that system's strategic priorities.

Some of our key decisions/areas:

- Recruitment to Integrated Care Board posts (CEO in November, ICB Exec Director posts in December)
- Developing draft integrated care objectives (Jan)
- Agreeing functions to be delegated to Place (process up to Feb/March)
- Confirming Provider Collaborative(s) and agreeing objectives (process up to Feb/March)

Some key messages in the engagement document about Integrated Care Partnerships

[Integrated Care Partnership \(ICP\) engagement document: Integrated Care System \(ICS\) implementation - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

The ICB - a key mechanism to secure collaboration within the NHS, and at the interface of health and local government. It will hold the NHS bodies within the ICB's area to account and ensure the NHS is an effective and relevant partner in the place it operates.

The ICP will support broad and inclusive integration across places and driving meaningful improvements in cross-cutting health and care outcomes and experiences. Expected to be influential, driving forces. A forum for agreeing collective objectives, enable place-based partnerships and delivery to thrive alongside opportunities for connected scaled activity to address population health challenges.

No prescriptive guidance for ICPs – more for Integrated Care Boards because these will take on the statutory functions of CCGs. The only members specified are the Integrated Care Board and the Local Authorities. Healthwatches are expected to be involved. Wider membership should be locally determined. Involvement is expected from public health, social care, providers, community groups – nature of that involvement is for ICS determination. There may also be sub-committees and other methods of involvement (dedicated workshops, task and finish groups).

Strategy can build on Health and Wellbeing Strategies – develop from what works and existing local arrangements. Focus on this at JHOSC, Partnership Council meetings and discussions with council leaders.

Summary from Thriving Places: Guidance on the development of place-based partnerships as part of statutory integrated care systems

Key points

- **Place-based partnerships** are collaborative arrangements formed by the organisations responsible for arranging and delivering health and care services in a locality or community.
- Place-based partnerships will remain as the foundations of integrated care systems as they **are put on a statutory footing** (subject to legislation), building on existing local arrangements and relationships.
- It will be for system partners to determine the footprint for each place-based partnership, the leadership arrangements and what functions it will carry out.

Guiding principles to agree the configuration, size and boundaries of the ICS's places from April 2022

1. Agree shared purpose before defining structures
2. Build 'by doing'
3. Governance arrangements must develop over time
4. Built on an ethos of equal partnership across sectors, organisations, professionals and communities
5. Develop the culture and behaviours that reflect their shared values and sustain open, respectful and trusting working relationships supported by clearly defined mechanisms to support public accountability and transparency

Potential activities and approaches of place-based partnerships

- Health and care strategy and planning at place
- Service planning
- Service delivery and transformation
- Population health management
- Connect support in the community
- Promote health and wellbeing
- Align management support

Governance approaches for place-based partnerships

- Consultative forum
- Individual executives or staff
- Committee of a statutory body
- Joint committee
- Lead provider

Leadership roles in place-based partnerships

- Partnership convener
- Executive leads
- Programme leads

Key Decisions / Areas for NCL

Place-based partnership arrangements for 2022/23, including their capacity and capabilities, boundaries, leadership and membership, as part of the establishment of new ICS arrangements from April 2021 ICS

Introductory Guidance

ICS Vision

White Paper

ICS Design Framework

Key ICS Guidance

Guidance on employment commitment

Guidance on Provider Collaboratives

Guidance on People function

HR Framework for developing integrated care boards

Interim Guidance on the functions and governance of the integrated care board

Guidance on the ICS Readiness to operate statement (ROS)

Direct Commissioning Functions: Pre Delegation Assessment Framework

What good looks like – digital and data maturity frameworks for ICS

Implementation Guidance

ICS Implementation guidance; Due diligence, transfer of people and property from CCG to ICBs and CCG close down

ICS implementation guidance on effective clinical and care professional leadership

Key Guidance for Place Based Partnerships

Thriving places: Guidance on the development of place-based partnerships as part of statutory integrated care systems

- This document, produced together with the Local Government Association (LGA), seeks to support all partner organisations in integrated care systems (ICSs) to collectively define their place-based partnership working, and to consider how they will evolve to support the transition to the new statutory ICS arrangements, anticipated from April 2022. It reflects learning to date, and the intention is to support partners to build on existing arrangements, not to disregard partnership approaches that are already working well.

ICS implementation guidance on working with people and communities

- The ICS design framework sets the expectation that partners in an integrated care system (ICS) should agree how to listen consistently to, and collectively act on, the experience and aspirations of local people and communities. This includes supporting people to sustain and improve their health and wellbeing, as well as involving people and communities in developing plans and priorities, and continually improving services. This guidance sets out 10 principles for how integrated care boards (ICBs) can develop their approaches to working with people and communities, and the expectations.

ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector

- The ICS design framework sets the expectation that integrated care board (ICB) governance and decision-making arrangements support close working with the VCSE sector as a strategic partner in shaping, improving and delivering services, and developing and delivering plans to tackle the wider determinants of health. This guidance provides more detail on how to embed VCSE sector partnerships in ICSs.