
Integrated Care Systems - the first year

NHS IMAS

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Introduction and contents

- Purpose of Session – Look back on 1st year of ICSs
- Overview of the new system – what does it look like?
- What have ICSs faced in year 1?
- The Future
- Questions

Overview of System

Roles and Responsibilities - legal differences (1)

- **ICS** - Integrated care systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. [not statutory bodies]
- **ICB** – A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area.
- **ICP** - A statutory committee jointly formed between the NHS integrated care board and all upper-tier local authorities that fall within the ICS area. The ICP will bring together a broad alliance of partners concerned with improving the care, health and wellbeing of the population, with membership determined locally. The ICP is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population in the ICS area.

Roles and Responsibilities - legal differences (2)

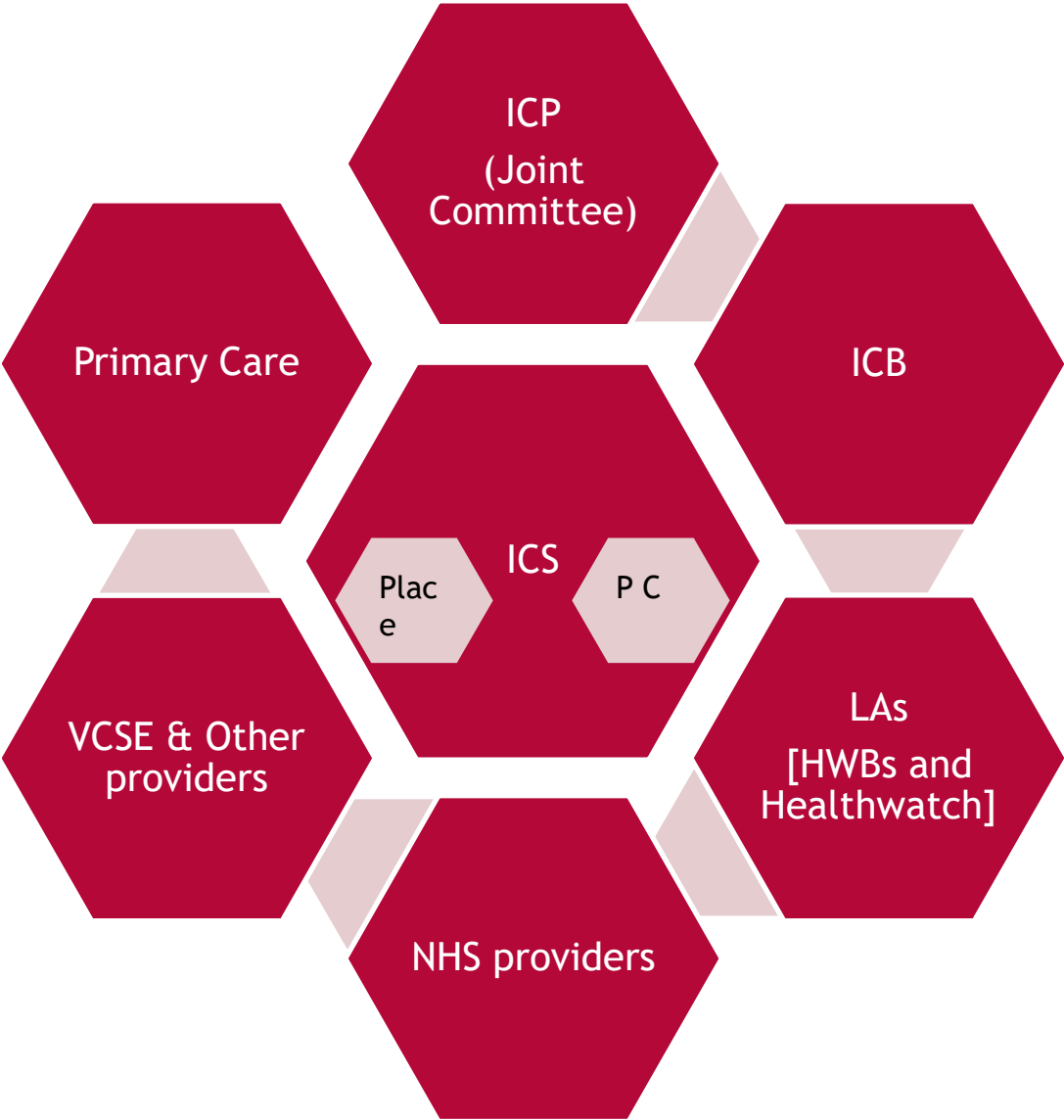
- **NHS Trusts** – An organisational unit within the NHS, generally serving either a geographical area or a specialised function (such as an ambulance service) by providing health care services.
- **NHS FTs** - A semi-autonomous organisational unit within the NHS, with a degree of independence from the DHSC
- **LAs** - Responsible for social care and public health functions as well as other vital services for local people and businesses
- **HWBs** - Statutory committees from LAs, whose role is to promote integrated working among local providers of healthcare and social care.
- **VCSE** - The voluntary, community and social enterprise (VCSE) sector is an important partner for statutory health and social care agencies and plays a key role in improving health, well-being and care outcomes.
- **Primary Care** - Primary based health provision, includes GPs, pharmacy, dental and optometry
- **Healthwatch (England)** – A statutory committee of CQC and also Local Healthwatch bodies funded and accountable to LAs
- **Other** - Independent sector; charities and similar
- **Regulators** – DHSC; NHS England; CQC; etc

