Integrated Care Partnerships – A visioning document

Introduction

The purpose of this document is to set a broad framework in which the development of the Integrated Care Partnerships across Staffordshire and Stoke-on-Trent can be progressed in a cohesive and coordinated manner.

It is recognised that this framework is being established as national policy on the arrangements for integrating care across England is continuing to emerge and is likely to develop significantly over the next twelve months. It is natural therefore to assume and expect local arrangements will also evolve and will change over time. Where possible, the framework seeks to harmonise the approach where it makes sense to do so whilst allowing space for individual ICPs to tailor their own arrangements to factors in their individual geographies.

This framework also seeks to find the right balance between establishing the conditions for ICPs to develop, acknowledging further work will be needed to better articulate future arrangements in some areas, the presence and impact of contingent interdependencies from other workstreams and maintaining flexibility for evolution to take place.

In summary, this framework sets out a three dimensional approach; a single ICP Visioning Document to apply across the Staffordshire & Stoke-on-Trent geography, a ICP level Partnership Agreement and a ICP level Delivery Plan. The framework does not, and cannot, describe an end-state, instead it acts to guide ICP development over the coming months to support a collective endeavour across system partners to establish ourselves as an Integrated Care System by April 2021.

Background

Together We're Better is the partnership working together to transform health and care for the people of Staffordshire and Stoke-on-Trent. It is one of 44 Sustainability and Transformation Partnerships (STPs) in England, which brings together local NHS organisations, the local authorities of Stoke-on-Trent City Council and Staffordshire County Council as well as voluntary and HealthWatch organisations.

Our partners are committed to changing the way we provide health and care across the county so that it better meets the needs of the c1.1 million people who live in Staffordshire and Stoke-on-Trent.

Following the publication of the NHS Long Term Plan in January 2019, the system partners set out their response in a system-wide Five Year Plan which set out a strategic framework to articulate our collective vision, aims, objectives and delivery priorities.

Subsequently, in September 2020, the partners published the Integrated Care System (ICS) Development Plan. This confirms system partners intention to be part of the February 2021 ICS designation cohort and the delivery of this ambition will be overseen by the shadow ICS Partnership Board led by an independent chair, Prem Singh.

The shadow ICS Partnership Board has agreed five areas that will form the basis of the development plan towards ICS designation. These are:

- ICP Development and establishment – led by Peter Axon, CEO North Staffordshire Combined Healthcare NHS Trust
- Strategic Commissioner Development – led by Marcus Warnes, Accountable Officer, Staffordshire & Stoke-on-Trent CCGs
- Governance & system architecture – led by Simon Whitehouse, STP Programme Director'
- Quality, Finance and Performance - led by Neil Carr, Chief Executive, Midlands Partnership FT NHS Trust
- Clinical & Professional Leadership – led by Dr John Oxtoby, Medical Director, University Hospitals North Midlands NHS Trust and Dr Rachel Gallyot, Clinical Chair, East Staffordshire CCG

Within the ICP work stream, there are a further six areas of focus:

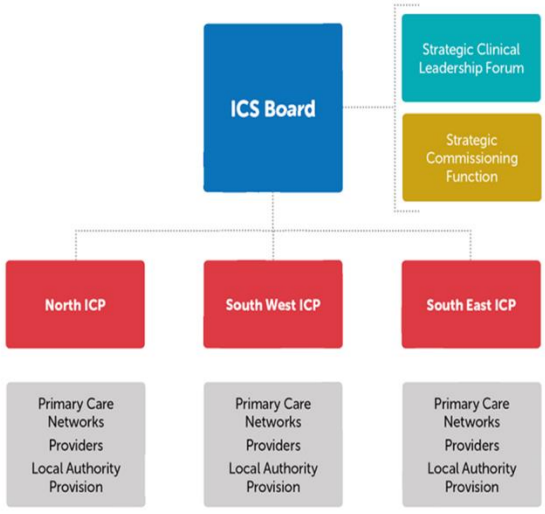
- Formal establishment of the ICPs with supporting infrastructure
- Finance (including development of the Intelligent Fixed Payment model at the ICP level and shadow arrangements for the 20021/22 financial year)
- People Plan
- Provider collaborations
- Place Leadership
- OD support

An ICP Programme Board has been established, chaired by Peter Axon as the SRO for the ICP Development workstream and will include representatives from each of the ICP areas, as well as ensuring a balance of representation from clinical and professional, strategic and operational areas.

