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The ongoing development of the architecture of system management

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Our research

- 'The Developing Architecture of System Management - 2019 – 2021'
  Report available www.prucomm.ac.uk
- Ongoing research on development of ICSs in the light of Health and Care Act 2022 (HCA2022)
  - Analysis of HCA2022
  - Analysis of ICB constitutions

How are leadership and co-operative arrangements governed?

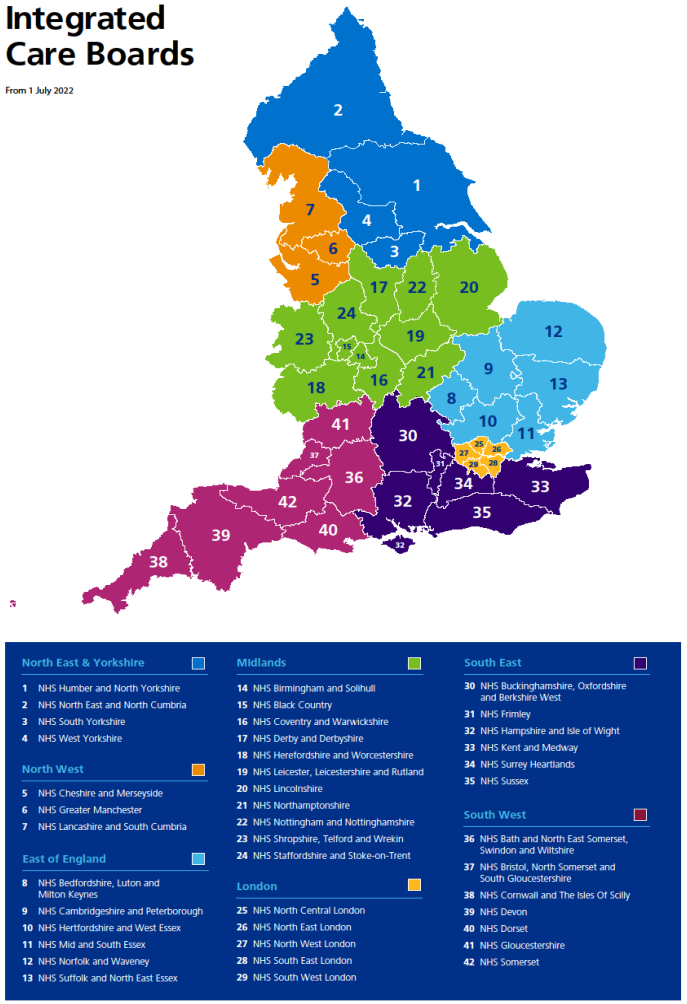
How are partners balancing collective and individual interests?

How are local priorities, including those of local authorities, reconciled with the wider priorities embodied in ICSs?

What kind of decisions are systems making regarding the allocation of resources?

Integrated Care Systems – integration through collective decision making

- NHS policy initiative since 2015
- Collective decision making (NHS, local government, third sector, private sector participation) to deliver joined up health and care services on geographical footprints
- Collaboration which leads to:
  - improve outcomes in population health and healthcare
  - tackle inequalities in outcomes, experience and access
  - enhance productivity and value for money
  - help the NHS support broader social and economic development
- Central mechanism through which the achievement of NHS goals is co-ordinated



Integrated Care Systems – tiers and functions

Level	Functions	Priorities from the NHS Long-Term Plan
Neighbourhood (c.30,000 to 50,000 people)	• Integrated multi-disciplinary teams • Strengthened primary care through primary care networks – working across practices and health and social care • Proactive role in population heath and prevention • Services (e.g. social prescribing) drawing on resource across community, voluntary and independent sector, as well as other public services (e.g. housing teams).	• Integrate primary and community services • Implement integrated care models • Embed and use population health management approaches • Roll out primary care networks with expanded neighbourhood teams • Embed primary care network contract and shared savings scheme • Appoint named accountable clinical director of each network
Place (c.250,000 to 500,000 people)	• Typically council/borough level • Integration of hospital, council and primary care teams / services • Develop new provider models for 'anticipatory' care • Models for out-of-hospital care around specialties and for hospital discharge and admission avoidance	• Closer working with local government and voluntary sector partners on prevention and health inequalities • Primary care network leadership to form part of provider alliances or other collaborative arrangements • Implement integrated care models • Embed population health management approaches • Deliver Long-Term Plan commitments on care delivery and redesign • Implement Enhanced Health in Care Homes (EHCH) model
System (c.1 million to 3 million people	• System strategy and planning • Develop governance and accountability arrangements across system • Implement strategic change • Manage performance and collective financial resources • Identify and share best practice across the system, to reduce unwarranted variation in care and outcomes	• Streamline commissioning arrangements, with CCGs to become leaner, more strategic organisations (typically one CCG for each system) • Collaboration between acute providers and the development of group models • Appoint partnership board and independent chair • Develop sufficient clinical and managerial capacity
NHS England and NHS Improvement (regional)	• Agree system objectives • Hold systems to account • Support system development • Improvement and, where required, intervention	• Increased autonomy to systems • Revised oversight and assurance model • Regional directors to agree system-wide objectives with systems • Bespoke development plan for each STP to support achievement of ICS status
NHS England and NHS Improvement (national)	• Continue to provide policy position and national strategy • Develop and deliver practical support to systems, through regional teams • Continue to drive national programmes e.g. Getting It Right First Time (GIRFT) • Provide support to regions as they develop system transformation teams	

