



Integrated Care systems: FAQs

Useful Links

- [NHS England » What are integrated care systems?](#)
- [Integrated care systems explained | The King's Fund \(kingsfund.org.uk\)](#)
- [The Health and Care Bill | The King's Fund \(kingsfund.org.uk\)](#)
- [Integrated Care Boards – NHS Digital](#)
- [The integration white paper: what you need to know | NHS Confederation](#)

Frequently Asked Questions

These FAQs are based on information available as at 15 March 2022.

Question	Answer
<p>1. What is an Integrated Care System ('ICS')?</p>	<p>An ICS is a partnership between the organisations that arrange and provide for the health and care needs across a geographical area, with the objective of coordinating health and care services.</p> <p>The main aim of the ICSs is to integrate care across different organisations, to join up hospital and community-based services, physical and mental health, and health and social care.</p>
<p>2. Why are we moving towards this?</p>	<p>Councils and NHS partners have been delivering integrated services, undertaking joint commissioning, and pooling funding for many years. In recent years, it has been national and local policy to escalate the scale and pace of integration.</p> <p>The ICSs are being introduced with an aim to achieve greater integration of health and care services in a way that improves population health; helps the NHS to support social and economic development; and reduces inequalities between different groups.</p> <p>There is also an aim to reduce the demand for statutory, intensive and long-term services by developing strong partnerships both across the system at ICS level and in place-based partnerships.</p>

Question	Answer
<p>3. What are the key changes proposed by the Health and Care Bill to how things are done now?</p> <p>Health and Care Bill – Parliamentary Bills – UK Parliament</p>	<p>The Health and Care Bill ('the Bill') introduces two-part statutory ICSs, comprised of an Integrated Care Board, responsible for NHS strategic planning and allocation decisions, and an Integrated Care Partnership, responsible for bringing together a wider set of system partners to develop a plan to address the broader health, public health and social care needs of the local population.</p> <p>The ICBs will take on the commissioning responsibility that currently sits with Clinical Commissioning Groups, which will be abolished.</p> <p>The Bill will create scope for greater political interference in the day-to-day decisions of the NHS, including the Secretary of State being given a general power to direct NHS England beyond the objectives in the NHS Mandate. Although, at present the House of Lords has rejected the provision allowing the Secretary of State wide powers to call in service change provisions.</p> <p>The pre-existing statutory duty to co-operate has been strengthened by a power for the Secretary of State to issue guidance to which regard must be had.</p>
<p>4. What is the timing of those changes coming in to force?</p>	<p>The proposed changes are intended to be made statutory on 1 July 2022 (delayed from the original planned date of 1 April 2022), to allow time for the remaining parliamentary stages of the passing of the Bill and the subsequent making of regulations to make some elements of the bill effective.</p>
<p>5. What is an Integrated Care Board?</p>	<p>An Integrated Care Board ('ICB') is an organisation that will have the responsibility for arranging the provision of services and budgets.</p> <p>The ICB will undertake the NHS planning role that is currently performed by Clinical Commissioning Groups and some functions from NHS England. The membership of the ICBs will include a chair, chief executive and representatives from local NHS providers, primary care services and local authorities. ICBs will produce a five-year plan for how NHS services will be delivered to meet local needs set out in the Plan approved by the ICP.</p>
<p>6. What is an Integrated Care Partnership?</p>	<p>An Integrated Care Partnership ('ICP') is a statutory joint committee of the local upper tier local authorities and the ICB. However, its membership is expected to include a wide range of others as it is designed to bring together all system partners to produce a health and care strategy.</p> <p>This integrated health and care plan needs to draw on the individual local Health and Wellbeing plans of the local Health and Wellbeing Boards as well as the mandate to the NHS and local requirements from NHS England.</p> <p>ICPs and ICBs are expected to need to work with multi-agency partnerships at 'place' level, which will lead on some key elements of integration. Although "Place" is not a statutory term it is widely used in guidance and there is a focus on this to seek to ensure a local feel to the arrangements.</p>
<p>7. How will the ICS agenda affect the independent healthcare sector and suppliers to the healthcare market?</p>	<p>Concerns have been raised over ICSs by all the non-statutory providers, which included:</p> <ul style="list-style-type: none"> • Lack of transparency and engagement; • Challenges in management of conflicts of interest; and • Lack of clarity over accountability for financial and quality outcomes within NHS systems. <p>There is a tension between the need and drive to involve the independent sector in efforts to reduce the backlog of patients waiting for treatment, and a degree of concern about the involvement of the private sector in the governance arrangements of ICBs and potentially the place based structures.</p>

Question	Answer
<p>8. What is the purpose of the new Integration White Paper published on 11 February?</p> <p>Health and social care integration: joining up care for people, places and populations – GOV.UK (www.gov.uk)</p>	<p>The Integration White Paper sets out the integration arrangements and aims to accelerate better integration across primary care, community health, adult social care, mental health, public health and housing services relating to health and social care. It is expressed as being part of a wider set of mutually reinforcing reforms including the Adult Social Care Reform White Paper and the Health and Care Bill itself. It is however more of a consultative document than a clear statement of policy and raises a number of questions on which it seeks feedback.</p> <p>The document permits a degree of local flexibility with strong scope for local decision-making and covers:</p> <ul style="list-style-type: none"> • Governance – all places are required to adopt a governance model by spring 2023, which is to include a clear, shared plan against which delivery can be tracked. • Leadership – there is to be a single person accountable for the delivery of the shared plan in each place or local area (the single person to be agreed by the relevant local authority and ICB). It is however vague as to the relationship between the place leader and the place boards, and is unclear to whom and for what the local place leader is accountable. • Budget pooling – NHS and local government organisations will be encouraged and supported to align and pool budgets. This will be subject to both NHS and local authority partners agreeing locally what constitutes fair. • Oversight – in April 2023, the government will introduce a framework with a small and focused set of national priorities. These priorities will be established in a way that prevents overlap with existing regulatory/oversight regimes. • Digital – every ICS will need to ensure that all constituent organisations have a base level of digital capabilities and are connected to a shared care record by 2024. • Workforce – ICSs will be required to support joint health and care workforce planning, working with both national and local organisations. <p>The Integration White Paper outlines an intention to introduce skills passports, which are aimed to enable health and care staff to transfer their skills and knowledge between the NHS, public health and social care; increase nurse training opportunities in social care settings; and focus on roles which can support care co-ordination across boundaries.</p>

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