The role of the ICP Programme Board is time-limited and exists solely to provide strategic direction to the programme and coordinate ICP development activity. It has no enduring role once the ICS and ICPs are fully established and will continue to provide space for locally tailored responses to local issues during its period of operation.

Integrated Care Partnerships

Across Staffordshire and Stoke-on-Trent there has been considerable progress in recent years towards working in a more integrated way. There is a collective ambition to build on this progress and expand the scale and nature of the opportunities for integration. The system-wide Five Year Plan set out a new system architecture to be achieved by April 2021. The schematic below shows the ambition the system has to move to a fully functioning ICS supported by an ICP based model of care.



The ICPs will inherit a challenging legacy centred on three main issues:

- A need to reduce health and wellbeing inequality
- A system-wide financial deficit
- A forecast for demand to continue to outpace capacity

By working together, NHS bodies and Local Authorities, together with other provider organisations and public bodies, will develop a 'place-based' focus to enable a whole population perspective with a common purpose of harnessing provider expertise to integrate health and care services.
At ICP level, the focus is likely to be centred around three key elements:

- Operational liaison and local coordination
- Delivery of transformation aligned to STP/ICS priorities
- A clear focus on tackling health inequalities through Population Health Management (PHM)

The three ICPs across the Staffordshire and Stoke-on-Trent geography have developed organically and at a pace which reflects local factors. System-wide support to ICP development was at an early stage of maturity prior to the COVID-19 pandemic and is now re-emerging to support a cohesive and coordinated approach linked to the wider ICS Development Plan.

Earlier in 2020, each ICP was invited to share their six areas of priority with the Shadow ICS Partnership Board. The ICP Programme Board will not have a role in coordinating the continued delivery of these programmes, this will remain with the individual ICPs, however the ICP Programme Board will have an interest in areas of commonality across the programmes and the inter-connectivity between the programmes at system level.

Governance

ICPs are coalitions of willing partners who have agreed to collaborate to improve delivery of health and care services for a defined population. ICPs are not new legal entities and all decisions on health and care services will be retained by the relevant statutory organisations and remain subject to relevant legislation regarding consultation and public engagement.

For ICPs to be successful it is important that governance arrangements are agile and empowering with a focus on seeking collective collaboration aligned to a shared purpose and objectives. As a sign of their commitment, each partner shall enable the commitment of senior decision-makers from each organisation to be their representative at the ICPs to ensure that proposals developed within the ICP arena can be connected back to individual organisations own corporate governance arrangements.

In committing to this vision, all partners acknowledge that:

- ICPs are not a new legal entity and each partner retains their organisational sovereignty
- Decisions cannot be taken separately from partners own organisation
- Actions cannot be taken in the ICPs that breach individual organisations legal &/or regulatory obligations
- This ICP Vision is not a contract and is not intended to give rise to any legally binding commitments between partners

The ICP Partnership Agreement

The ICPs have been operating for several months and whilst each has governance arrangements in place there is a variation in the nature and scope of these arrangements. This visioning document is designed to act as a common medium through which the ICP partnership arrangements can be re-stated whilst continuing to offer space for locally tailored responses to local issues.

Through supporting this ICP Vision, partners are asked to strengthen their collective commitment and set out the arrangements by which all partners will work together to deliver the integration of health and care services via an ICP Partnership Agreement.

Accordingly, each ICP will develop their own Partnership Agreement (including a terms of reference) in order that such arrangements accurately reflect local provision, membership and factors in those areas.

Each ICP will have a designated chair and vice-chair of their ICP. It is intended that the Chair should be a senior clinician from within the ICP footprint and a common feature of their role will be to:

- Provide ICP leadership
- Promote the integration of health and care services at place-based level
- Ensure that the ICP is cross-sector with opportunities for partners to contribute and feel valued in the partnership
- Act as the lead contact for the ICP and take responsibility for day to day delivery of ICP objectives
- Maintain the governance arrangements and support networks to ensure coordinated delivery of ICP priorities

Each ICP will develop its own vision, aims and objectives and will continue to deliver the priority areas identified over Summer 2020 and which have been shared with the shadow ICS Partnership Board. The ICPs will retain flexibility to establish supporting governance arrangements as required in order to provide the optimal design conditions to support delivery of the agreed priorities. This may take the form of 'Task & Finish' groups for example which will be established through the respective ICP.

