

Mind the gap – preparing systems for new integrated care systems (ICSs) bodies

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The new [Integrated Care Systems: design framework](#) was published this week (16 June 2021).

The framework provides a lot of flexibility and makes repeated references to “guide rails” within which local systems are able to design governance and structures which work for their people and place.

It clearly considers both elements of modern governance – Mechanics&Dynamics™ – which cover both the processes and systems needed, and the cultural considerations to ensure that people are set up for success. Addressing both elements is critical to strategic success.

Working with healthcare strategy and governance specialists, thevaluecircle, we have highlighted some of the core elements of the framework. This 54-page document has much more depth, of course, but our snapshot will give leaders in the health and social care sector some signposting about what to expect.

Commenting on the new framework, partner of specialist governance and strategy consultancy thevaluecircle, Tom Mytton, said: *“The design of this framework sets out a clear statement of intent: a representative governance model, locally determined, that puts the triple aim at the heart of NHS leadership.”*

“However, the timeline and tasks remain tight. It will require significant investment from NHS bodies in capability and capacity in order to rise to the challenge.”

Gerard Hanratty, head of health, for NHS legal experts Browne Jacobson commented: *“The ICS: design framework adds greater detail to the White Paper proposals and gives us a taste of what we should see in the new Health and Care Bill.”*

“The application of the three watch words from Sir Simon – simple, local, evolutionary – will be important when using the framework. It is also clear that it follows the ethos of the Five Year Forward View and the Long Term Plan, which is that NHS organisations must move from a culture of competition to one of collaboration and co-operation.”

Key aspects of the framework (mechanics)

- It's not a one size fits all model, and places heavy reliance on local determination to meet local need. It requires systems to take ownership of building their own ICS frameworks
- Understanding the distinction and interrelationships between the ICS NHS body and the ICS Partnership will be vital, particularly in relation to strategy, accountability and delivery
- ICS NHS bodies will be made up of a new unitary board, responsible for achieving the four purposes of the wider ICS – the senior decision-making structure for the body will consist of independent non-executives, executives, and partner members
- Through their membership of the ICS Partnership and ICS NHS Body, providers of NHS and social care services will be at the centre of establishing priorities for change and improvement for their place

- Competition and tendering are now tools to use where appropriate, rather than as a default, giving decision-makers greater flexibility when organising services
- The ICS Partnership will specifically create a “integrated care strategy”, which is expected to be designed based on smart digital and data foundations from April 2022 at the latest. After that the ICS NHS Body must develop a plan on how it will exercise its functions in future, taking into account the integrated care strategy
- All ICSs will have flexibility in how and where decisions and functions are undertaken, with every ICS NHS body expected to maintain a ‘functions and decision map’, showing its arrangements with ICS partners and stakeholders for good governance and dialogue

Key aspects of the framework (dynamics)

- Collaboration and co-operation are the basis of this framework, and it looks likely that they will be duties on NHS organisations in order to deliver the triple aim (better health, better care, efficient use of resources). Supporting collaboration is the requirement for an open book relationship between providers, creating financial clarity and transparency as ICSs prioritise funds
- All ICSs should develop a model of distributed clinical and care professional leadership, and a culture which actively encourages and supports this leadership to thrive
- Decisions should be built upon consensus, with voting as a last resort. Importantly, we noted the chair may make decisions on behalf of the board where there is disagreement
- Partnerships will have to nurture the culture and behaviours of the whole system – which includes the voluntary and social care sector. Culture, leadership, equality and diversity are central to this new design. It places strong obligations on all NHS bodies to accelerate maturity in these areas

Watch out for details about our forthcoming webinar, chaired by Sir Neil McKay, which will provide more insight and give a forum for exec-level discussion of the new changes.

For advice on developing your ICS governance and adapting your organisation to prepare for the new ICS arrangements, contact Tom Mytton on tom.mytton@thevaluecircle.co.uk and Gerard Hanratty on Gerard.hanratty@brownejacobson.com

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