

Integrated Care Systems (ICSs)

Overview for London Funders members

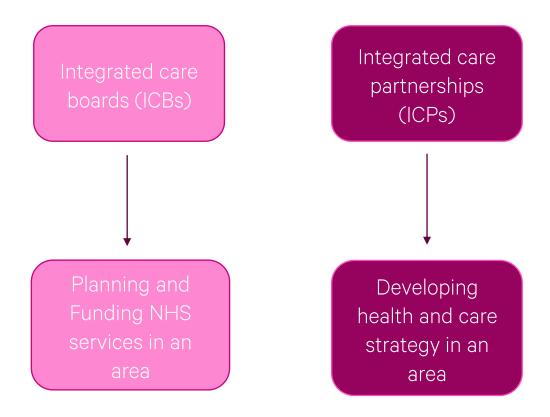
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Formalised as legal entities with statutory powers in 2022



They comprise of two components:



Much of the resource and formal accountabilities of the ICS sit with the ICB

Partners and places

Integrated care systems (ICSs)

Key planning and partnership bodies from July 2022

NHS England

Performance manages and supports the NHS bodies working with and through the ICS

Statutory ICS

Care Quality Commission

Independently reviews and rates the ICS

Integrated care board (ICB)

Membership: independent chair; non-executive directors; members selected from nominations made by NHS trusts/foundation trusts, local authorities, general practice; an individual with expertise and knowledge of mental illness

Role: allocates NHS budget and commissions services; produces five-year system plan for health services

Influence



Integrated care partnership (ICP)

Membership: representatives from local authorities, ICB, Healthwatch and other partners

Role: planning to meet wider health, public health and social care needs; develops and leads integrated care strategy but does not commission services



Partnership and delivery structures Geographical Name Participating organisations footprint Provider collaboratives NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, System community and social enterprise (VCSE) organisations and the independent sector: Usually covers a population can also operate at place level of 1-2 million Health and wellbeing boards Place ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level Usually covers a population of 250-500,000 Can include ICB members, local authorities, VCSE organisations, NHS trusts (including Place-based partnerships acute, mental health and community services), Healthwatch and primary care Primary care networks General practice, community pharmacy, dentistry, opticians Neighbourhood Usually covers a population of 30-50,000

The Kings Fund

Four Key Aims

Improving	outcomes in population health and health care
Tackling	inequalities in outcomes, experience and access
Enhancing	productivity and value for money
Helping	the NHS to support broader social and economic development.

Why are they needed?

People are living longer with multiple conditions

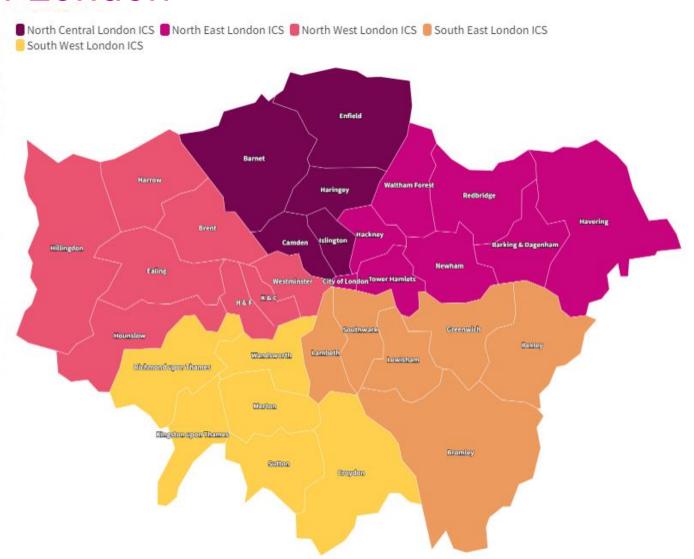
Care to date has been fragmented and difficult to co-ordinate

Has led to poorer outcomes for patients and duplication and inefficiencies within the NHS

ICSs aim to bring together different parts of the NHS and health and social care

ICSs have a critical role in improving population health and tackling health inequalities

The ICSs of London





Integrated Care Boards (ICBs)

- Allocate NHS budget and commission services (previously CCGs)
- Five-year system plan
 - How the ICB will meet the health needs of local population
 - Consider priorities of their partner Integrated care partnership (ICP)
 - Informed by health and wellbeing strategies locally
- Membership
 - Chair, chief executive officer, and at least three other members drawn from NHS trusts and foundation trusts, general practice and local authorities in the area.
 - At least one member must have knowledge and expertise in mental health services.
 - Patients and communities to be involved in planning and commissioning of services



Integrated Care Partnerships (ICPs)

- Statutory joint committee of the ICB and local authorities
- Support partnership working
 - Addresses wider health care, public health and social needs of the population
 - Developed with local needs assessment and together with local communities and Healthwatch

Membership

- Must include one member appointed by the ICB, one member appointed by each of the relevant local authorities, and others to be determined locally.
- Others may include social care providers, public health, Healthwatch, VCSE organisations and others such as local housing or education providers.



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