The ICP Programme Board will support local ICP governance through a coordinated approach to ICP development activity where appropriate to do so. This may include supporting the design of a common delivery model (tailored to local factors), design of system-wide ICP governance and operational issues (e.g. financial framework development, management of ICS Development Plan interdependencies) and a consistent programme management methodology. Delivery of the ICP related projects and tasks will be retained at a local ICP level.

ICPs, by their nature, should be inclusive and collaborative and this will be reflected in the scope of representation from partners recognising that the range of partners may expand or change over time, the core partners in each ICP area are likely to be:

- NHS Trusts (Acute, Community & Mental Health)
- Clinical Commissioning Groups (through to March 22 subject to primary legislation)
- Primary Care Networks
- Local Authorities

Each ICP will need to make its own arrangements to ensure that the voice of their stakeholder community, including voluntary sector and other public bodies, are actively engaged within the design, development and delivery of ICP transformation programmes.

The ICP Delivery Plan

As individual partner organisations around the ICP, each organisation will have developed its own operating plan to respond to national policy imperatives and continuously develop &/or improve its services.

In order that the ICP partners can better articulate how they will collectively support local populations to improve their health and care outcomes it is proposed that each ICP develops a 'place-based' delivery plan. This plan will be rooted in a Population Health Management approach which will enable a broad understanding of local population need to be developed and established across all partners. In turn, this will be used to set out the ICP priorities for the year ahead including the evidence base supporting the identification of those priorities, the actions that will be taken to deliver improvements, the structure it will adopt to support delivery and how it will have visibility on progress.

In time, it may evolve to include financial, workforce and performance related data but as a first publication should include a place-based emphasis on why the partners have come together in this way, how they will arrange themselves to support delivery (including reference to strategic commissioning based enabling programmes) and the objectives and programmes of work they have chosen as their priority areas of emphasis.

To ensure continuity with current system-wide programmes focussed on service transformation and redesign, the ICPs will continue to engage with, and benefit from, support from the Transformation Delivery Unit. This will enable existing mechanisms of cross-ICP support to remain in place and provide a strong basis from which to evaluate and determine ICP support mechanisms into the future.

ICP Roles and Responsibilities

The ICPs will, as they mature, work with the Strategic Commissioner to determine the range of functions that can be discharged at place-based level and those which should be retained at system level. Analysis carried out by the CCGs working with Deloitte's has identified the following functions which could be delivered at ICP level:

- Integrated Service and pathway design and transformation
- Provider resilience/market development and management
- Locality financial management and planning
- Community asset identification and integration
- Care co-ordination and planning through evidence based pathways
- Continuous quality improvement
- Cost reduction and demand management.
- Locality workforce strategy
- Clinical, political and public engagement

There are a second category of areas where there may be a shared role between ICPs and the strategic commissioner, these include functions centred around:

- Market management
- Financial and contract management
- Quality and performance
- Stakeholder engagement

Alignment with strategic commissioning

It is recognised that a full alignment with the strategic commissioning workstream will be required to harmonise both the shape and scale of the future design arrangements together with the timeline on the incremental steps necessary to achieve the end point.

At a meeting in November 2020, the Governing Body of the Staffordshire & Stoke-on-Trent CCGs approved the alignment of functions and posts to strategic commissioning and Integrated Care Partnerships. More detail on the specific nature of the ICPs functions for each of the areas listed above can be found at Appendix 1

The CCGs are working towards a transition date of the 1st April 2021 as part of the Strategic Commissioning workstream and regular fortnightly touch-point meetings have been established between the two lead Directors to coordinate activities across the two workstreams and these will continue throughout the transition to the new system architecture.

Whilst it is important to have the clarity on which functions align to which category it is also important to note that such distinctions are perhaps not as binary as might first be indicated and there are several areas where a function can sit as part of continuum across both spectrums and more work is required as part of the transitional planning process to work through the detail. Equally, there are functions fully retained within the scope of strategic commissioning which nonetheless have a significant bearing on the ICPs ability to deliver the roles and responsibilities assigned to it, e.g. Population Health Management. Again, more work is required through the transitional planning process to fully define the relationships between the two areas.

Alignment with Health and Wellbeing Boards

Health and Wellbeing Boards are statutory sub-committees of unitary Local Authorities. Each has a statutory duty, together with the Clinical Commissioning Groups, to publish a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWBS).

