

Integrating care - what are the next steps for STPs and ICSs from NHS England and NHS Improvement and how will this affect your business?

NHS England and NHS Improvement (NHSE/I) has published [Integrating Care: Next steps to building strong and effective integrated care systems across England](#) which sets out NHSE/I's view of the strategic direction of system working, including a consultation on two new proposals to put Integrated Care Systems (ICSs) on a statutory footing in the NHS Bill expected in late spring 2021.

We put together a comprehensive guide to the consultation to put it in context for members and feed into their strategic discussions, business decisions and commercial opportunities. Our interpretations are summarised below, but [get in touch](#) if you'd like a copy of the full guidance document.

Key points from the document

1. The paper is positioned to open up a discussion about how ICSs could be embedded in legislation or guidance - *already as expected a number of trade bodies and lobby groups have opinions on this including The NHS Confederation and NHS Providers so the plans are likely to change.*
2. It proposes a national plan to accelerate ICS development in 2021/22. NHSE/I will increasingly devolve more functions and resources from the national and regional teams to ICSs ahead of potential legislative change to be implemented from April 2022.
3. NHSE/I is seeking views on two options for putting ICSs on a fuller statutory footing than its original proposals from September 2019, both of which require legislative change – more information on these below.
4. The paper recognises the leadership role played by providers at both system and place level. NHSE/I want to support at scale collaboration between acute, ambulance and mental health providers and place-based partnerships across community services, primary care and local government (as well as other partners). *This emphasis on providers and place provides a pragmatic approach to the next stage of development of system working.*
5. NHSE/I is now directing ICSs to firm up their governance and decision-making arrangements in 2021/22 - *whilst this is welcomed, it may result in re-organisations and changes in form and people. This will inevitably prove frustrating and slow decision making into whether to procure your products and services. It may mean individuals you have been having conversations with, move on, have their role change or re-direct you to different or new decision-making bodies.*
6. This document confirms that NHSE/I will increasingly organise NHS finances at ICS level, giving ICS leaders responsibility for allocating a 'single pot' of NHS funding for their patch – *this is generally welcomed and removes the split between CCGs and providers in managing finances.*
7. It also reaffirms the shift to strategic commissioning at ICS level, with other commissioning activities moving to provider organisations/collaboratives/place-based partnerships.
8. The 2021/22 NHS operational planning guidance will set out further detail on the implementation of all these changes next financial year. *This will be a very important document to align organisational strategies to NHS (and social care) needs and wants.*

A brief summary of the proposals

Aims

1. Improving population health and healthcare outcomes
2. Tackling inequality of outcomes and access
3. Enhancing productivity and value for money
4. Helping the NHS to support broader social and economic development

Functions

1. Distribution of financial resources
2. Improvement and transformation resource
3. Operational delivery arrangements based on collective accountability between partners
4. Workforce planning, commissioning, leadership and talent development
5. Emergency planning and response
6. The use of digital and data to drive system working and improved outcomes

Intertwining and overlapping delivery models:

- All NHS provider trusts will be expected to be part of a provider collaborative, joining up the provision of services within and between places
- Place-based partnerships, including the local authority and voluntary sector. Their four main roles will be to:
 - Support and develop primary care networks (PCNs)
 - Simplify, modernise and join up health and care
 - Use population health management and other methods to identify at-risk communities
 - Coordinate the local contribution to health, social and economic development

Why is this important to digital health providers?

- The current system has mechanisms to ensure probity in commissioning services largely based around an organisational-level purchaser-provider split. There are also incentives to encourage certain types of behaviour, e.g. tariff that incentivises activity. While these approaches have their flaws, it's currently unclear how those safeguards and new incentives will be structured. In turn, there is a risk that the dominant players in the local health economy may soak up what it sees as the most lucrative activity.
- ICSs by definition will have a strong geographic focus. It is important to have mechanisms that will facilitate appropriate engagement with providers of services that work across more dispersed geographies including digital providers.
- Organisational change inevitably introduces delays in decision making during the transition period as staff reapply for their jobs and wider organisational uncertainties loom large. These delays often impact procurement and slow implementation processes.
- On 2 January 2021, Matt Hancock will have been Secretary of State for Health for precisely the average tenure of health secretaries since WW2. With a reshuffle expected in early Spring, it's quite possible there may be significant political change within the leadership of the DHSC and NHSE/I which could frustrate these plans.

Given these uncertainties, and the fact this will signal the most significant legislative changes to health since the Lansley reforms a decade ago, we expect significant stakeholder and parliamentary scrutiny which could change the detail that eventually becomes law. The DHC will therefore make the case for mechanisms to ensure fairness and focus on quality outcomes for ICSs as a whole, and in procurement processes specifically.

Do [get in touch](#) if you'd like to discuss this further or find out more about how your organisation could benefit from DHC membership.