Roles and Responsibilities - legal differences (3)

- **Provider Collaborative** – *An arrangement whereby providers work together across multiple places, to achieve the benefits of scale, in the best interests of patients and the local population. This is achieved by bringing together leadership teams through agreed governance and decision-making arrangements, to make effective and efficient decisions on behalf of the collaborative*
- **Place** – *Within each ICS, place-based partnerships will lead the detailed design and delivery of integrated services across their localities and neighbourhoods. The partnerships will involve the NHS, local councils, community and voluntary organisations, local residents, people who use services, their carers and representatives and other community partners with a role in supporting the health and wellbeing of the population*

NHS England

DHSC



ICO, HSE, Ombudsman, Healthwatch England, Health Services Safety Investigation Body, Procurement and Competition Comms, etc

CQC

02

What have ICSs faced in their 1st year?

Establishment and Development

- Implementing new legislation - creating the ICS and interpreting how to set up for statutory (ICB and ICP) and policy constructs (Place and Provider Collaboratives)
- Policy - lot to interpret and apply
- Joint Committees - opportunity, delegation and restrictions
- Speed and Gaps - very little time to create before go live
- Culture - move from competition to collaboration
- Blueprint (?) - not one size fits all but good practice can be borrowed and applied
- Integrating - existing statutory organisations - NHS trusts, FTs, LAs....
- Regulatory change - NHS England (multiple mergers) and CQC approach
- RELATIONSHIPS

Challenges

- Business as usual (providing a comprehensive health case system across England)
- Using the power of technology - keeping the learning from covid
- Recovering from covid (and earlier) backlog - service change, decommissioning and challenge
- Workforce - strikes and too few health care and care home staff (Brexit, covid and pay)
- Safety and Quality - covid, maternity, mental health services, RAAC hospital crisis, budgets, and Letby
- Waiting for ...- new legislation: procurement and local authority partnerships - guidance and Policy: Place, Right Care Right Place, delegation, FPP
- RELATIONSHIPS

03

The Future

What next?

- Workforce - retention, training and visas
- Legislation and Guidance- Provider Selection Regime and Procurement; Regulations (delegation and patient choice); Inquiries - Manchester Arena, Covid, Letby, Essex Mental Health and maternity (DHSC committee)
- Out of hospital care - solutions?? Working with social care.....
- ICS development and Greater Autonomy - understanding your system? greater ability in an ICS to delegate; taking on specialised commissioning with primary care; system and Place approaches
- Consolidation and collaboration - greater cross ICS work? Hospital groups approach?
- Technology - what do you need and what can you afford?
- Building relationships to move to a health care system from a sick care system

Finally.....



Q & A and Thank you

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