

Integrated care systems (ICSs) – update on progress

Purpose of report

To update the Community Wellbeing Board (CWB) and representatives of the City Regions Board (CRB) on the progress of integrated care systems.

To give CWB and CRB members an opportunity to discuss and agree the LGA policy lines on the role and purpose of local government in ICSs.

Summary

This report updates Community Wellbeing Board and City Regions Board members on the progress on the development of ICSs since the last CWB meeting on 25 May 2022.

Recommendations

The Board is requested to:

- note the progress on ICSs so far
- note the LGA policy lines on the role and purpose of local authorities and ICSs
- identify any further action required in promoting the LGA's message
- note the current support offer to local authorities with regard to ICSs.

Action

By officers, as appropriate.

Contact officer: Alyson Morley
Position: Senior Policy Adviser
Phone no: 07554 765 130
Email: alyson.morley@local.gov.uk

Integrated care systems (ICSs) – update on progress

Introduction and background

1. The Health and Care Act received Royal Assent on 28 April 2022. The Act establishes 42 integrated care boards (ICBs) covering all parts of England as statutory NHS bodies. It also requires each ICB and each upper-tier local authority within an ICS to establish an integrated care partnership (ICP) as a statutory committee of the ICB.
2. The LGA has published *Get in on the Act: Health and Care Act 2022*: <https://www.local.gov.uk/publications/get-act-health-and-care-act-2022> summarising the main provisions of the Act of most relevance to local government. It includes a summary of the statutory powers and duties of ICBs and ICPs.
3. The LGA has worked closely with the Department of Health and Social Care and NHS England in the development of the Health and Care Bill and supporting guidance. We have continued to push for a strong role for local government in ICBs and ICPs.
4. One notable win for local government is in relation to ICB board membership. Though not on the face of the Act, through NHS England guidance, councillors were initially excluded from ICB board membership, in line with the previous exclusion of councillors from the boards of clinical commissioning groups. The LGA and other stakeholders were successful in arguing that this exclusion was against the spirit of the Health and Care Bill and it was subsequently removed.

Progress so far

5. Integrated Care Systems: design framework, published by NHS England in June 2021ⁱ, set out the expectations for ICSs, in terms of agreeing their governance arrangements, relationship with partners and forward plans. It also sets out the extensive planning required for each ICS to take on the responsibility for the NHS by July 2022, while still allowing flexibility and local determination. The key components expected to be in developed throughout 2021/22 are summarised below:
 - 5.1. **Ensuring the safe transfer of CCG functions and duties** – including the transfer of staff, arranging for the provision of health services, putting contracts in place and working with providers to prepare for the transition.
 - 5.2. **The integrated care partnership** – throughout 2021/22 the ICB and all local authorities within the ICS footprint will be required to work together to develop governance arrangements for the ICP, including the chairs and ICP members. They will also be expected to begin to develop an integrated care strategy for improving population health, to which the ICB and all relevant local authorities will be required to ‘have regard’ in their own strategies and plans.

- 5.3. **The integrated care board** - will establish governance arrangements, including appointing a chair designate, agreeing all statutory and additional board members, appointing ICS executive officers and submitting a constitution for approval by NHS England. The ICB will be expected to develop a five year forward plan to meet the health needs of their population, and which must 'have regard' to the ICP integrated care strategy.
 - 5.4. **Developing other plans and strategies** – including a People Plan to develop and support system-wide workforce planning, plans for system-wide action on digital and data, and agree how allocated resources will be spent across the system.
 - 5.5. **Place based partnerships** – establish the boundaries of and support place based partnerships, expected to reflect existing recognised 'places'.
6. NHS England has conducted regular 'readiness to operate' checks over the past year in order to ensure that all ICSs are ready to 'go live' on 1 July 2022.

Local government experiences of ICSs

7. Over the past year, the LGA has worked closely with councils to maintain a broad oversight of the development of ICSs to promote good practice and to identify any concerns that require national action to address.
8. It is important to note that this is a fast-moving change agenda and there is a wide variation of council experiences in relation to the development of ICBs and ICPs – ranging from close collaborative working between local government and NHS partners to a more directive NHS-dominated approach with limited local government involvement. The 1 July 'go live' date was significant in that ICBs became NHS statutory bodies, taking on the statutory responsibilities of CCGs and some from NHS England but it is not the end of the development of ICSs. They will continue to develop and mature over the next year, as will the role of local authorities within ICSs.
9. In general, most local authorities see the creation and development of ICSs as not just another NHS reorganisation. They see it as a real opportunity to develop a culture of collaboration and equal partnership – between the NHS, local government, the community and voluntary sector (CVS), wider stakeholders and communities themselves - focused on achieving better care and support and better health outcomes for their populations.
10. Most councils also welcome the flexible approach that allows ICSs to develop their own governance structures and plans to act on local health and care priorities.
11. However, some councils have expressed concerns that flexible and equal partnerships that developed during the pandemic and allowed the NHS, local authorities and CVS to find their own solutions are being undermined by the development of ICSs. They have been largely excluded from the development of ICBs and ICPs, with the NHS dominating.