The Health and Wellbeing Boards are central to the promotion of integrated health and care across all system partners, and both the JSNA and JHWBS will directly inform the priorities of the ICPs. The ICP Delivery Plans will recognise the distinctive contribution of place-based partnerships to addressing health inequalities, this cannot be achieved without full and meaningful engagement with, and the support of, the Health and Wellbeing Boards.

Through the ICP Delivery Plans, system partners will ensure a genuine golden thread that will weave Health and Wellbeing Board strategies through to the ICP transformation programmes and enable full visibility on the progress being made towards achieving strategic outcomes.

ICP operating characteristics

The ICPs will adopt a series of operating characteristics in delivery of the roles outlined above, these are:

- Care will be coordinated around the person and not organisations
- Services will be designed and delivered through a place-based approach
- People will be supported in their own home and community for as long as is appropriate and possible
- There will be a focus on prevention and early intervention to tackle health inequalities supported by Population Health Management
- Our staff and local people will be empowered to actively contribute to identifying solutions and opportunities for service redesign
- We will support the development of a culture with an agreed set of values and behaviours
- A focus on maximising opportunity for digital transformation to enhance health and care quality
- Proposals will be evidence-based and focus on improving quality and outcomes
- Integration should be enabled wherever possible and appropriate reducing duplication and promoting best use of scarce resource
- Systems of governance will continue to recognise organisational sovereignty, regulatory obligations and contractual agreements

The ICPs recognise a need to achieve transformation in health and care services for people, carers and families and will work in collaboration with the strategic commissioner to design a health outcomes framework which will form the basis of a performance reporting model to evidence the progress being made.

Shared Behaviours

In order to promote a culture of collaboration and partnership working, each partner is invited to adopt a set of behaviours which will underpin how they will interact and support each other:

- Citizen/Patient/Service User centred approach focussed on achieving the best outcome for the individual
- Recognising the strengths and values of partners and opportunities to do things differently
- Promote an asset-based approach recognising the power of local community assets
- To work in a spirit of trust, openness and transparency
- Challenge constructively and appropriately
- Accept a level of risk in achieving the agreed outcomes

Clinical and Professional Leadership

The Staffordshire & Stoke-on-Trent Health & Care Senate (the Clinical Senate) was established in 2019 to ensure strong clinical leadership at the ICS decision-making.

As the ICPs have emerged, the approach of the Clinical Senate has also evolved and the vision is for each ICP to develop a Clinical Assembly affiliated to the Clinical Senate. This will ensure the widest representation from all professionals and parts of the health and care sector is available to provide clinical input whilst maintaining a focus on distinct populations at a place-based level.

Connections between the Clinical and Professional Leadership workstream and ICP Development have been established and more work will be undertaken over the coming weeks to further develop the role of the Clinical Assemblies and mutual relationship with the ICPs.

Development of Locality Commissioning Boards

It is acknowledged that changes to primary legislation would be required to formally delegate or transfer existing CCG duties and responsibilities to an ICP. Such a proposal is included within the scope of the consultation work currently being undertaken through NHSEi although any final decisions are not expected to be confirmed until Spring 2021 at the earliest.

In lieu of that timeline and its lack of fit with the ICS application process planned for the first quarter of the 2021 calendar year, the CCGs have established 'Locality Commissioning Boards' (LCBs). The LCB will act as a transitional vehicle to fulfil the CCGs statutory functions aligned to ICP footprints, which will enable greater involvement of ICP partners in the discussion and deliberation on matters that remain the responsibility of the CCG for now, but are expected to move across to ICP responsibilities in due course.

The LCB is a formal sub-committee of the CCGs Governing Body and constituted with delegated authority from the Governing Body for those functions included within scope of the ICP functions as approved by the November 2020 meeting of the CCG Governing Body and as listed in Appendix 1. This provides a synergy of approach and will enable a future transition to ICPs subject to changes in primary legislation.

The LCB will adopt a governance model that will co-opt members from partner, statutory organisations to further support an alignment of approach between the LCB and the ICP whilst retaining sovereignty of decision-making in those individual organisations.

The LCBs will be supported by locality commissioning teams led by the CCG Managing Directors for the three locality areas of Northern Staffordshire, South East Staffordshire and South West Staffordshire. This both provides coterminosity with the ICP footprints but also ensures continuity of resource to pursue the priority areas set out in the ICP Delivery Plans at the place-based level.