Collaboration principles

Consensus approach to decision making

- Reaching agreement across all partners

Organisational sovereignty

- Partners retain individual roles, accountabilities and statutory responsibilities
- 'Best for system' principle is balanced against 'best for organisation'
- Decisions non-binding

Subsidiarity

- Decisions taken closest to those they affect

Local agreement of 'rules of the game'

- Deciding locally how governance arrangements should be structured within permissive national context

Formal mechanisms for health and care collaboration

HCA2022 strengthened architecture to support collaboration:

- Greater clarity regarding duty to collaborate across the NHS and local government
- Triple aim duty for NHS organisations (includes health and wellbeing)
- New flexibilities for joint exercise of functions with local authorities
- Creation of statutory Integrated Care Boards and Integrated Care Partnerships, both with formal requirements for membership

Governance of leadership and co-operative arrangements

Pre HCA 2022

Minimal requirements for membership of governance forums

In practice, LA representation on Partnership Boards, and place-based partnership (commonly Directors of Adult Social Care)

More limited representation of other wider partners, including providers of social care

Post HCA2022

More prescriptive requirements for LA membership of statutory ICS (ICB and ICP)

Still much left to local discretion, including involvement of wider partners

Governance of leadership and co-operative arrangements (under HCA2022)

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Integrated Care Board (ICB)

- Requirement of at least one member jointly nominated by the LAs whose areas coincide with or are included in ICB area
- 28 ICBs have designated additional LA partner members
- 22 ICBs (about half) have sufficient number of partner board posts to accommodate all of their constituent eligible LAs

Integrated Care Partnership (ICP)

- Statutory committee jointly formed between the NHS ICB and all upper-tier LAs that fall within the ICS area
- Responsible for integrated care strategy on how to meet the health and wellbeing needs of the ICS population
- Fewer formal membership requirements (only ICB and LAs are statutory members)
- Recommendations for input - health, social care, public health, social care providers, housing providers, LA directors of public health, representatives of adult and children's social services, providers of health, care and related services, the VCSE sector and Healthwatch
- Seen as the essential forum for health and adult social care providers to agree how to address health and care needs of the population

Research findings: Governance of leadership and co-operative arrangements

- Local authorities keen to be an equal partner in discussions, not the '*last thing that you come to'* (Local Authority Director 4, Case Study 3) in a health focused system

- Alignment of footprints across health and local authorities key to establishing co-operative arrangements in systems/places

- Lack of alignment makes local authority engagement in strategic commissioning and planning discussions more difficult

Research findings: collective decision making

Challenges of co-ordination of plans across health and LAs, for example

- Differences in business and planning cycles
- The wider remit of LAs (of which social care was only a part)
- Differing approaches to procurement

Concern regarding impact of collective decisions

- Concern savings would be directed solely to the NHS
- Anxiety regarding loss of control of limited council resources

'There's this constant tension of 'Can you invest in this, can you do this, will you pay for that?'. And as a partner, in principle I want to be able to say yes, that makes sense, but as a local authority corporate director, sometimes that becomes quite difficult because I don't have that money.' (Local Authority Director 2, Case Study 3)

Research findings: Decisions in place-based-partnerships regarding the allocation of resources

Case Study	Examples of partnership working in 'places'
CS1	Development of data driven approach to care • Establishment of population health unit across local authority and acute trust • Data sharing across primary and secondary care Appointment of Health Aging Co-ordinators across social, primary and secondary care Development of system-wide pathways, such as end of life care strategy
CS2	Resolution of operational performance issues, including day to day capacity management Work with wider partners to situate services outside hospital, including development of new premises Development of key worker affordable housing on hospital site Development of opportunities for shared service delivery, such as urgent treatment centre Decisions regarding the distribution of non-recurrent funding Development of 'integrated delivery units' such as discharge team with jointly funded lead Pilot for 'step-down' nursing provision to aid hospital discharge
CS3	At intermediate subsystem tier: Sharing best practice across boroughs Performance management and assurance Resource allocation Operational command for COVID-19 In borough-based partnerships: Development of 'multi-disciplinary discharge hubs' Pathway development for interface between hospital and wider system Operational collaboration during COVID-19 response Development of shared workforce strategy Decisions regarding the distribution of, COVID-19 contingency funding

Research findings: Decisions regarding the allocation of resources

- Places appear to be working very well as forums for making decisions regarding service development and integrated delivery across health and social care

- Action to address long term action in the case studies was more difficult to agree

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Conclusion

- ❖ Structural differences can inhibit collaboration
- ❖ Significance of local context in relation to the ease with which collaboration can be achieved - need shared understandings between health and local government of meaningful configurations of partnership working
- ? Capacity of Health and Care Act 2022 to ease structural differences and facilitate collaboration across health and social care
- ? Impact of strengthened focus of ICBs on NHS performance
- ? Development of ICPs and place based arrangements – how will expectation of inclusion of wider partners, including social care providers be implemented in practice

Further details:

'The Developing Architecture of System Management' final report www.prucomm.ac.uk

Sanderson M, Allen P, Osipovic D, et al Developing architecture of system management in the English NHS: evidence from a qualitative study of three Integrated Care Systems BMJ Open 2023;13:e065993. doi: 10.1136/bmjopen-2022-065993

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