Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

Integrated Care Partnerships – The Next Phase

Executive Summary

We have a shared ambition to create thriving and dynamic integrated partnerships at local level, in order to:

- Focus on population health and wellbeing
- Work with communities and the voluntary sector to build on the asset base of individuals and communities
- Join up care in the community, delivering a preventive, proactive model of care
- Make the community the default setting of care, meeting the majority of people's needs close to where they live
- Engage with communities in co-design
- Optimise our resources to deliver efficient and effective services

We have made good progress over the last three years in developing integrated localities. This paper proposes establishing a **discovery programme** to explore the options for moving from informal locality-based working to formalising Integrated Care Partnerships (ICPs) at place level, with shared accountability for delivering local joined up care.

Sourcing and collating national and international examples, the purpose of the proposed programme is to bring together all partners and enable informed dialogue for shared decision making about: the potential scale and scope of ICPs; what model(s) might be most suited to our context; and what is required to make them successful.

There is no fixed view on the most appropriate model for ICPs in BNSSG – that is something that we will work out together as a system through the process of discovery and dialogue. This proposal is designed to support that dialogue.

Introduction

Over the last three years, within our Sustainability & Transformation Partnership (STP), place-based partnerships have been developing at locality level to deliver joined up services for local communities, in line with our Healthier Together vision.

We have made some progress, particularly around developing an integrated frailty pathway, and our response to Covid has driven greater collaboration at local level, including between health and social care, and between the acute and out of hospital sectors. As we move into recovery, there is an opportunity to develop these place-based partnerships to be stronger delivery vehicles by becoming more formally constituted Integrated Care Partnerships (ICP), creating a single system of care in the community, a concept that was developing before Covid and set out in our Healthier Together Long Term Plan.

This paper proposes a discovery programme to explore the options for establishing ICPs. Over time, our ultimate vision is for ICPs to meet the needs of people across the age spectrum and for all conditions through integrated working. In the short term, we have an opportunity to utilise the current work to commission an integrated model of community mental health as the next stage on the journey.

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The discovery programme is one of a series of work streams proposed, including:

- A continued programme of work to prepare primary care networks and localities to sit at the heart of ICPs.
- Continued organisation development (OD) programmes for locality partners.
- A programme of work to explore and develop options around the infrastructure and enablers required to build ICPs (the subject of this paper).
- Further work to establish the commercial and financial frameworks that enable ICPs, and to consider the devolution/delegation of powers over time.
- Consideration of the local and STP-wide governance arrangements that will enable ICPs, within an ICS development programme.

In establishing ICPs, the paper proposes taking the opportunity of commissioning a new community mental health integrated model of care to give a structure to and set a timeline for introduction of ICPs by April 2022.

Alongside this work, we are starting discussion now to co-design a community mental health service specification based on the new national Community Mental Health Framework. We are working closely with people with lived experience, and Healthier Together and third sector partners, to specify a population health model of care, which could be provided effectively through ICPs.

A note about Integrated Care Systems (ICS) and Integrated Care Partnerships (ICP)

The Kings Fund describes ICSs and ICPs as follows:

- ICSs have evolved from STPs and take the lead in planning and commissioning care for their populations and providing system leadership.

They bring together NHS providers and commissioners and local authorities to work in partnership in improving health and care in their area.

- ICPs are alliances of NHS providers that work together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers may also be involved.

  (Source: - https://www.kingsfund.org.uk/publications/making-sense-integrated-care-systems)

In summary, the ICS is broadly a strategic planning mechanism with responsibility for population health management, planning, finance and performance management, ensuring equity, and driving transformational change at system level. Integrated Care Partnerships (ICPs) are a collaboration of provider partners to establish a population health and value based model of care at place and neighbourhood level; ICPs will tackle inequalities and improve outcomes for local people.

Background

The Healthier Together vision, as set out in our Long Term Plan, is that ICPs will enable the integrated delivery of care in the community, making the community the default setting of care for all people who do not require a physical or mental health acute hospital stay or secondary care visit for technical or value-based reasons. This approach reflects the value we place across the system on improving outcomes through person centred place based care.

Primary care has been preparing over the last three years to take its place at the heart of ICPs, with GPs taking a leading role. Partnership Forums have also been convened at locality level, and we now have a single provider of community services as a cornerstone for service delivery, enabling localised care within an overall BNSSG-wide framework. The Building Healthier Communities Together Programme is working to establish locality Voluntary, Community & Social Enterprise (VCSE) partners to ensure the third sector is embedded fully within localities and can ultimately be members of the ICP partnerships. A locality approach to ICPs would ensure decision making happens close to where people are, joining services up to meet the needs of local communities.

Focused initially on delivering services for frail and elderly people, local population-based priorities and same day urgent care, supporting localities to develop as Integrated Care Partnerships will fundamentally change the way care is organised, embedding the underpinning infrastructure required to deliver a new holistic model of population health and value based community care, and improving outcomes for local people.

This is a significant next step and one that requires the system to build on positive trusting relationships developed over the last few years and demonstrated in our system response to Covid. The call to action in the face of the Covid challenge required all partners to work differently as we focussed on a common purpose.

Over time, our collective ambition is to radically reduce health inequalities and improve outcomes for local populations. To enable this, each ICP will be wholly

responsible for the delivery of integrated out of hospital care for its whole population, with delegated resources and local commissioning arrangements in place, where appropriate.