Alignment with Local Authorities

The active participation of Local Authorities must be considered as an essential building block if system-working is to drive meaningful improvements in health and care outcomes. This enables both an opportunity to integrate services across health and care as well as improving population health by focussing on local population need and the wider determinants of health through the inclusion of housing, education and other local authority services.

The continued development of ICPs at the level of 'place' may offer a more natural footprint for collaboration as we may be better able to join services up at a localised level. Consequently each of the ICPs ought to consider the link to their local authority partners and if not in place already, build relationships and secure representation as part of their Partnership Arrangements going forward.

Confidentiality and commercial sensitivity

It is recognised and acknowledged that partners in the ICP may, as a result of working together, disclose information which could be regarded as confidential or commercially sensitive.

Each partner, in sharing information, should make it known whether it regards the information as being confidential prior to disclosure and such information should not be further disclosed without prior confirmation from the original partner.

Each partner recognises each partners obligations under GDPR and Data Protection and will not act in a way or share information which would put such obligations at risk.

It is also recognised that, on occasion, the sharing of information could lead to a potential for an unfair advantage in any future competitive situation. Such information will need to be managed in a way that minimises this risk.

Timelines

The ICS Development Plan commits partners to working towards being designated as an ICS by April 2021. This necessitates the need to work at pace and it is proposed this visioning document is approved by the end of December 2020 with the ICP-level Partnership Agreements and ICP-level Delivery Plans developed on a parallel timeline to January 2021.

Appendix 1 ICP functions

Proposed ICP functions from the strategic commissioning workstream

ICP	
Service evaluation * Undertake clinically led service evaluations at a local level as part of the prioritisation process aligned with the required delivery of outcomes * Identify required improvements feeding into pathway redesign across the ICP * Evaluation to feed commissioning/decommissioning decisions at a local level	**Service design and development and Integrated Pathway Redesign** * ICPs to take the required outcomes co produced with strategic commissioning to design integrated services to meet the needs of the local population - 'the how' *Clinically led process aligned with the available financial envelope * Lead provider arrangements to be identified and financial movements co ordinated * QIPP/CIP/system savings to be considered in all redesign * Care co ordination and integration * Consideration given to cross border commissioning by ICPs where appropriate and decided at ICP level. * Providers and commissioners across health, social care and the voluntary sector to take the co produced required outcomes and develop integrated pathways. * Agreement of any financial realignment between providers * Agree appropriate use of facilities and technology identifying efficiencies * Development of CIP/QIPP programmes/system savings *Identification of lead provider and mechanisms to hold to account through the ICP
Health and Social Care Integration - local delivery * ICP to take the areas of joint commissioning and outcomes defined across health and social care and redesign pathways to deliver these at a local level. * Integrated approach to quality monitoring at an ICP level * Workforce development * Developing local culture and frameworks for working	**Local procurement** *Undertake procurements at a local level where sub contracting outside of the ICP is required for capacity or service specific reasons. *Ensure that procurements are undertaken in line with the agreed procurement strategy.
Place-based planning * Planning will be done at the most appropriate level based upon service by the ICPs across health and social care to take collective responsibility. * Agree governance structures *Take outcomes to deliver single set of measurables	**Evidence - based protocols & pathways** *ICPs will take the strategy and outcomes developed through Strategic commissioning using PHM, health inequalities and health inequities data and co produced as part of the process to develop pathways at a local level to address and deliver the required outcomes * Clinically led discussions across partner organisations to develop pathways and protocols *Use centralised CPAG function to inform decision making at a local level
Cost reduction and demand management * ICPs through delegated budgets and local prioritisation based upon delivery of the required outcomes will develop demand management schemes which will be clinically led and evidence based. *Managing risk across the local ICP system *QIPP/CIP system savings will be developed based upon clinical evidence and aligned to the needs of the local populations that the ICPs serve * Clinical leadership in place within the ICPs to drive the discussions and decisions * Engagement done at an ICP level and formal consultation undertaken in partnership with strategic commissioning	**Outcome based service specifications** * ICP will develop outcome based specifications for any sub contracted services to be managed through the ICP mirroring the head contract. *Outcomes will be linked to those co produced following robust PHM data analysis.

