

# Warwickshire Integrated Care Partnership (ICP)



# What is Integrated Care?

- NHSE/I defines integrated care as ‘giving people the support they need, **joined up** across local 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**.
- NHSE/I’s shared vision is for **strong Integrated Care Systems (ICS) working with partners to lead the delivery of NHS care and the improvements** for patients set out in the NHS Long Term Plan. This means:
  - Empowering **decision-making at as local a level** as possible.
  - Supported by coherent guidance and support, **including the right incentives and frameworks**.
  - To **meet the ‘triple aim’** of better health for everyone, better care for all patients, and efficient use of NHS resources, both for local systems and for the wider NHS.

# What is an Integrated Care Systems (ICS)

- ICS's are **new partnerships between the organisations that meet health and care needs across an area**, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.
- The NHS Long Term Plan confirmed that **all parts of England would be served by an ICS from April 2021**.
  - **Building on the lessons of the earliest systems** and the achievements of earlier work through Sustainability and Transformation Partnerships and Vanguard.
- There are **now 42 ICSs covering the whole of England**, each serving between 500,000 and three million people.
  - Each will **hold substantial budget** for commissioning high quality patient care and driving health and care improvements for their communities.
  - The chair will lead a unitary board which will **bring together leaders** from across all parts of the NHS, local government, social care and the voluntary, community and social enterprise sector.

# New Legislation

- With each part of the country now ready to function as an ICS, NHSE/I has asked the Government and Parliament to **establish ICSs in law** and **remove legal barriers to integrated care** for patients and communities, including making **provisions to allow the delegation of national commissioning responsibilities**.
  - Giving **ICSs responsibility for direct commissioning** is a key enabler for integrating care and improving population health.
  - It gives the flexibility to **join up key pathways of care**, leading to **better outcomes and experiences for patients**, and less bureaucracy and duplication for clinicians and other staff.
- The House of Commons recently voted to give the **Health and Care Bill** a second reading, giving NHSE/I a high degree of confidence that the **measures relating to ICSs will proceed to the statute book**.
  - As such, we all – locally, regionally and nationally – have a **responsibility to prepare** for when those measures are expected to come into effect, which is **currently April 2022**.

# ICS Construction

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- An **ICS Board**
  - The ICS Board is comprised of the **senior leaders of all the health and care organisations** in the designated geographical area.
  - The Board has **oversight of the whole system**, sets the **strategic direction** and **defines the outcomes** the system should deliver.
- An **ICS Health and Care Partnership**
  - **Bringing together the NHS, local government and partners to support integration** and develop a plan to address the systems' health, public health, and social care needs.
- An **ICS NHS Body** – Responsible for:
  - **Day to day running of the ICS.**
  - **NHS planning and allocation decisions**, including:
    - Developing a plan to address the health needs of the system.
    - Setting out the strategic direction for the system.
    - Explaining the plans for both capital and revenue spending for the NHS bodies in the system.

# Coventry & Warwickshire Stakeholders

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- Our **Clinical Commissioning Group**

- There is a single CCG covering Coventry and Warwickshire, coterminous to our ICS boundaries.

- Our **Local Authorities**

- Two local authorities

- Warwickshire County Council and Coventry City Council

- 5 district councils

- Stratford-on-Avon District Council, Warwick District Council, Rugby Borough Council, North Warwickshire Borough Council, and Nuneaton & Bedworth Borough Council.

