Integrated Care Systems

"NHS organisations, in partnership with local councils and others,
take collective responsibility for managing resources, delivering NHS standards,
and improving the health of the population they serve." (NHSE)

"**An NHS body that must not behave like an NHS body.**" (King's Fund)

NE LONDON SAVE OUR NHS
FUND OUR HEALTH & SOCIAL CARE

February 2021

Rationale for ICSs

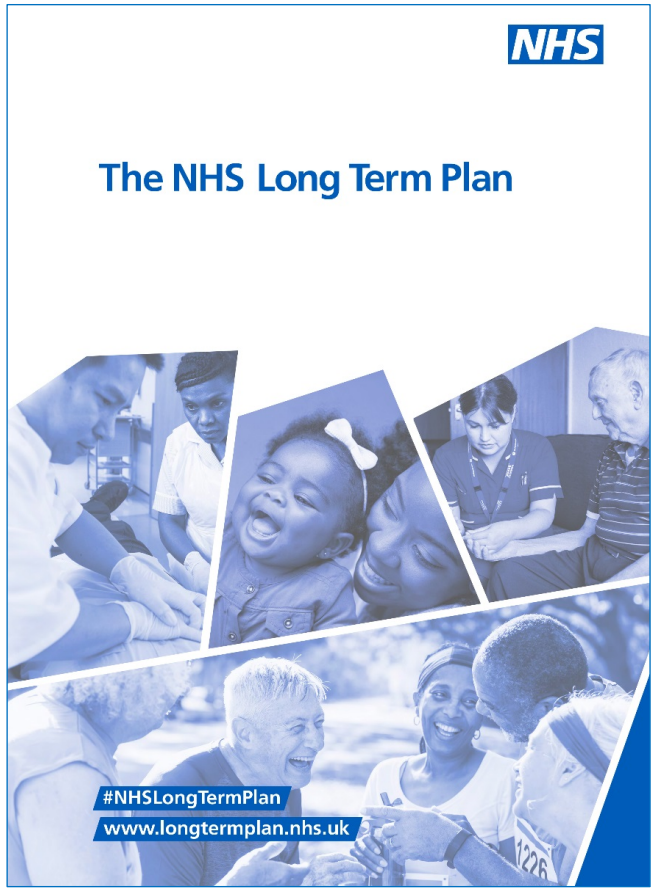
(In line with NHS Long Term Plan)

Changing pattern of need (e.g. complex/long-term conditions); need to address health inequalities;
🡻 life expectancy

Requires changed focus from diagnosis and treatment of illness to improving population health

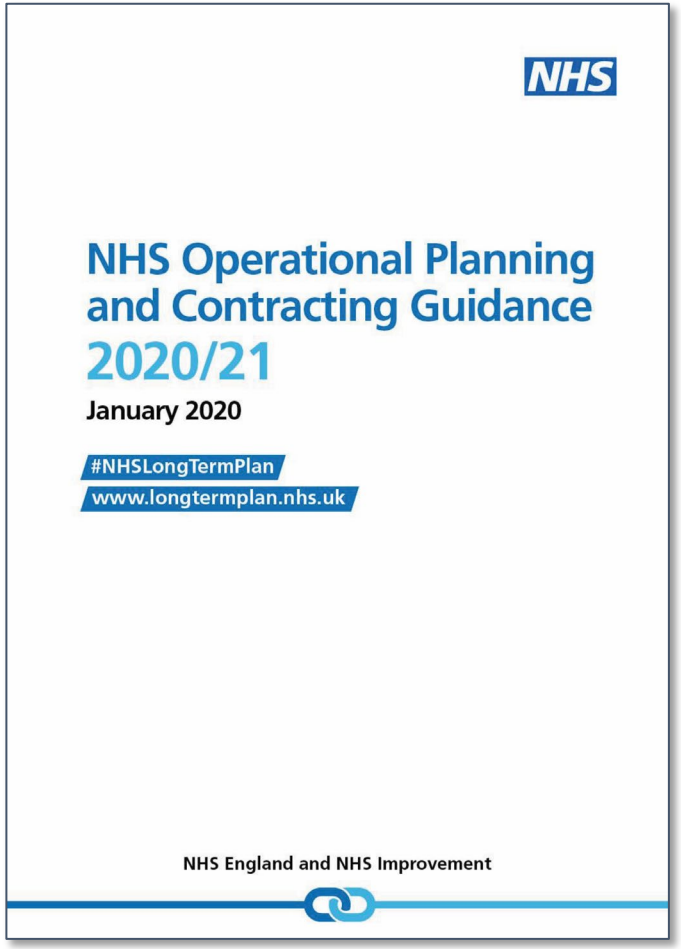
Collaboration rather than competition of organisations within and beyond NHS

