**Integrated Care Systems**

**Why is it important that the Bath and North East Somerset, Swindon and Wiltshire (BSW)Partnership has become an Integrated Care System?**

The NHS Long-Term Plan, published in January 2019, outlines how the NHS will change in the future. Most notably for us, it sets the target of having Integrated Care Systems (ICSs) covering the whole country by April 2021.

Our populations’ health and care needs are changing, with more people living longer often with multiple long term conditions. [This animation](https://www.youtube.com/watch?v=3YdlV1DsK54&feature=youtu.be) (it’s really worth watching through to the end!) explains the challenges facing the health and care system and why partnerships need to be formed between the NHS, local government and the third sector to integrate care and better meet our populations’ health and care needs now and in the future.

[You can read more about the NHS Long Term Plan here.](https://www.england.nhs.uk/long-term-plan/)

**What is an Integrated Care System?**

An Integrated care system (ICS) is a way of working across health and care organisations that allows them to work closer together to take collective responsibility for managing resources, delivering care and improving the health and wellbeing of the population they serve. ICSs will integrate:

• Primary and specialist care

• Physical and mental health services

• Health and social care

[You can read more about integrated care systems here.](https://www.england.nhs.uk/integratedcare/integrated-care-systems/)

**What is an Integrated Care Alliance?**

Integrated Care Alliances (ICAs) involve commissioners, providers and other organisations

* Working together to improve health and care for residents' in one locality, often co-terminous with local authority boundaries
* Working across organisational boundaries by choosing to focus on areas which are challenging for all partners
* Agreeing a picture of future population needs-

 In BSW, there will be three ICAs – Bath and North East Somerset, Swindon and Wiltshire.

**Is the Integrated Care System the same as the Sustainability and Transformation Partnership?**

As envisaged in the NHS Long Term Plan, the BSW Integrated Care System will take forward the work begun by our Sustainability and Transformation Partnership (STP). It will continue to focus on health and care services working together to provide more coordinated care to patients and improve overall health outcomes for local people. However, the ICS and ICAs will extend the ways in which we work together, with new opportunities for integration at the front line, and in commissioning and delivery of services.

**The vision of the Integrated Care System sounds great, but what does it actually mean? Will there be cuts to services?**

In 2016, NHS organisations and local councils came together to form the BSW Sustainability and Transformation Partnership (STP), working together to improve health and care for patients.

This partnership has now been officially designated as an Integrated Care System, a new type of even closer collaboration. NHS organisations, in partnership with local councils and others, will work together to manage resources, delivering NHS standards, and improving the health of the population of Bath and North East Somerset, Swindon and Wiltshire.

With our NHS organisations working together in this way, alongside councils and drawing on the expertise of others such as local charities and community groups, we can provide better and more joined-up care that is tailored to the individual needs of patients and residents. We are developing a shared set of outcome measures to monitor and track progress against our agreed priority areas.

The aim is not to cut services, but to look at how we can collectively make decisions on best using resources to have the biggest impact on health and wellbeing.

**Where does general practice fit within our Integrated Care System?**

General practice sits at the heart of the future Integrated Care System model. We are in a positive position in BSW, with strong relationships and established Primary Care Networks. Community and other services will be designed around these networks, to ensure we are bringing care closer to the homes of our residents. This will focus funding around local services that our residents can access more easily, offer more joined-up care and increase the focus on prevention of poor health.

**Is the BSW Partnership looking at how other Integrated Care Systems have been formed to help inform our plans and sharing best practice?**

Yes, we will definitely take learning from areas of the country that are further ahead on this journey. We have held a number of learning events over the summer to learn from their arrangements, and work closely with colleagues who are further ahead in the process than we are. NHS England and Improvement are supporting us with knowledge and information sharing and we are participating in a range of ICS networks coordinated by NHS Confederation and NHS England and Improvement South West and South East.

**What role will Integrated Care Systems play in resolving social care challenges?**

Social needs have a big influence on the demand for health and care services. Councils are key partners in the development of the BSW Integrated Care System and the development of Integrated Care Alliances, alongside NHS commissioners and providers. This recognises that there are many areas where we need to consider residents' health and social needs together. We need to better understand the wider determinants of health in order to make a real difference to outcomes. Our approach will also allow us to collectively tackle some of the challenges we face around the financial sustainability of the health and social care system.

**What safeguards are there to stop a commercial entity or one partner organisation dominating an ICS?**

Integrated Care Systems are partnerships between public sector bodies and organisations providing care to the health and care sector. Across BSW we are adopting a model of ‘Distributed Leadership’ which means that we are drawing upon the skills and expertise of all partners.

In future, delegation to ICAs will be dependent on ICAs demonstrating the strength of their partnership arrangements, and how all the different sectors will work together for the benefit of their local population.

**Patients and residents**

**What will be different for the local population?**

By joining together in this new approach to commissioning and provision, we hope to offer major benefits to the local population – local services that residents can access more easily, offer more joined-up care and are focussed more on prevention of poor health and improving the health and wellbeing of our population. Our aim is also to make sure that the quality of care, and work to tackle inequalities, is more consistent across our three localities.

Looking more widely at the development of a BSW Integrated Care System and partnerships at locality level, in many ways there won’t be major changes for our residents. For example, residents will still see their local GPs and be able to access local services.

**Primary care**

**What is a Primary Care Network?**

Primary care networks (PCNs) bring together health professionals to provide an expanded health and care service for 30,000-50,000 patients in a particular local area. PCNs will provide access to GPs, nurses, specialist clinicians, allied health professionals such as pharmacists, physiotherapists and podiatrists, who will be joined by social care and voluntary sector support staff. There are 24 PCNs in BSW.

[This short film](https://www.youtube.com/watch?v=W19DtEsc8Ys) explains the concept of primary care networks (PCNs) and how this new way of working enables health and other services to work better together to meet increasingly complex patient needs and the growing demand for services.

PCNs will enable a focus on the local population to address inequalities with greater provision of preventative, proactive, personalised, coordinated and more integrated health and social care. By working together in networks, GP practices and other care providers can deliver better care for their patients and better lives for their staff.

**How will the primary care networks be engaged in this process to bring them on board?**

GP clinical leads from the three localities are involved at a BSW and locality level in the development of plans for our Integrated Care System and locality based ICAs. The Primary Care Network Clinical Directors will be heavily involved in work at a locality level to develop and implement further plans for building more community and social care services around the emerging Networks, which is a key element of the integration work.

**Clinical and professional leadership**

**What do these plans mean for clinical leadership?**

Strong clinical and professional leadership from across a range of disciplines is critical to the success of the ICS. If we are to tackle the wider determinants of health it is important that we think beyond clinical leadership and include professionals from areas such as social care, education and housing in our approach to leadership development.

Within the changing systems and structures there are new clinical and professional networks emerging and various leadership roles – including clinical director roles within Primary Care Networks, clinician and professional involvement in our Local Professional Leadership Networks in each locality; in the Population Health and Care Group and in our Quality Surveillance group. We are also looking at how we develop clinical and professional leadership across BSW.

**Commissioning arrangements**

**What does the ICS development mean for commissioning?**

The NHS Long Term Plan describes a leaner commissioning model with one strategic commissioning function at a BSW level. Outcomes will be set at the BSW level. Budgets to deliver these outcomes in the future may be delegated to our three ICAs as they develop into partnerships with responsibility for resource allocation and service design. Over time, there will be a blurring of the purchaser/provider functions with commissioners taking on more of a facilitation role rather than direct decision making on service design or resource allocation.

There are currently two options being considered for how commissioning will be delivered within an ICS. In one of these options the CCG continues to function within the ICS, in the other it is absorbed into the ICS. In both scenarios, elements of the work currently described as commissioning will be delivered in partnership with providers.

**What will commissioning look like?**

We are seeking to strengthen the way we work locally, as well as together, at scale and to work collaboratively with providers. Systems are expected to adopt a population health management (PHM) approach to ensure effective planning and delivery of care based on robust population health insights. The strategic commissioner still has a number of statutory functions which will be needed to support the system.

There will be more emphasis on planning, with people with the skills to do this collaboratively and the skills to align and/or pool health and care budgets. The ICS will need individuals with skills to make change happen- designing and enabling quality and service improvement.

**What exactly does commissioning for ‘population health’ mean?**

Population health is a term used to describe the health outcomes and needs of a defined group of people. It involves having a focus on reducing variation and inequality of care for people living in an area.

The health of a population is influenced by a wide range of factors, including the local environment, people’s social and economic situation, and their lifestyles. Someone’s age and gender also make a difference to health, as well as their access to health, care and other public and private services.

Due to these wide ranging and complex factors, influencing and improving population health cannot be done by one single organisation. There is an increasing need for the NHS to work with different services, sectors and community groups to develop joined-up approaches to improving population health. Collaboration with local authorities is particularly important as local government is responsible for public health spending and a wide range of services that influence people’s health.

CCGs and local authorities already commission a number of services jointly and over the last few years have been working together on local plans to transform services to make sure patients get the care they need in a more joined-up way.

As health commissioning changes, there is an opportunity to build on this work and discuss further how the NHS can work closer with local authorities and other partners in the future.

**What is the future of specialised commissioning and primary care commissioning in the system?**

Over time, national expectation is that strategic commissioners within an ICS will play a greater role in the commissioning of direct and specialist acute and mental health services currently commissioned by NHS England and Improvement. The detail is still being worked through.

Primary Care commissioning will continue as a function with the ICS and will need to be aligned with the new arrangements as they develop.

**Will councils have a relationship with the ICS or specifically with the BSW strategic commissioning function?**

Both. The BSW system has one CCG with a strategic commissioning function, with one Governing Body. We already work closely with colleagues in local authorities at a locality level and this will continue and in future working with providers as well. Over time, the divide between commissioner and provider will become less significant, with commissioning done in partnership.

**Finances**

**What will the finances look like?**

Our Directors of Finance have established a plan to develop system wide financial governance arrangements and capital plans so that we can move towards collective rather than organisational decision making. This will allow us to make best use of all the available NHS resources in our system. We have also agreed to develop a BSW financial sustainability plan as we are currently spending more than we are allocated.

**Governance**

**How do sovereign organisations and boards fit into the system?**

Statutory organisations retain their current responsibilities and decision taking authorities. We will be working in a collaborative way, agreeing where changes are appropriate (decision making) and asking our constituent organisations to take appropriate decisions (decision taking) to support these changes within their own governance structures. We will be working together to collectively manage system performance, working across partners to improve operational performance and hold each other to account.

**How will the BSW integrated care system link with local democratic accountability in local authorities?**

The local democratic accountability that local authorities hold will remain unchanged but local authorities will work closely with NHS organisations and others as partners within the BSW ICS, working together to manage resources, delivering NHS standards, and improving the health of the population. The Health and Wellbeing Boards that operate at local authority level are likely to become increasingly influential in the way services work together in response to the needs of the population.

**Engagement**

**How do we ensure that we don’t lose the local voice of patients as we work more at scale?**

We have launched a system-wide Our Health Our Future (citizens) Panel. Membership is current +800 individuals who are representative of our local system that we can survey and work with to inform and feed into our local plans. The Panel is a crucial engagement tool for the Partnership and forms part of the new engagement model for BSW CCG. Our vision is to create a system-wide integrated model of engagement with our partners as our ICS matures.

As we work closer with communications and engagement leads from across our partner organisations there will be more opportunities to make more effective use of our collective resource and share insights so that we can drive up the quality of our engagement at a local and system-wide level.

We will also use mechanisms at a local level to gain an insight and understanding of the needs of local communities. This will include but is not limited to using feedback from our Healthwatch partners and other organisations and working with primary care networks to support them to involve their patients in planning services that best address local needs.