

Briefing

NHS England and NHS Improvement Integrated Care Systems: design framework**Background**

NHS England and NHS Improvement published the proposed [design framework](#) for Integrated Care Systems (ICS') – bodies which will increasingly be responsible for the planning of services for people with neurological conditions in England.

The framework builds on the White Paper '[Integration and innovation: working together to improve health and social care for all](#)' which sets out the Government's proposals to reform the NHS in England. It described the core purpose of an ICS being to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

The paper emphasised that the next phase of ICS development should be rooted in underlying principles of subsidiarity and collaboration. It described common features that every system is expected to have and develop, as the foundations for integrating care, with local flexibility in how best to design these to achieve consistent national standards and reduce inequalities, as:

- decisions taken closer to, and in consultation with, the communities they affect are likely to lead to better outcomes
- collaboration between partners, both within a place and at scale, is essential to address health inequalities, sustain joined-up, efficient and effective services and enhance productivity
- local flexibility, enabled by common digital capabilities and coordinated flows of data, will allow systems to identify the best way to improve the health and wellbeing of their populations.

Subject to the passage of legislation, the statutory ICS arrangements will comprise:

- an ICS Partnership, the broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS
- an ICS NHS body, bringing the NHS together locally to improve population health and care.

The proposals mean clinical commissioning groups (CCGs) in their current form will be abolished, with their commissioning functions taken on instead by the ICS NHS Body. Each body will have a unitary board, and this will be directly accountable for NHS spend and performance within its system.

What's in the framework?

The framework attempts to capture the headline ambitions for how NHS England and NHS Improvement expect NHS leaders and organisations to operate with their partners in ICSs from April 2022. It aims to put in place the practical steps to prepare for their new arrangements that will be supported by legislation in this Parliamentary session.

The ICS Partnership

The Partnership will operate as a forum to bring partners together across the ICS area to align purpose and ambitions with plans to integrate care and improve health and wellbeing outcomes for their population. The Partnership “will facilitate joint action to improve health and care services and to influence the wider determinants of health and broader social and economic development.” Importantly, the Partnership will develop an Integrated Care strategy, which will build on relevant evidence including ‘[Joint Strategic Needs Assessments](#)’.

Members must include local authorities that are responsible for social care services in the ICS area, as well as the local NHS (represented at least by the ICS NHS body).

Beyond this, members may be from health and wellbeing boards, other statutory organisations, voluntary, community and social enterprise (VCSE) sector partners, social care providers and organisations with a relevant wider interest, such as employers, housing and education providers and the criminal justice system.

Meetings of the Partnership will be held in public. The Partnership has a range of principles by which it should work, including ensuring a focus on improving outcomes, as well championing inclusiveness and co-production throughout the ICS.

The ICS NHS body

The ICS NHS body will be a statutory organisation responsible for specific functions that enable it to deliver against a number of core purposes, including:

- **Developing a plan** to meet the health needs of the population within their area, having regard to the Partnership’s strategy. This will include ensuring NHS services and performance are restored following the pandemic, in line with national operational planning requirements, and Long Term Plan commitments are met.
- **Allocating resources** to deliver the plan across the system, including determining what resources should be available to meet the needs of the population in each place and setting principles for how they should be allocated across services and providers (both revenue and capital).



- Functions NHS England and NHS Improvement will be delegating **including commissioning of some specialised services** (note this is likely to include services for people with neurological conditions which are currently commissioned at a national level).
- **Establishing joint working arrangements** with partners that embed collaboration as the basis for delivery of joint priorities within the plan.
- **Establishing governance arrangements** to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations, to ensure the plan is implemented effectively within a system financial envelope set by NHS England and NHS Improvement.
- **Arranging for the provision of health services**, including working with local authority and VCSE partners to put in place personalised care for people. This includes assessment and provision of continuing healthcare and funded nursing care, and agreeing personal health budgets and direct payments for care.
- Leading implementation of the **People Plan**
- Leading action on **data and digital**
- **Using joined-up data and digital capabilities to understand local priorities**, track delivery of plans, monitor and address variation and drive continuous improvement in performance and outcomes.

Supra-ICS arrangements

The framework notes there are some functions where ICS NHS bodies will need to work together; for example, commissioning more specialised services (including, presumably, some elements of services for people with neurological conditions) and when working with providers that span multiple ICSs or operate through clinical networks.

The document does not set out more detail on this point, but does note that governance arrangements to support this will need to be co-designed between the relevant providers, NHS ICS bodies clinical networks or alliances and, where relevant, NHS England and NHS Improvement regional teams.

Data and digital

There is a helpful focus on the role of data and digital in supporting transformation and ICS roles and responsibilities.

The document notes that from April 2022, systems will need to have smart digital and data foundations in place, but the way that these capabilities are developed and delivered will vary from system to system. Systems will locally determine the way to develop these capabilities and to ensure they are available at system and place level, and across provider collaboratives. There are number of opportunities and

risks to local determination. For example, local determination may provide an opportunity to more closely align system architecture to the specific needs of a population. It may also however lead to further unwarranted variation in data quality and analysis – standards will need to be in place to minimise this risk as much as possible.

Specifically, ICS NHS bodies are expected to:

- Have a renewed digital and data transformation plan that is embedded within the ICS NHS body plan and details the roadmap to achieve ‘What Good Looks Like’; and enables a cross system approach to transformation, so that changes to models of care and service redesign involve digital and data experts working with partners from all relevant sectors.
- Have clear accountability for digital and data, with a named SRO with the appropriate expertise, (registered professional or with equivalent experience), underpinned by governance arrangements that have clear oversight and responsibility for digital and data standards and requirements for the ICS and enabling partner organisation programmes and services.
- Invest in levelling-up and consolidation of infrastructure, linked to the future ICS reference target architecture and data model, adopting a simplified cloud-first infrastructure that provides agility and frictionless cross-site working experience for the workforce.

Next steps

The Health and Care Bill will be presented to Parliament shortly. The Alliance will be working with our members and other VCSE partners to identify possible amendments to the face of the Bill.

We have also identified a number of activities within or 2021/22 business plan which aim to develop and implement an effective and efficient strategy to engage with ICS’ as these emerge. Activities include convening a group of interested members to develop ICS engagement strategy further, mapping ICS priorities, key influencers and ‘system maturity’.

Nationally, the NHS England and NHS Improvement adult neuroscience programme is working through the future commissioning model for services. We are encouraging more active involvement of people with neurological conditions and patient groups in this work. The work should conclude by April 2022.

We continue to work closely with our members to develop appropriate policy positioning and influencing activities – please engage with our policy group if you are interested in becoming more involved. Please contact Sam Mountney, Policy and External Affairs Manager (sam.mountney@neural.org.uk) if you would like further information about the group.