Decisions taken closer to the communities they affect are likely to lead to better outcomes ('placed-based')



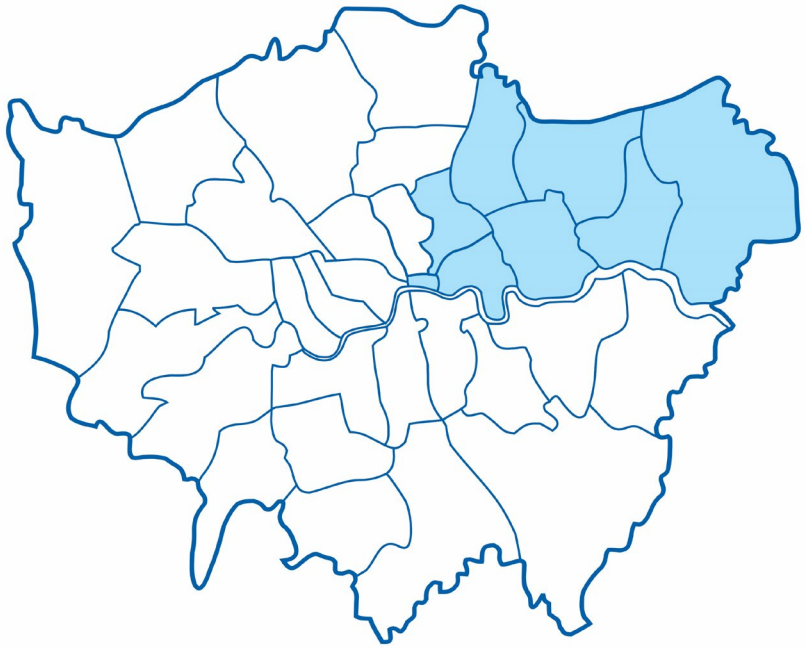
ICSs: two key roles

- **System transformation** – partners to agree changes to local health and care services and develop supporting strategies (e.g. for digital infrastructure, estates and workforce)
- **System performance** – partners to collectively manage and improve the overall financial and operational performance of all the NHS organisations within the system
- *Requirements include 'population health management', service redesign, workforce transformation and digitalisation capabilities*



Systems within systems

ICS (population 1-3 million):
ICS Board has oversight of whole system; sets overall strategy; and defines outcomes for the system



PLACE (population 250-500,000 – ICPs):

