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ICS Vision

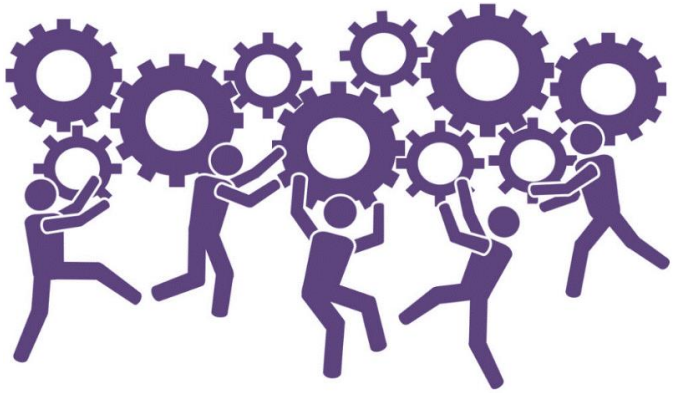
Public Health and Wellbeing Board

19 May 2021

ICS Vision and Model

Purpose of an integrated care system

- Collaborative way of working for the benefit of the local population.
- Brings together the expertise of health and care professionals from partner organisations to look after people's physical, social, and mental health needs.
- Together we can tackle better inequalities and improve outcomes for local people by prioritising our efforts.
- Helping everyone in Birmingham and Solihull to live the healthiest and happiest lives possible.



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BSol ICS Fundamental Purpose

Quadruple Aim

Improving population health and healthcare

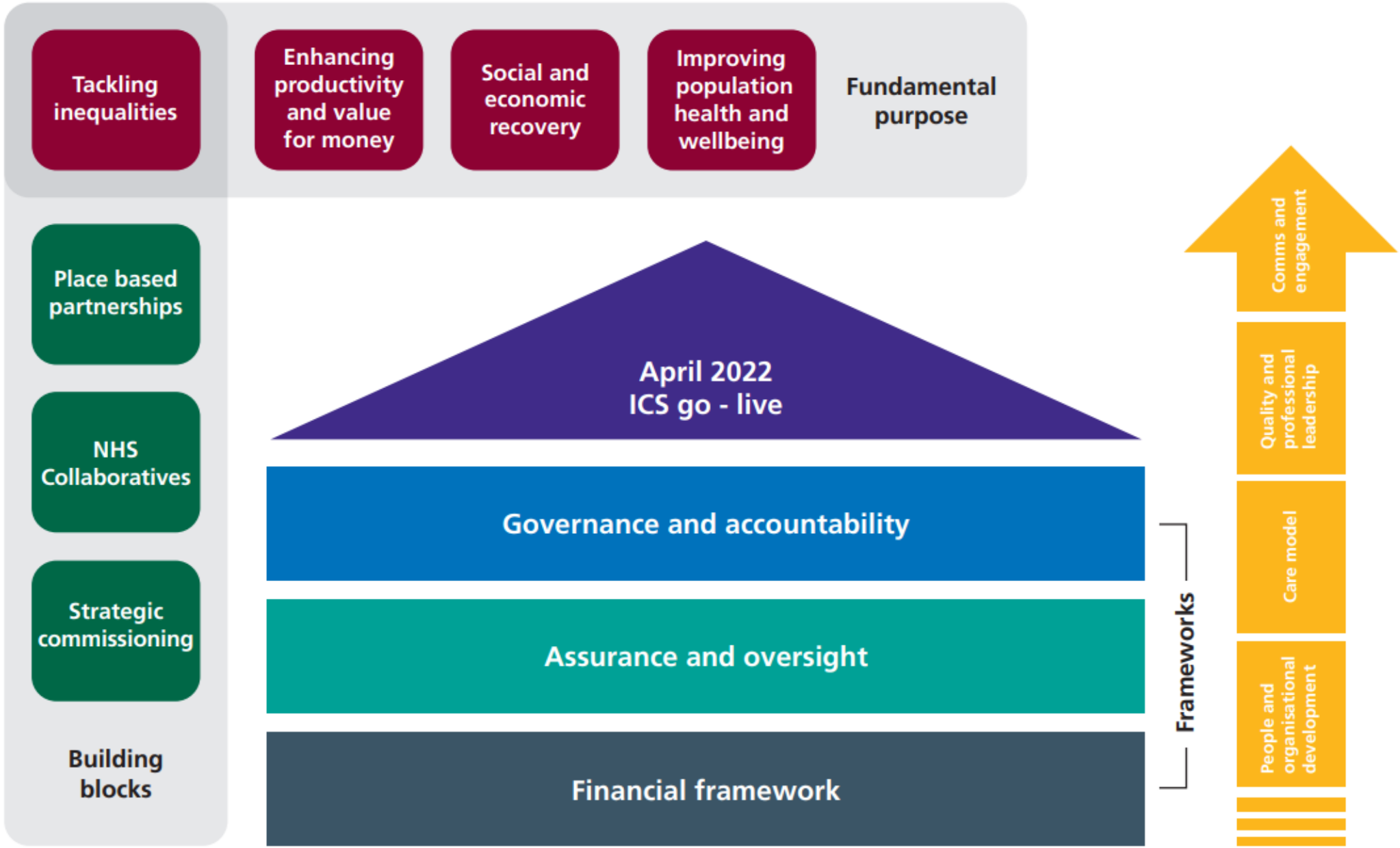
Tackling unequal outcomes and access

Enhancing productivity and value

Support broader social and economic development

BSol Outcome Framework - Ambitions

Development of the Birmingham and Solihull Integrated Care System (BSol ICS)