In the short term, there is an opportunity for us as a system to develop formally constituted ICPs, which are able to deliver a population health model to deliver community mental health services by April 2022.

Improving mental health and delivering parity of esteem is a shared priority for the whole system. Delivering in partnership a new community mental health service gives a common purpose and a clear timescale within which to explore the best model of ICPs to suit our local purpose, and to implement whichever model we determine together. There is no fixed view on the most appropriate model for ICPs – that is something that we will need to work out together as a system.

Purpose

Whilst Covid-19 caused us to halt all but the most critical work and focus on the immediate management of the pandemic, that very process has accelerated the ways of working that are required to deliver population-based integrated care. Achieving more change in a shorter timeframe than, perhaps, we thought possible, our response to the pandemic has highlighted a need for integrated working to be underpinned by a clear governance, decision making and contractual/financial enabling infrastructure.

Locality partners will lead and drive the implementation of ICPs and new models of care, with a commitment to ensure they are co-designed with service users and the wider public. In this next phase, the system will explore together the scope and scale of ICPs in Healthier Together, and options for the required infrastructure to create the conditions for success to support the formal transition to ICPs.

Goals

Establishing formalised ICPs will enable the integration of services to deliver a full population health model of care, wrapped around people and communities. To support this, it is proposed that general practice (in the form of PCNs/localities), Severnside, Sirona care and health, Avon & Wiltshire Mental Health Partnership Trust, Bristol City Council, North Somerset Council, South Gloucestershire Council and the voluntary sector, as well as North Bristol Trust and University Hospitals Bristol and Weston, come together with support from the CCG to:

- Develop options around the scope and scale of ICPs.
- Provide examples of how ICPs could work practically, including in the model of care and partnership agreement.
- Develop options for the enabling factors that will be required to make ICPs work – for example data (including needs assessments, equity audits and citizen insights), digital infrastructure, governance and decision-making, and contractual and financial frameworks.

- Enable ICPs to extend the range and depth of services provided to frail and older people and in same day urgent care, and respond to commissioner requirements for a population health model to deliver community mental health services as the next stage in the journey.
- Establish a stakeholder engagement and communication programme to involve staff from across our organisations, elected members, the public and other stakeholders.

Scope

The scope of our thinking will no doubt change as the work programme unfolds and we will need to be flexible enough to respond. The key outputs required at this stage, however, are:

- Research, analysis and presentation of experience and best practice of ICPs or related entities across the UK and internationally, including the model of care, clinical leadership structures, digital architecture, supporting infrastructure, enabling partnership arrangements, contracting and financial frameworks, and governance and outcomes.

- Explore the potential scope and scale of ICPs in Healthier Together, including the roles and responsibilities of different partners. Consider how ICPs fit alongside an individual provider delivery model.

- Options appraisal of different partnership models for ICPs, including consideration of the governance and decision making impact on participant organisations. These would need to be sufficiently load bearing to enable the delivery of integrated care and delegation of some tactical commissioning functions/authority at local level. Required frameworks might include, for example, quality and outcomes, finance and risk, citizen engagement and co-production, governance and decision making.

- Opportunity analysis of services to be commissioned via ICPs, including:
  - Whole population coverage – whilst starting with specific service lines, what are the options, roadmap and milestones for fulfilling our ambition of full population, all-age responsibility at ICP level?
  - Scope of partnerships and integrated service delivery – for example, community, primary care (medical, dental, pharmacy), mental health, VCSE, acute care, public health, social care, other?
  - Delegating programme budgets and potential for other allocations.

- Options appraisal for a contracting and financial framework to enable the commissioning of a comprehensive integrated community mental health service from ICPs as a precursor to wider devolution.

- Identify the challenges and constraints that will need to be overcome and develop options for addressing them, for example:
  - Implications for CCG statutory financial responsibilities and NHSEI business rules

  - Implications for local authorities both in their role as commissioners and providers of place based (mental health and wellbeing) services, and in terms of governance
  - Implications for system performance and finance
  - Financial risk sharing models
  - Assets, estates and IT

- Establish a process to support ICP self-assessment and assure ICP readiness at identified stages through their development.

- Working with our university partners, develop an outcomes and evaluation framework to test the efficacy and value of ICPs over given periods (e.g. 1 year, 3 years and 5 years).

- Develop a roadmap, milestones and implementation plans, and a resource plan for the delivery of ICPs.

- Establish ongoing Frequently Asked Questions (FAQ) update for locality partnerships and stakeholders.

Resourcing the Discovery Phase

This is a significant piece of work within our Healthier Together strategy, potentially affecting all partners and being fundamental to delivery of our vision. Success will require full engagement of all partners and the support of wider stakeholders including Health & Wellbeing Boards, local politicians, the Local Medical Committee, Healthwatch, and the public.

To build on the momentum achieved through the Covid-19 pandemic, a dedicated lead has been appointed to bring together internal and external stakeholders and to garner resources through Healthier Together. It is proposed that an Oversight Board be established to steer the work, reporting to the Integrated Care Steering Group.

Timelines

Our immediate ambition is to have in place shadow ICPs from April 2021, with formally constituted ICPs in each locality ready to respond to requirements for a population health model to deliver community mental health services from April 2022.

To achieve our wider ambition, a realistic time frame and road map to deliver ICPs with fully devolved responsibility for whole population care (including children and families) will be identified through the work programme, in partnership with the developing ICPs.