12. For some councils, the footprint of ICSs is an ongoing barrier to effective integration, especially the larger ICSs that include several local authorities and in areas where the ICS footprint cuts across local authority boundaries meaning that they come under two or more ICSs. It is important that ICS footprints are kept under review so that any intractable boundary issues can be addressed in the future.
13. There is also concern that national priorities to increase the capacity of acute hospitals to address the backlog of demand caused by Covid-19 will detract from and undermine the stated commitment for ICSs to develop their own priorities for improving health and care services, improving population health and addressing health inequalities.
14. The relationship between the ICB and ICP is still developing in all areas and will continue to do so over the next year. It is crucial that there is parity between the ICB and ICP. In some areas, councils are confident that this will be the case with the ICP integrated care strategy setting the overall priorities and vision for the ICB and local authorities. However, other areas are concerned that the real power will rest with the ICB while the ICP becomes little more than a talking shop for wider partners.
15. The role and contribution health and wellbeing boards (HWBs) as leaders of place is another source of concern. In some areas, ICSs are committed to working closely with HWBs to ensure that they remain leaders at place level. In other areas, there is concern that HWBs will be bypassed and undermined by ICSs and their place-based partnerships.
16. Several councils are concerned about the lack of national guidance and good practice, especially the revised statutory guidance on health and wellbeing boards and new statutory guidance on integrated care strategies. However, many areas are getting on with their plans, building on existing non-statutory guidance and their own plans and arrangements. We understand that the Department of Health and Social Care (DHSC) intend to publish revised guidance on HWBs and new guidance on integrated care strategies before the summer recess.
17. The development of ICBs and ICPs are just two components of an increasingly complex transformation agenda for health and care. The cumulative impact of the health and care reform agenda presents significant challenges to local government, NHS and ASC providers. It includes the funding reforms of adult social care, preparing for the Care Quality Commission (CQC) assurance, reviewing and refreshing existing place based partners, involvement in integrated care boards and integrated care partnerships and responding to the government's integration white paper. The wide-ranging nature of the reforms, the depths of the changes required, and the tight timescales combine to make implementation very difficult. They are taking place when demand for support and services is high and growing, workforce capacity is severely stretched, and the impact of growing costs for councils and care providers.

LGA policy messages on ICSs

18. The following policy messages have been agreed by the Community Wellbeing Board and the Executive Advisory Board of the LGA:

- 18.1. **We support Integrated Care Systems (ICS)** as a strong driver for integrating health services in a system through the Integrated Care Board (ICB) and an ICS Health and Care Partnership (ICP) as a partnership of equals with a duty to 'produce a plan for health, social care and public health services'.
- 18.2. **Parity between the ICS Board and ICS Health and Care Partnership** - We support local flexibility, with health and local government leaders working as equal partners, to agree the forms of and relationship between ICB and the ICP that works for each area and which build on existing effective partnerships at place.
- 18.3. **A clear commitment to addressing health inequalities** - The reform agenda, including ICSs, has a strong theme of the need for collective action to address and reduce health inequalities which have been exacerbated by the pandemic. We strongly support this commitment.
- 18.4. **A population health approach** – The LGA supports the focus on improving population health outcomes. In adopting a population health approach, ICSs will need to work closely with public health in local government, education, early years services and the private and voluntary sector to improve the health and wellbeing of children and young people.
- 18.5. **Primacy of place and subsidiarity** – The governance within each ICS – at system, place and neighbourhood levels – must be underpinned by subsidiarity. ICSs will need support to ensure that decisions will be taken at the most local appropriate level. This must be agreed between partners at neighbourhood, place and system, not just by the ICS. ICS structures need to build on existing place-based partnerships, in particular health and wellbeing boards (HWBs). In some places, partners will need to review them to ensure that they are fit for purpose. In others, new system and place -level partnerships will need to be developed and they will need support to do this, learning from their peers and existing good practice elsewhere.
- 18.6. **Accountability** - Accountability mechanisms within ICSs between the ICS NHS Board and the ICS Health and Care Partnership, and between the ICS and existing governance bodies such as HWBs, existing integrated partnerships and joint committees will need to be clearly mapped and agreed by all partners. This mapping will need to ensure that decision-making is as local as possible, transparent and accessible to local people.
- 18.7. **Inclusion and co-production** – ICSs need to develop plans and services in collaboration with the communities within their systems. Engagement and inclusion mechanisms at system level need to build on and add value to existing place-based and neighbourhood mechanisms.

- 18.8. **Keep bureaucracy to a minimum** – ICSs should not lead to unnecessary additional layers of bureaucracy, more rules, reporting and processes.

LGA support

19. The LGA has a well-established support and improvement offer for health and social care known as the Care and Health Improvement Programme. A key part of this programme focuses on integration at system and place level. In partnership with the NHS Confederation and NHS Providers, we have developed a range of free, bespoke support for local health and care systems to strengthen health and care leadership to drive integration at system, place and neighbourhood levels.

20. The peer-led support offer includes:

- 20.1. Peer-facilitated workshops to support leaders to reflect on current leadership challenges, development needs and action planning
- 20.2. Peer reviews to support learning and development
- 20.3. Events to disseminate good practice on system transformation and to share opportunities, challenges, ideas and insights
- 20.4. One-to-one peer mentoring.

21. We also provide support specifically to health and wellbeing boards to assess their place in the new health and care landscape, specifically focusing on their role within ICSs. We provide free tailored and flexible support including workshops and peer challenge activity. We co-design bespoke support or draw upon our tested tools and use expert peer from across health and local government to deliver the support and will source the best match your HWB.

Implications for Wales

22. Health is a devolved function. The provisions of the Health and Care Act 2022 relate to England only and, therefore, there are no implication for Welsh local authorities.

Financial Implications

23. There may be financial implications for councils with adult social care and public health responsibilities in relation to ICBs and ICPs. We will continue to work with councils, government departments and NHS England to identify all financial implications for local government and ensure that these are addressed by government.

Recommendations

24. The Board is requested to:

- 24.1. note the progress on ICSs so far
- 24.2. note the LGA policy lines on the role and purpose of local authorities and ICSs
- 24.3. identify any further action required in promoting the LGA's message

24.4. note the current support offer to local authorities with regard to ICSs.

Action

25. By officers, as appropriate.

ⁱ ICS Design Framework, June 2021: <https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf>