



thevaluecircle

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Webinar Summary

Designing the future: co-operation and constraints within new ICS systems

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It's an issue that all NHS bodies are now grappling with - what impact will the new Integrated Care Systems (ICS) have? What should the shape of that system be in their area? And how will it all work under the legislative changes proposed in the Health and Care Bill?

Along with our strategic partner, legal experts Browne Jacobson, thevaluecircle hosted a webinar to discuss and debate the implications of the impending changes. Attended by dozens of NHS chief executives and directors, chairs of NHS organisations, regulatory partners and a selection of private sector organisations, the webinar stimulated discussion about the challenges ahead.

Opening the session was Sir Neil McKay, chair of Shropshire ICS and advisor to Browne Jacobson. Sir Neil offered some of his own reflections about what makes a successful ICS, including a compelling vision that describes the benefits for patients and communities, good engagement with all parts of the system, as well as with patients, and clarity on roles and responsibilities. Above all, though, Sir Neil cautioned, developing good working relationships between both the organisations and the people within them is what it takes to make the model work.

Browne Jacobson's Head of Health, Gerard Hanratty, delivered insight about the nuances of the new legislation in the Health and Care Bill which will enable the development of ICSs through the establishment of an Integrated Care Boards and Partnerships. Gerard set out that sections of the Bill will amend the existing NHS act ahead of April 2022, in order that CCGs are given the responsibility to set up ICBs in their area.

Gerard described the differences between Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs), along with the power that the NHS England-appointed ICB chairs will hold. He also outlined the constitution of each of these bodies.

There are a variety of options for developing Provider Collaboratives, ranging from loose collaboration to merging to create a single provider. Gerard shared his insight into the different options on the spectrum, some of the pros and cons, and which models might work in certain situations.

Finally, Gerard outlined the impact of the triple duty and the new duty to co-operate which the legislation will bring in. In taking decisions and creating plans, ICBs will have to have regard to the wider affects of their decisions on the health of the local population, as well as on other local health and care bodies.

Shifting the focus, thevaluecircle's managing partner David Cockayne tackled the governance challenges of the new ICS structures, looking at them from both a mechanics (processes and systems) and dynamics (people) point of view.

He explained that the framework is not a one-size-fits-all model, but gives freedom for systems to create what they need locally. The drawback of this is that some organisations and areas might have preferred less freedom and more of a framework. There is very little "how" in the legislation and guidance, presenting a challenge.

Learning to work collaboratively in all things will be a big challenge for many organisations which previously operated in a competitive environment. It would be easy to reach for a mechanical fix for the fundamental shift towards co-operation, but unless the behaviours and culture are right, simply concentrating on systems and processes won't get the job done, cautioned David. The culture and behaviours of the whole system will need aligning in order for things to work smoothly.

The peripheral versus the positive is how David described the potential tension about how people will spend their time. He recommended a laser-sharp focus only on the issues which make a real difference, recognising the increasing pressure that managers will be under. Carefully considering how management bandwidth is used will be another challenge.

Questions from attendees ranged over whether the new model would support Covid restoration at a place level, how the future sustainability of primary care is accounted for, and whether you can really create a culture of collaboration just by putting a duty on a licence (emphatically - no!).

Attendees were pleased that the ICS model will allow better support of social care, overcoming the previous disconnect between the health and social care parts of the system. Concerns were also raised about how to ensure the nursing voice is heard, and the potential bureaucratisation of engagement, turning this essential process into onerous and procedure-driven, rather than it being part of business as usual.

To request a copy of the webinar recording please email events@brownejacobson-updates.com. To sign up to receive details about future events, including more webinars considering the new ICS structures, [please sign up to our mailing list](#) and set your requirements.

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