Mid and South Essex Health and Care Partnership

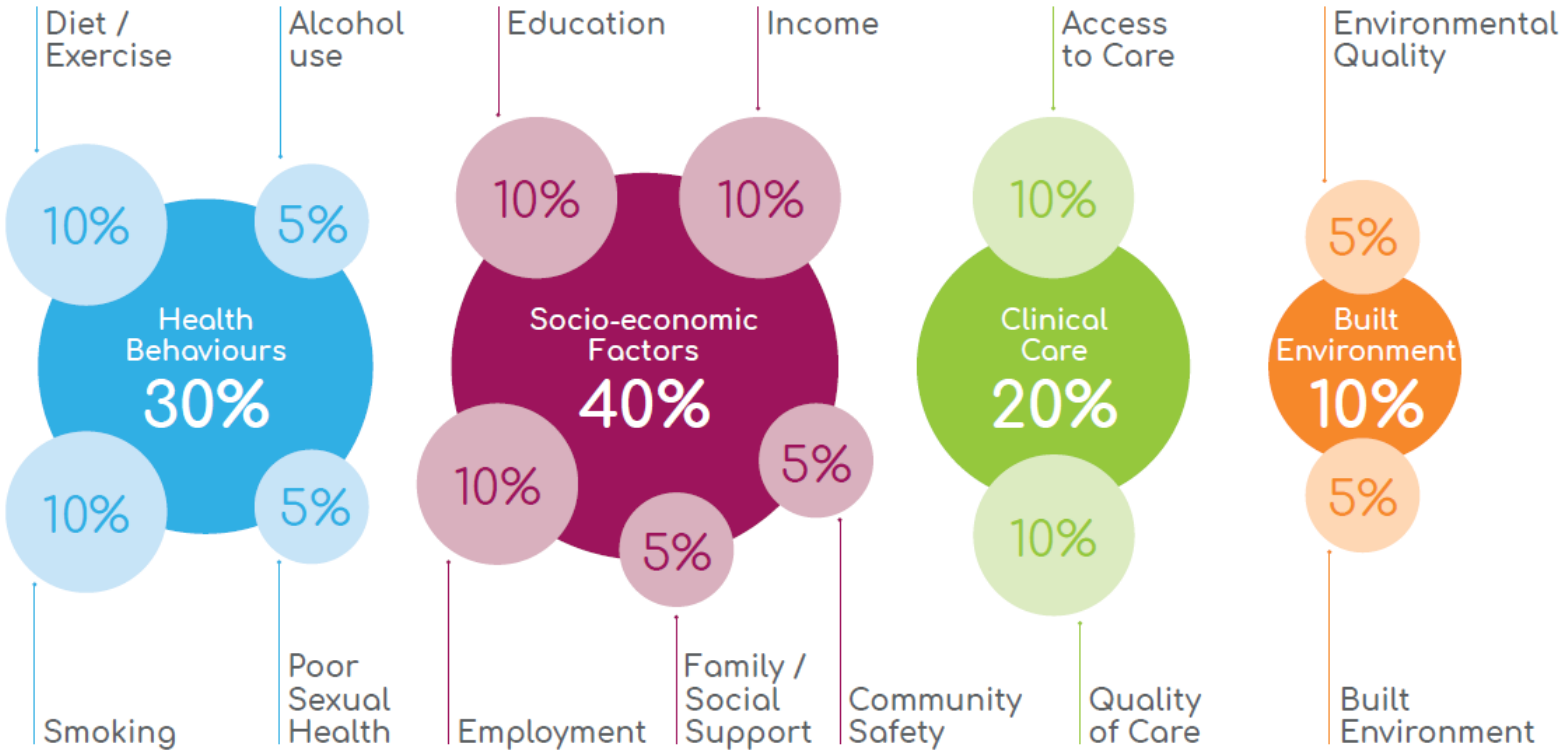
Developing the ICS

February 2022

Working together for better lives

The Integrated Care Partnership

Access to, and quality of, clinical care contributes just 20% to the wider determinants of health, and that's why we need to work together...



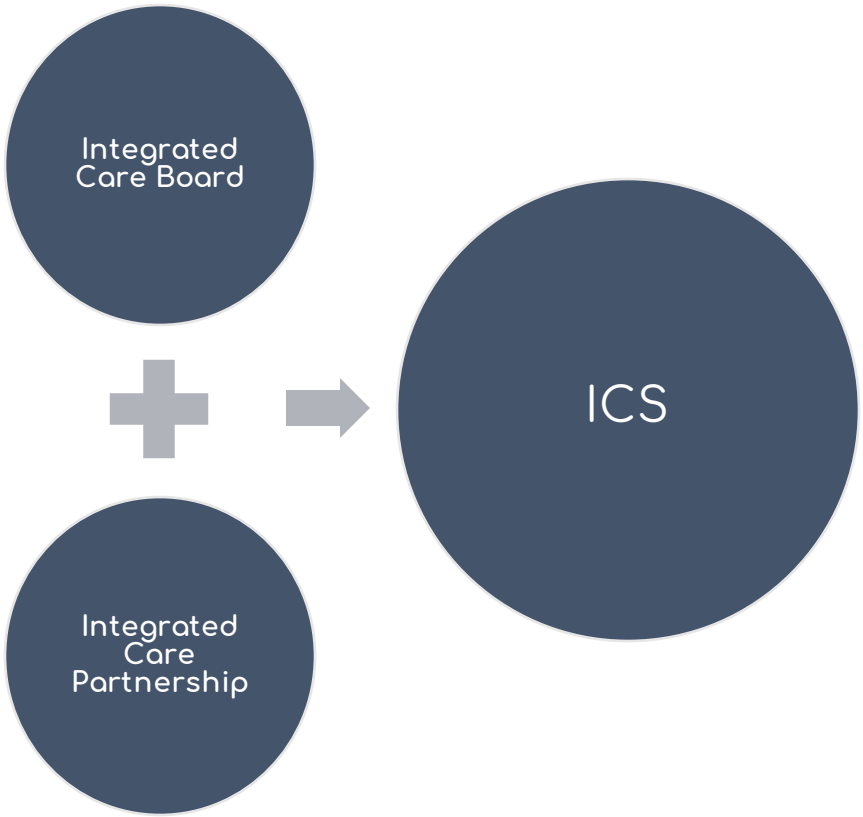
SOURCE: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status