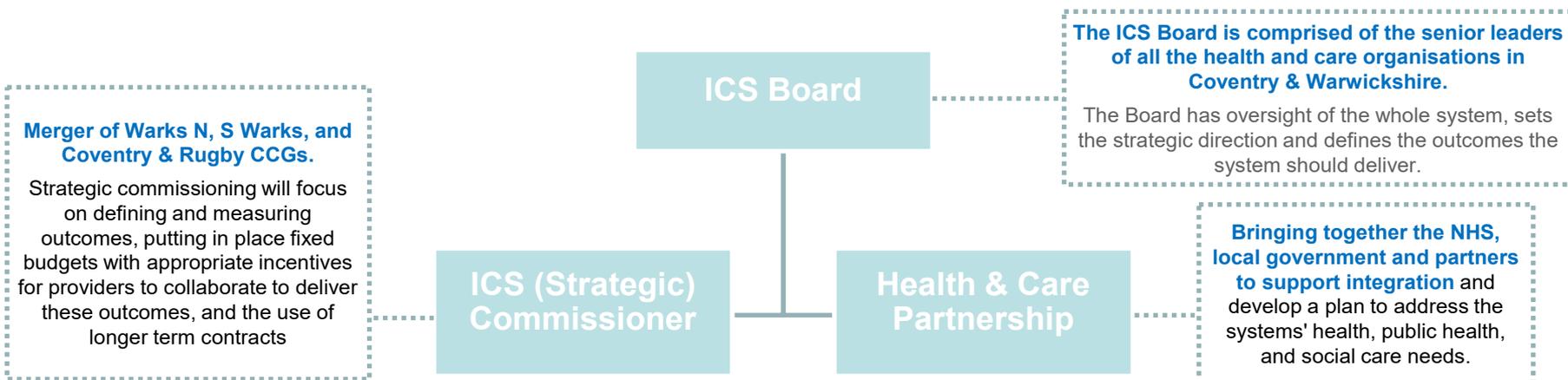
- Our **Providers**

- Coventry and Warwickshire Partnership NHS Trust
- South Warwickshire NHS Foundation Trust
- University Hospital Coventry and Warwickshire NHS Trust
- George Eliot Hospital NHS Trust

- Wider **partners and stakeholders**

- Our GP practices are an integral part of our system, taking the clinical lead jointly with secondary care services within our Place functions.
- Coventry and Warwickshire also benefits from a large and active voluntary and community sector with representatives from a range of organisations working with ICS partners to develop and deliver services.

# Coventry & Warwickshire ICS



## NHS Coventry & Warwickshire (NHS Body)

- **Must take on the commissioning functions** (i.e., Strategic Commissioner) of:
  - The CCGs, with stronger responsibilities for commissioning primary medical, dental, ophthalmology and pharmaceutical services.
  - Some of those of NHS England within its boundaries.
  - CCG's responsibilities in relation to Oversight and Scrutiny Committees.
- Will **NOT** have the power to direct providers, and providers' relationships with CQC will remain unchanged.
- Will have a **unitary board**
  - This is directly accountable for NHS spend and performance within the system, with its **Chief Executive becoming the Accounting Officer** for the NHS money allocated to the ICS

## Coventry & Warwickshire Health & Care Partnership

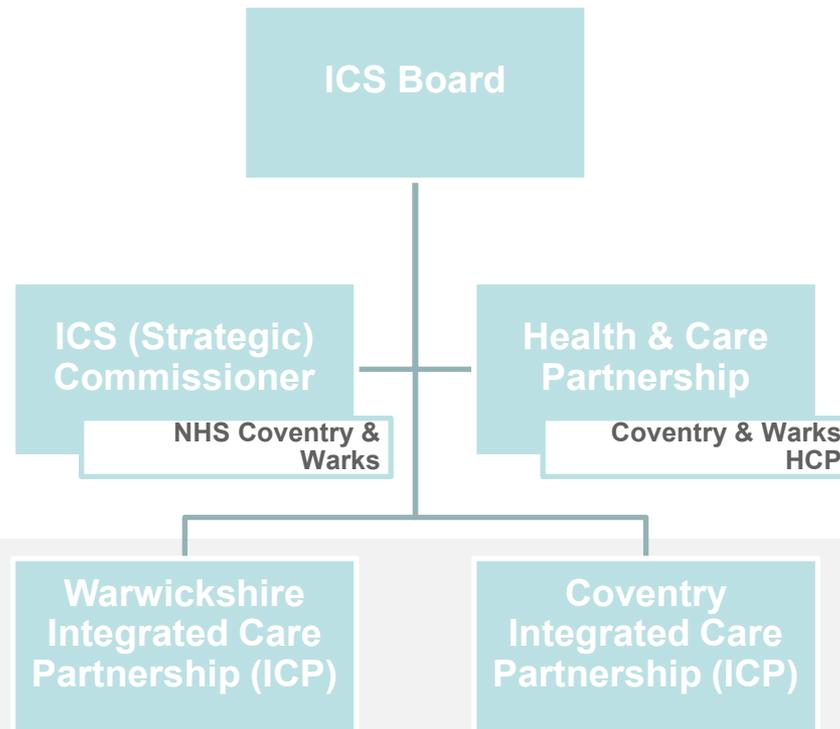
- Should be made up of a wider group of organisations than the ICS NHS Body.
- Is tasked with **promoting partnership arrangements**, and developing a plan to address the health, social care and public health needs of their system.
  - Each ICS NHS Body and Local Authority would have to have regard to this plan.
- The Health and Care Partnership will be **promoting collaboration** but cannot impose arrangements that are binding on either party (given this would cut across existing local authority and NHS accountabilities).