ICS Operating Model

ICS Health and Care Partnership	Responsible for developing a plan that addresses the wider health, public health, and social care needs of the system.
ICS NHS Board	Will have to have regard to the above plan when making decisions. Will be directly accountable for NHS spend and performance within the system.
Place Partnership	Will be formed by health (including primary care), local government providers and third sector partners to contribute to the local population's health and care. Ensuring that everyone stays well, can access preventative services, simple joined-up care and treatment including digital services and seek care proactively.
Provider Collaborative	Collaborations of providers who have agreed to work together to deliver integrated care pathways for their local population.

The Role of Place Partnerships

Defining Place

System The ICS	**Birmingham and Solihull Integrated Care Partnership**					
Place Local Authorities	**Solihull MBC**	**Birmingham City Council**				
Locality c.200-250k population	**Solihull**	**West** Ladywood & Perry Barr	**South-East** Selly Oak & Hall Green	**South-West** Edgbaston & Northfield	**North** Erdington & Sutton Coldfield	**East** Hodge Hill & Yardley
Neighbourhoods/PCN c.30-50k population	**5 PCNS**	**5 PCNS**	**7 PCNS**	**6 PCNS**	**6 PCNS**	**6 PCNS**

But - multiple geographical administrative and population arrangements exist and communities and networks also exist outside of administrative boundaries eg. GP populations and schools. Communities of interest exist across places and – accelerated by the pandemic – across virtual places.

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Outcome Principles

- People's experience of health and care should be integrated.
- People's experience of care should be personalised – they are often the "expert" on the management of their needs / health condition.
- Carers (family / friends / neighbours) have the support to continue to care.
- Health and care should be provided in community settings wherever possible, with acute care only when essential.
- Service quality should be the best.
- Quality services and experience of people needing support and / or care should assure safeguarding.
- A focus on addressing health inequalities – including the underlying drivers of these inequalities.

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Place Partnership Next steps

- Further develop and define role of the different spatial levels of place; building on what is already there and starting with purpose rather than structures
- Locality partnerships will need to be established where they are not currently in place – distributed leadership model that is routed in the place
- Strengthen emphasis on co-production with citizens for place-based working – a partnership with citizens for their health and well-being
- Focus on the variation and health inequalities that exist at place to provide the direction, narrative and shared purpose for effective place-based working. This will require a granular evidence base
- Align proposed care programmes with place

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ICS Next Steps and Key Milestones

ICS Key Milestones

Rachel O'Connor

By end Q1 21/22	By end Q2	By end Q3	By end Q4	1 April 22
❖ *Statutory arrangement*: Update System Development Plans and confirm proposed boundaries, constituent partner organisations and place-based arrangements. ❖ Transition Programme Set up ❖ Engagement on Operational model ❖ High Level ICS Operational Model agreed ❖ ICS Transition Plan developed and submitted ❖ ICS CEO recruitment commences ❖ Detailed policy framework design to enable the Operational Model including governance and accountability framework, system oversight framework, financial framework	❖ *Statutory arrangement*: Confirm designate appointments to ICS chair and chief executive positions ❖ *Statutory arrangement*: Confirm proposed governance arrangements for health and care partnership and NHS ICS body. ❖ Formal Case for change developed and considered by the board ❖ Mobilisation for shadow form ❖ Shadow form ICS go live ❖ ICS Chair/ICS CEO In post ❖ New System Oversight Framework go live ❖ Place MOU established	❖ *Statutory arrangement:* Confirm designate appointments to other ICS NHS body executive leadership roles, including place-level leaders, and non-executive roles. ❖ Continue phased transfer of functions to and across the ICS operating model ❖ Mobilisation of the operating model ❖ Teams starting to work at place	❖ *Statutory arrangement*: Confirm designate appointments to any remaining senior ICS roles. ❖ *Statutory arrangement*: Complete due diligence and preparations for staff and property (assets and liabilities) transfers from CCGs to new ICS bodies. ❖ *Statutory arrangement*: Submit ICS NHS body Constitution for approval and agree "MOU" with NHS England and NHS Improvement ❖ Formal CCG close down	❖ *Statutory arrangement*: Establish new ICS NHS body; with staff and property (assets and liabilities) transferred and boards in place. ❖ *Statutory arrangement:* CCG functions will be subsumed into the ICS NHS body and some NHS England and Improvement direct commissioning functions will be transferred or delegated to ICSs ❖ Formal ICS operating model go Live

***NB*. the confirmation of the ICS being on a *statutory footing* are expected in Parliament as part of second reading of the bill, June 2021.**

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Final Comments

- An real opportunity for innovation and co-design with the Health and Wellbeing Board
- Aspects still to consider and work through
- ICS progress update slot at the Board

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