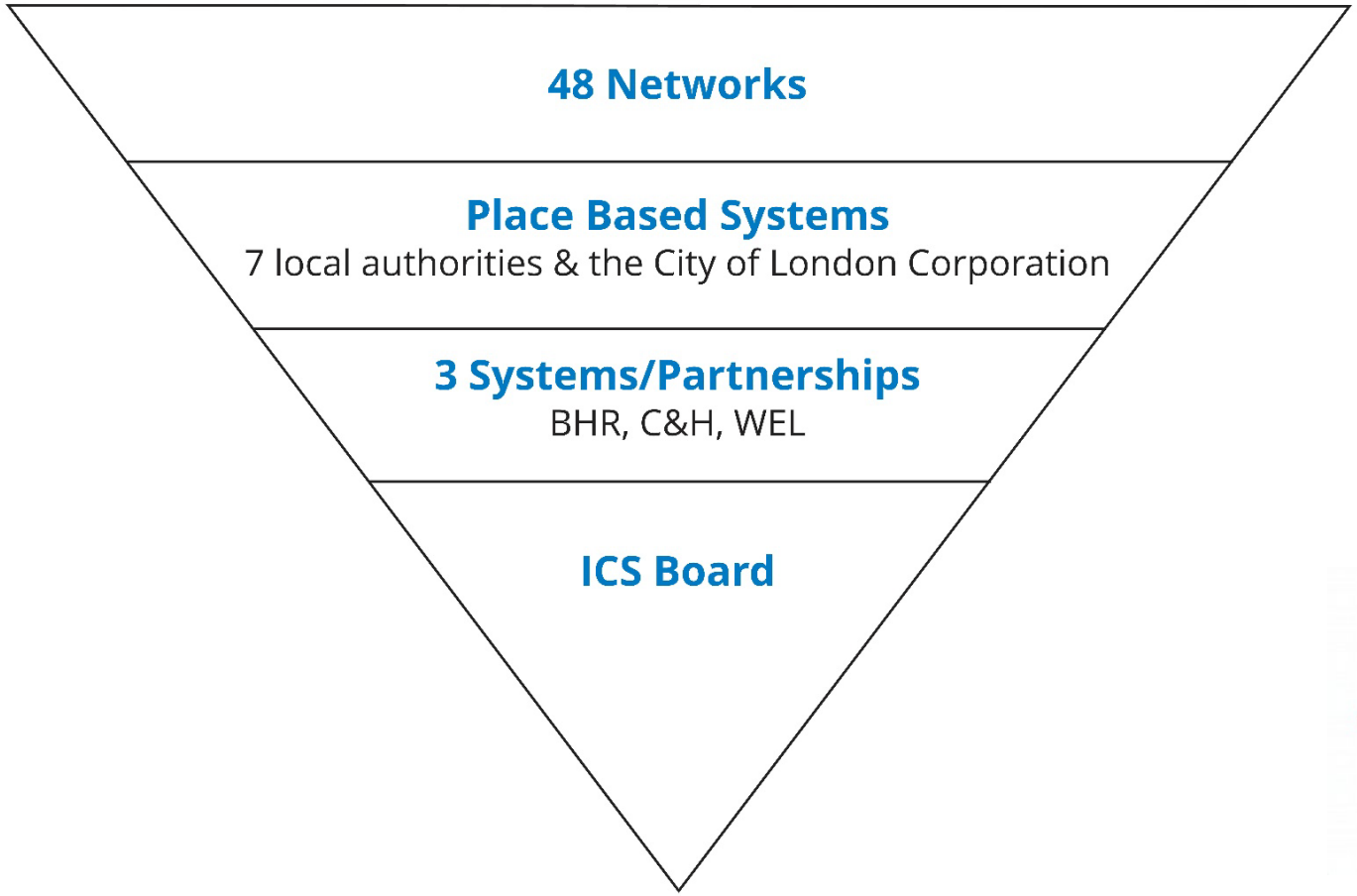
- Often map with local authority boundary
- Alliances of providers – hospitals, community and mental health services, social care, and *others*
- Designs and delivers most clinical services
- Level at which population health is used to target interventions to particular groups
- Level at which financial/operational performance is controlle

NEIGHBOURHOOD (population 250-500,000):

- Level at which groups of GPs and community-based services work

The health system across NE London

Integrated care and collaboration from Network to ICS level



East London Health & Care Partnership

Command and control

NHS England (NHSE) / NHS Improvement (NHSI)

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- NHS regional teams responsible for oversight of ICS performance

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- ICS Board (NHS-led) with representatives from system partners (LAs, potentially private providers)
- ICS Plan is binding on all partners (proposed)
- No veto for organisations (proposed)
- ICS Board controls 'single pot' NHS funding (20:80)

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- Decisions only taken at ICS level where cannot be made locally
- All commissioners and providers within an ICS are accountable for system control total

Population health approach

NHS : delivering universal, comprehensive care to individuals; clinically led

"At present, funding is skewed towards health services providing treatment"

Population health model:

- Health of an entire population
- Risk for the entire population, not high-risk individuals
- Reducing ill-health: prevention, health behaviours and lifestyles
- Improving health outcomes and wellbeing
- Action on wider determinants of health
- Commissioning to achieve population health outcomes
- Requires 'an integrated health and care system'

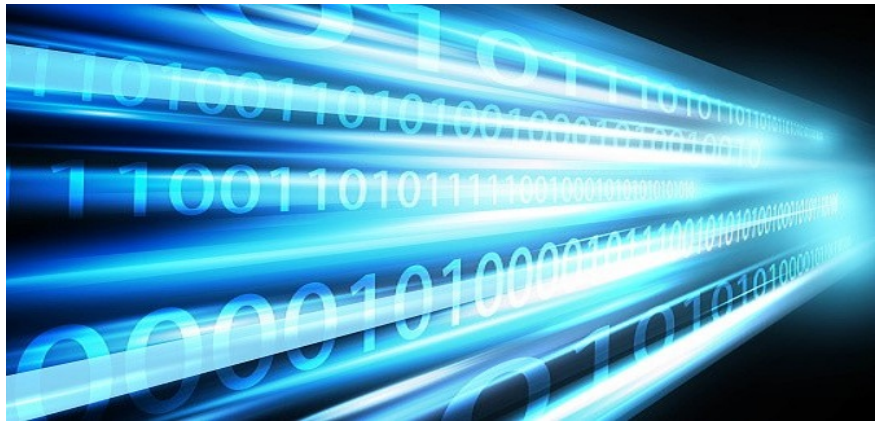
"Population health is about creating a collective sense of responsibility across many organisations and individuals, in addition to public health specialists." (King's Fund)

