

Integrated Care Systems as they develop

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Integrated Care Systems as they develop

- What do ICSs mean for SEND duties and delivery in practice?
- Update on guidance and accountabilities
- System readiness and response – key themes
- Hopes and fears for an emerging system
- Opportunities to share collective knowledge from your system

Transition to statutory Integrated Care Systems

- ICSs replaced CCGs on 1st July
- 110 CCGs (formerly 220) → 42 ICSs: **operating at much bigger footprint** (1-2mil)
- Based on the principle of **integration *within* health system** (e.g. mental and physical health, acute and community care) and **between health system and other partners**
- Came through *Integration & Innovation White Paper* and the *Health and Care Act*
- Initial legislation was adult-focused, but now several key duties related to CYP:
 - ICBs **must** consider the needs of children (0-25), including those with SEND, in their **joint forward plans**
 - ICB and ICPs **must** consider diverse skill mix, when appointing to their boards
 - ICB annual reports must include how they have met safeguarding and SEND duties
 - ICBs must have a **named CYP executive lead. SEND accountability will be held by an ICB executive lead** (likely the Chief Nurse)

INTEGRATED CARE SYSTEMS ICSS

NHS England

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

Care Quality Commission

Independently reviews and rates the ICS

STATUTORY ICSS

**Integrated Care Board
ICB**

Membership: independent chair; non-executive directors; members selected from nominations made by NHS trusts/foundation trust, local authorities and general practice

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

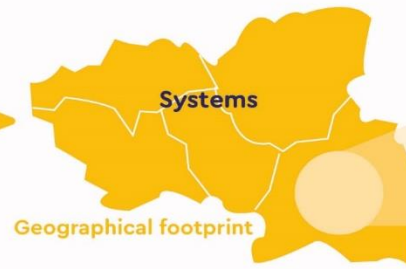
Cross body membership, influence and alignment

**Integrated Care Partnership
ICP**

Membership: representatives from local authorities, ICB, Healthwatch end of the partners

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

Influence



(Popn 1-2 million) – setting strategy; managing overall resources and performance; planning specialist services across larger footprints; strategic improvements to key system enablers such as digital infrastructure, estates and workforce planning. Health's statutory duties for SEND and safeguarding will be held at systems/ICS level.

Places

(Popn 250,000-500,000) – redesigning local services; joining up care pathways across NHS, local government and VCS services; supporting the development of PCNs; building relationships with communities – local authority footprint

Neighbourhoods

(Popn 30,000-50,000) – formation of Primary Care Networks; bolstering primary care services; developing multidisciplinary teams; delivering preventive interventions for people with complex care need

WHAT MIGHT THIS MEAN FOR SEND DELIVERY?

- Residential special schools
- Specialist inpatient services
- Palliative Care
- Secure children's homes
- Secure Stairs
- Keyworker services
- DSR/CETR
- Children's continuing care

- Education, Health & Care Plans formal/legal processes in place
- Physio/OT/SALT
- Children's Community Nurses
- Child Development Centre
- CAMHS
- Personal budgets
- Ordinarily available provision/graduated response
- Child in need

- SEN Support
- Mental Health Support Teams
- Making every contact count
- Early help
- Social Prescribing
- School nursing
- GP services
- 2 1/2 year check
- Healthy child Programme
- Children's Centres

PARTNERSHIP AND DELIVERY STRUCTURES AND PARTICIPATING ORGANISATIONS

Provider collaboratives

NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector: can also operate at place level

Health and Wellbeing boards

ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level

Primary care networks

General practice, community pharmacy, dentistry, opticians

Place-based partnerships

can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care

Influence

Guidance and responsibilities

- The **Integrated Care Board** will bring the health system together and is responsible for **commissioning healthcare services** across the ICS footprint. The **statutory responsibilities** and functions previously held by CCGs will be transferred to the ICB, including SEND and safeguarding duties. The ICB is also responsible for developing a '**five-year Forward Plan**'
- The **Integrated Care Partnership** will bring together the NHS, local authorities and other key organisations including housing providers and voluntary and community sector organisations "as **equal partners**" to **plan to meet wider health and care needs** across the ICS footprint. The ICP will develop an '**Integrated Care Strategy**'
- *Guidance on Integrated Care Strategies* (29 July) explains Integrated Care Strategies "Must set out how assessed needs (identified by JSNAs) are to be met by the ICB"
- "Local children's leadership" including Directors of Children's Services and ICB CYP lead must be involved in the strategy development
- Children and families should be consulted in both strategies

What could this mean for the SEND system?

- ✓ More joined-up and integrated care
- ✓ Integration between physical and mental health services and community care
- ✓ Specialised services planned and delivered at larger geographical footprint
- ✓ Sharing good practice and common solutions, reducing duplication
- ✓ Consistency, reducing 'post code lottery'
- ✓ Formalising multi-agency working
- ✓ Driving change for CYP/SEND at system level (e.g. in West Yorkshire and Harrogate)



But...

- Period of transformation for an already stretched health workforce
- Potential duplication/overlap of responsibilities, strategies and agendas
- How to ensure necessary local variation is facilitated?
- How will CYP and families be consulted during transition and on an ongoing basis?
- How will the change affect collaborative working with key SEND partners?

Emerging challenges

- Still confusion across the wider system about how the move to ICSs will affect existing partnership arrangements, and what this means for joint SEND activities at place (local authority)
- How well will the ICSs system understand SEND work at place level – Approach to and visibility of data? What is their role in inspections etc?
- Relationship between place and system
- Governance arrangements
- Patchy/minimal parent carer engagement – *"Feels like we're starting all over again"*
- Visibility of SEND/CYP in the 'ABCD' and recovery agenda?
 - *"Sometimes SEND appears to be on the agenda, other times not"*
 - *"Concerned that the cohort of CYP with SEND 0 - 25 will not be visible or prioritised anywhere, because the cohort is spread across all areas of the ICS. SEND support is more like a 'theme' for a cohort, like safeguarding"*

Key considerations

- **What should be done at ICS vs local system level for SEND?**
- **What should the role of ICSs be** in this landscape –setting standards, sharing good practice, redistribution, delivery? How will the governance relationships determine this?
- **What is the relationship between multiple place-footprints and one ICS?**
- **Principle of subsidiarity in Guidance – is it in practice?**
 - "We apply three tests to determine when to work at system level:
 - to achieve a critical mass beyond local population level to achieve the best outcomes;
 - to share best practice and reduce variation; and
 - to achieve better outcomes for people overall by tackling 'wicked issues' (i.e., complex, intractable problems)."

- **July 2022 – ICSs formally replace CCGs**
- **December 2022 - ICP Integrated Care Strategies developed**
- **April 2023 - ICB joint forward plans to be published**
Each ICB must publish a five year forward plan by April 2023. Following HPIG/sector work on the Health and Care Act, these plans must include provision for babies, children and young people.
- **Refreshing ICS guidance - June 2023**
DHSC has committed to reviewing and refreshing their ICS guidance in June 2023 "following the first cycle of joint 5-year forward plans and integrated care strategies."

Over to you:

- Have you been involved in the development of your ICS?
- What SEND strategies and activities do you think should happen at the ICS level? What should stay at place?
- What would you want to see in an ICS strategy in relation to SEND?
- Do you feel the needs of children and young people with SEND and the SEND workforce have been sufficiently considered within your ICSs development?
- What are your asks from the system going forward?

https://PollEv.com/free_text_polls/EEsS48ffPHcsqjalHu4EU/respond

Reflections and questions