# Integrated Care Partnerships

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- An important part of our vision is that decisions about how services are arranged should be made **as closely as possible to those who use them**.
  - For most people their day-to-day health and care needs will be met locally in the town or district where they live or work.
- **Partnership** in these ‘places’ is therefore **an important building block of integration**, often in line with long-established local authority boundaries.
- An **Integrated Care Partnership** is a formal partnership of organisations (commissioners and providers) **working together to improve the health and care** of the whole population they serve.

# Coventry & Warwickshire Integrated Care Partnerships (ICPs)



**Each ICP is developing its own priorities**, reflecting the different needs of each local population, and thinking about how they will work differently in the future.

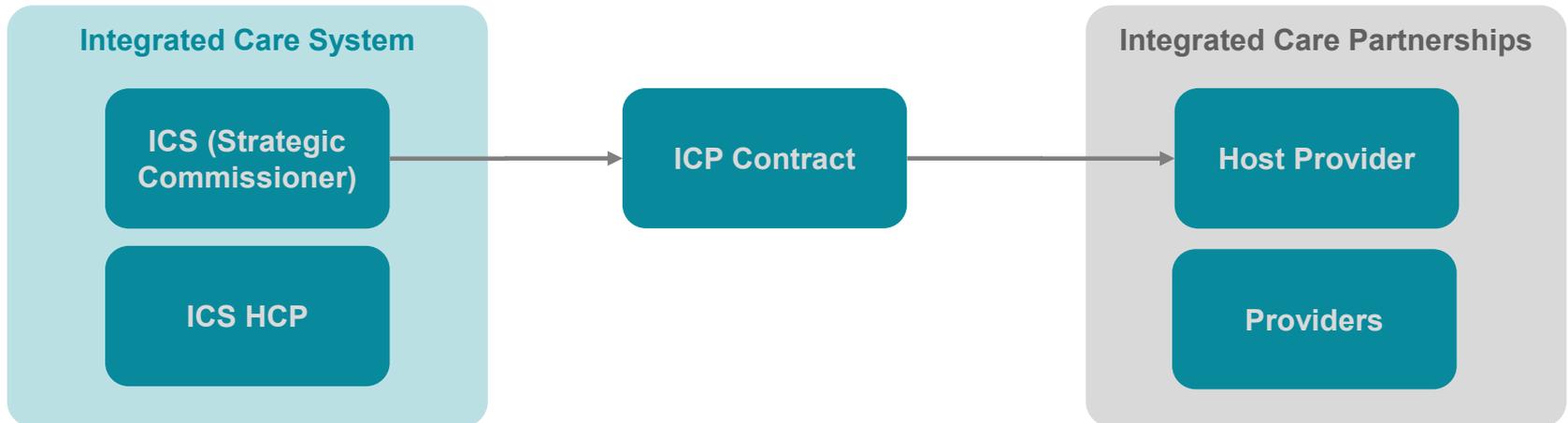
They can be informal partnerships or more formal arrangements such as an **NHS Trust acting as a Host Provider and subcontracting services from partners**.