Our ICS ambitions

Through working in partnership at every level, we aim to **reduce inequalities** through:

- **Creating opportunities** – education, employment, housing, growth
- **Supporting health and wellbeing** – healthy lifestyles and behaviours, focus on prevention and self-care
- **Bringing care closer to home** – where safe and possible
- **Improving and transforming** our services – integrating care for and with our residents

The ICS



Key functions of an ICS:

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

Underlying principles:

- Subsidiarity
- Collaboration

Integrated Care Board

Functions:

- All **current functions of CCGs** will fold into the ICS NHS Body. CCGs will cease to exist
- Some **NHSEI commissioning functions** will be delegated to the ICS NHS Body
- Manage the **system finance allocation** and make decisions about spending, including:
  - Acute, community and mental health
  - Primary medical care services
  - Running cost allowance for the ICS NHS Body
- Deliver the **NHS People Plan** – taking a "one workforce" approach
- Oversee a variety of **engagement approaches** with local communities and ensure genuine co-production
- Agree and oversee a model of **clinical and professional leadership** for the ICS
- Agree and oversee the delivery of **digital and data** requirements

Composition:

- **Non Executive:**
  - Chair
  - Non-executive director ~ Audit
  - Non-executive director ~ Remuneration & EDI
  - Non-Executive director – Performance Assurance
- **Executive:**
  - ICB CEO
  - ICB Director of Nursing
  - ICB Medical Director
  - ICB Finance Director
  - ICB Director of People & Partnerships
- **Partners:**
  - Lead Officer, Southend Council
  - Lead Officer, Essex County Council
  - Lead Officer, Thurrock Council
  - Primary Care provider
  - Acute provider
  - Community/mental health provider

Principles of the ICP

- Focus on **improving outcomes for people, including improved health and wellbeing, supporting people to live more independent lives, and reduced health inequalities**
- **Champion co-production and inclusiveness** throughout the ICS
- **Support the Triple Aim** (better health for everyone, better care for all and efficient use of NHS resources), the legal duties on statutory bodies to co-operate and the principle of subsidiarity (that decision-making should happen at the most local appropriate level)
- **Ensure place-based partnership arrangements are respected and supported**, and have **appropriate resource, capacity and autonomy to address community priorities**, in line with the **principle of subsidiarity**
- Draw on the **experience and expertise of professional, clinical, political and community leaders** and promote **strong clinical and professional system leadership**
- Create a **learning system, sharing evidence and insight** across and beyond the ICS, **crossing organisational and professional boundaries**
- Use a **collective model of decision-making** that **seeks to find consensus between system partners**
- Operate a **collective model of accountability**, where partners hold each other mutually accountable for their shared and individual organisational contributions to shared objectives
- Agree arrangements for **transparency and local accountability**, including meeting in public with minutes and papers available online

Integrated Care Partnership Membership (suggested)

Professor Thorne (Chair); three UTLA HWB Chairs (Vice Chairs)

- Chairs/CEOs of Healthwatch organisations
- Lead Officer – Community & Voluntary Sector Network
- Alliance Clinical Lead and Alliance Director
- UTLAs - HWB chair, DPH, DASS, DCS
- District & Borough Councils – one representative each
- Chairs of all NHS Provider organisations
- CEO/Chair LMC
- Chair/lead officer – CVS Network
- ICB Executive Team members

C 42 members

Alliances – Minimum Membership (for local determination)

- Chair
- NHS Alliance Director
- Clinical lead(s)
- UTLA and district councils (including public health)
- NHS providers
- Non-NHS providers (eg hospices, care providers)
- CVS organisations
- Healthwatch
- Resident input

Alliances as Committees of the ICB

- As Committees of the ICB, Alliances, in 2022/23 will oversee:
  - Oversight of and **accountability for delivery of the Alliance plan** (including performance delivery, quality and safety)
  - Development of **integrated multi disciplinary teams at place** and neighbourhood **via PCNs**
  - Development of **population health management approaches** at Alliance and PCN
  - **Recommendation** to the ICB on **use of the BCF**
  - Agreement and delivery of **relevant s75 or joint funded commissioning activities**
  - Development of **local plans to deliver system Estates Strategy**
  - Local **community engagement**
  - Place-based **health promotion and prevention** activities
  - An understanding of **resource consumption** at Alliance level, enabling future financial planning
- Looking forward:
  - The White Paper – ***Joining Up Care for People, Places & Populations*** – further outlines expectations around place-based partnerships, which is entirely in line with our thinking.
  - Over the course of 2022/23. the ICB will develop a delegation framework, that will illustrate the assurance requirements for Alliances and other vehicles including provider collaboratives, taking on more innovative delegated arrangements over time.

How this all fits together...