Population health management

"The critical building block of ICSs" (NHSE/I)

PHM: "*using data to design new models of proactive care and deliver improvements in health and wellbeing which make the best use of the collective resources*" (NHSE)

- Uses aggregated data from NHS and beyond
- Uses this data to identify specific groups, with particular needs, within a population
- Allows design of targeted interventions



- Used to help set budgets and determine care levels
- Allows more private sector involvement due to capital investment in the tech that's required
- Sets up systems that could be invaluable in future for private insurance companies

Workforce issues

"ICS should be level at which accountability for system-wide work force decision-making is based" *(Involves passing of powers, responsibility, funding & governance down from national level.)*

- "in-built expectation of flexible working across clinical and non-clinical boundaries"
- "an agile workforce" (NHSE)
- "workforce sharing arrangements" and "passporting", allowing the workforce to be deployed at different sites and organisations across (and beyond) the system (NHSE)

Proposals for giving ICSs legal status

Option 1

- A mandatory, statutory ICS Board for collective decision-making
- A System Accountable Officer
- A duty to produce and deliver an ICS plan that all members will have duty to comply with.
- One CCG per ICS footprint, able to delegate population health functions to providers
- CCG governing body and GP membership model remains
- Duties of individual organisations remain, plus collective responsibility

Proposals for giving ICSs legal status

Option 2 (NHSE's preference)

- CCGs 'repurposed' and their commissioning functions taken on by the ICS
- ICS Board able to appoint any other members it sees fit
- Removal of power of individual organisational veto
- ICS Chief Exec becomes a full time Accountable Officer
- ICS allowed to commission services without tendering
- ICS given powers to delegate responsibility for arranging some services to providers.

Main issues for campaigning

- **Potential for increased privatisation**
- **Unequal partnership with LAs**
- **Accountability**

Potential for privatisation

1. Legislative change

- Removal of S75 of HSCA (2012) also revokes Procurement, Patient Choice and Competition Regulations (turns the NHS into an *unregulated* market & more attractive to private companies)

- Removal of NHS from remit of Public Contracts Regulations (2015): ICSs could choose to award a contract directly to a provider, or use a more formal procurement process (risk of cronyism)

Potential for privatisation

2. Health Systems Support Framework

- **Services to support the development/ management of ICSs** *(e.g. patient record systems, transformation & change, capacity planning, patient empowerment, digital tools to support system planning, medicines 'optimisation')*

- **Focus on services to support ICSs** based on 'intelligence-led' population health management *(new digital and technological advances to understand and manage a population's health)*

Lot 5: Informatics, analytics, digital tools

(care coordination, risk stratification & assurance, and decision support)

3M United Kingdom PLC
Accenture (UK) Limited
AIMES Management Services
NHS Arden & Greater East Midlands Commissioning Support Unit (AGCSU)
Atos
Carnall Farrar LTD
Centene UK Limited
Cerner Limited
Deloitte
Docobo Ltd
Dr Foster
DrDoctor
DXC Technology
Edge Health
Elsevier
Ernst and Young LLP
FTI Consulting LLP
GE Healthcare Finnamore Ltd
Health Catalyst
Hitachi Consulting UK Ltd
IBM United Kingdom Limited
Ideal Health
Imosphere
Imperial College Health Partners
IQVIA Technology Services Ltd
KPMG LLP
Lightfoot Solutions Group Limited
McKinsey
Methods
NHS Midlands and Lancashire Commissioning Support Unit
Milliman
NEL CSU
NHS Leicestershire Health Informatics Service (LHIS)
NHS North of England Commissioning Support Unit
Oliver Wyman Limited
OptiMedis COBIC UK Ltd
Optum Health Solutions (UK) Limited
Orion Health Limited
PA Consulting Group
Philips Electronics UK Limited
Public Consulting Group
SCW
Siemens Healthineers
Sollis
System C Healthcare Ltd

Overall

"**An NHS body that must not behave like an NHS body.**" (King's Fund)

Fragmenting the NHS

Increased presence + *influence* of private companies

- Board membership
- HSSF
- (Deregulated market)
- Increased reliance on tech companies
- Gap in the market following reduced funding for NHS services?

Shift from the NHS providing universal, comprehensive care for individual patients to 'what might work for the better good' (who defines?)