**Two crucial pieces of work are driven at 'place' level**, both relying on collaboration and joint decision-making. These are:

- **Clinical care re-design** (simplifying and standardising care pathways across a whole area)
- **Population health management** (making better use of data to improve how health and care services address wider health determinants such as housing, environmental quality and access to good employment and training).

# Integrated Care Provider Contract

- NHSE/I has developed a **contract that could be used to further formalise these partnerships** known as the '**Integrated Care Provider contract**'.
- It will involve commissioners awarding a **long-term contract to a single organisation** to provide a **wide range of health and care services** to a defined population.
- In the longer term, Integrated Care Provider contracts will provide a **mechanism for these functions** (delivery/place commissioning functions) **to transfer away from the ICS** (Strategic) commissioner.



# Warwickshire ICP Host Provider

- When the Integrated Care Provider Contract is placed, **Warwickshire ICP will need to be ready to take on various responsibilities** that have traditionally sat with commissioners.
- The **ICP will therefore need to appoint a Host Provider** to hold the Integrated Care Provider contract with the ICS (Strategic) Commissioner.
- In this role, the **Host Provider must be ready** and able to:
  - Take on various functions (so called '**Delivery / Place Commissioning**' functions) which previously sat with the single commissioner.
  - Take responsibility for an **allocated budget**.
  - Facilitate partners within the ICP to come together to share **accountability for improving the health and care outcomes of the population** of the Place and living within available resources.
  - Develop **strong relationships beyond the ICP** with other organisations and services that have a contribution to make to improving the health and wellbeing outcomes of the population.

# Key Tasks for Host Provider Implementation

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- **Warwickshire ICP Plan**
- **Development Programme**, including:
  - **Organisational Development** components
  - Baseline assessment against **ICS Assurance Framework**
- Contribute to ICS **System Outcomes Framework**
  - A **mechanism to support the development of a population health approach** at system level.

# Warwickshire ICP Plan

- The Host Provider must lead on development of the **Warwickshire ICP Plan**. Working with the ICS (Strategic) Commissioner dedicated staff resource for Warwickshire, the ICP Plan will articulate:
  - **How partners will work together** and the **operating model** and that will enable them to do this.
  - **How the ICP will establish strong and effective partnerships** which extend beyond organisations that may ultimately be involved in the delivery of the Integrated Care Provider contract.
    - The engagement of district councils, as well as voluntary, community and social enterprise organisations within the ICP will be essential if the Places are to succeed in improving the health of the communities by tackling the wider issues that can affect health.
  - **How the ICP will work with communities**, seeing local people, who may or may not access services, as equal partners and assets.
  - **How local GP practices will engage with the ICP** – engagement with the new Primary Care Networks will be of critical importance to develop this narrative.
  - The **scale of the financial challenge** and how they intend to address this.
  - What **service transformation priorities** we want to want to focus on and **how the new place based Joints Strategic Needs Assessments have been used** to support priority setting, alongside finance and performance data.

# Warwickshire Development Programme

- For those functions / services that previously sat with the single commissioner but are now deemed by the ICS (Strategic) Commissioner to be best commissioned on a Place footprint (so called '**Delivery / Place Commissioning**'), the Host Provider will:
  - Undertake a **baseline assessment** against the ICS (Strategic) Commissioner **assurance framework** to assess the ICPs readiness to take on an Integrated Care Provider contract.
  - Use the **outputs** of this process as a **springboard to shape** the Warwickshire Development Programme.
- The Programme must **demonstrate** that the Warwickshire ICP has:
  - **Appropriate resources, autonomy and decision-making capabilities** to discharge these roles effectively
  - Within a **clear but flexible accountability framework** that enables collaboration around funding and financial accountability, commissioning and risk management.
- This Programme will feature **Organisational Development** as a core component.
  - In particular the ICP Host Provider must ensure that their **Board is fully cognisant of the implications of taking on delivery/place commissioning functions.**

# Systems Outcome Framework

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- The Host Provider will contribute to the development of the Coventry & Warwickshire ICS produced **System Outcomes Framework**.
  - This provides **a mechanism to support the development of a population health approach** at system level.