ICP	
Engagement – Political / Clinical / Professional / Public / Community * Engagement across multiple stakeholders to be undertaken through the ICPs in determining service and pathway changes. This will take be both informal and formal. * ICPs will determine the methods and types of engagement working with the communications team in Strategic Commissioning to ensure legal requirements are met. * Relationships with MPs and Councillors including attendance at OSCs *Other public sector provision - fire and police etc.	**Contract Design - ICP** * Develop the local outcomes framework for service specifications aligned with the strategic outcomes * Translate and implement local and system changes to NHS contract * Define required contractual governance structures to local ICP
Provider resilience and failure * ICP to work as a collaborative to support provider resilience and identify areas where efficiencies and alignement can be made * Work in partnership through sharing of skills and experience across providers and commissioners * Process in place for sub contractor provider failure	**Financial monitoring - delegated budgets** * Responsible for the delivery of services within the delegated financial budget including prescribing * Development of ICP level QIPP/CIP/system savings * Reporting mechanism and governance structure in place at an ICP level into the strategic commissioner
Contract management and monitoring - ICP *Set out outcome management, reporting and quality priorities for local ICP *Testing robustness of the supply chain arrangements * Assurance to ICS and Governing Body on delivery against the operating plan and outcomes performance * Local RIG MDT to assess compliance/performance of head contract against priorities * Assurance and input to any local provider led Clinical Improvement Groups	**Management of delegated budgets** * Ensure budgets are aligned to propritised services and outcomes * Reporting into the Strategic Commissioner * Development of ICP risk/gain shares through pathway developments
Local quality monitoring and delivery * Leading on the development of ICP quality metrics linked to specified outcomes as part of service evaluation and development * Quality monitoring of sub contracted services * ICP QIA panels *PIRT team *Operational safeguarding nurses to sit at an ICP level *Datix reporting * Partnership approach to quality improvements	**Management of Urgent care performance and remedial actions** * Reporting to NHSEI - local system reports such as OPEL/sitrep *Daily operational management of the urgent care system * Capacity and demand management at an ICP level * Surge planning at an ICP level *Recommissioning of Discharge services/D2A * Implementation of any urgent care services changes that fall out of consultation and decision making * Integrated discharge planning and service redesign with Local Authorities

ICP

Primary Care development ((note commissioning has been included in the functions boxes due to overlap)

*General Practice Development/support/improvement

This will need to feed into the ICS as part of the delegated function, but the function can be at ICP level

*Primary Care Quality – quality improvement and monitoring

This will need to feed into the ICS as part of the delegated function, but the function can sit at ICP level.

*Primary Care Quality Dashboard reviews, links to CQC, quality visits

*North learning and development /PLTs

*Learning and development to meet the needs within the ICP.

*Primary Care Relationship & Stakeholder management across the ICP footprints.

*PCN support and development alongside the development of the ICP to ensure that primary care are a core part of the partnerships.

*Workforce development including Training Hub Board membership - Will need engagement at ICP level to feed into the overall workforce plans.

*Screening and vaccs and imms – Monitoring, improving uptake, assurance at a local level

Digital and estates

*Re-Procurement of Clinical Systems - engagement at an ICP level - holding ICS to account

*Digital First Primary Care - part of the collaborative board

*Technology Enabled Care - delivery

*Estates delivery at an ICP level

* Wider digitalisation of care pathways across the system

Meds Optimisation

*Medicines, appliances and nutritional related transformational project redesign - as part of the overarching pathway work

*Antimicrobial stewardship - delivery at a local level

*Workforce development - implementation at an ICP level

* Shared Care arrangements - to form part of the pathway work within ICPs

*PCN DES - ICP MO teams will have the resposnibility to monior delivery and manage relationship with PCNs. PCN Clinical pharmacy teams at will implement the DES specifications

*Practice/PCN clinical pharmacy and medicines optimisation service - ICP MO teams will be involved with developing a whole host of resources and training for PCN clinical pharmacy teams to address quality, safety and cost-effectiveness of prescribing. MO ICP teams will have responsibility for monitoring and managing the contract, and for managing relations with PCN teams

PCN clinical pharmacy teams will implement the service specification

ICPs Support & Management of Devolved Functions

* Operational staff resource to support each of the CCG statutory functions & duties as outlined (numbers / balance of split t.b.c)

Administration aligned to the ICPs

* Remaining Admin function moved to support ICPs

Community - based assets identification & integration

* Working across health and social care partners with the voluntary sector to develop and approch based upon community assets using communities to feed service redesign and define what is important to the local population.

*Agree alignment of finances to deliver the approach

*Governance structure around integrated decision making and resource allocation.

*BI function at a local level