



## MEETING OF THE INTEGRATED CARE PARTNERSHIP

WEDNESDAY 20 DECEMBER 2023 FROM 14:00 – 16:00 HRS

### AGENDA

Time	Item	Subject	Led By	Action Required	Paper
14:00	1	<b>Welcome and Introductions</b>	Chair	To Note	Verbal
14:01	2	<b>Apologies for Absence</b>	Chair	To Note	Verbal
14:02	3	<b>Declarations of Interest</b> In relation to any item on the agenda of the meeting members are reminded of the need to declare: ① any interests relevant or material to the ICB; ② that nature of the interest declared: financial / professional / personal / indirect ③ any changes in interest previously declared	Chair	To Note	Verbal
14:03	4	<b>Minutes of the Previous Meeting held on 27 September 2023</b> To receive the minutes of the previous meeting	Chair	To Approve	Enclosed
14:07	5	<b>Matters Arising and Actions</b> To discuss / receive any matters arising or actions from previous meeting.	Chair	To Note	Enclosed
14:09	6	<b>Notification of Any Other Business</b> <i>Any proposed item to be taken under Any Other Business must be raised and subsequently approved, at least 48 hours in advance of the meeting by the Chair. Any approved items of Any Other Business to be discussed at item 13.</i>	Chair	To Note	Verbal
<b>HUMBER AND NORTH YORKSHIRE STRATEGIC PARTNERSHIP</b>					
14.10	7	<b>Chairs Partnership Review</b> Update on key issues facing health	Chair	To Note	Verbal
14.20	8	<b>Local Government Partnership Review</b> Update on key issues facing Local Authorities	Cllr Owen	To Note	Verbal
14.30	9	<b>Futures Group Report</b> To receive a verbal report from the HNY Futures Group	Charlie Jeffery	To Note	Verbal

Time	Item	Subject	Led By	Action Required	Paper
14.40	10	<b>Chief Operating Officer - Place Report</b> To receive an update on latest Place / partnership initiatives	Alex Seale	To Note	Enclosed
14:50	11	<b>NHS Confed Report</b> To update on recent report	Sue Symington	To Note	Enclosed
<b>HUMBER AND NORTH YORKSHIRE PARTNERSHIP OUTCOMES</b>					
15:00	12	<b>Focus on Start Well</b> To update on current work around children and young people	Pauline Turner	To Discuss	Enclosed / Presentation
15:50	13	<b>Any Other Business</b> To receive any business notified at the start of the meeting	Chair	To Note	Verbal
15:55	14	<b>Closing Remarks</b>	Chair	To Note	Verbal
16:00		<b>Date of Next Meeting:</b> Wednesday 20 March 2024 at 14:00 - 16:00			



## **HUMBER AND NORTH YORKSHIRE INTEGRATED CARE PARTNERSHIP**

**27/09/2023 AT 2.00PM – 4.00PM**

**CHAired BY SUE SYMINGTON**

**AT FOREST PINES HOTEL, BRIGG**

### **MEMBERS PRESENT:**

- Sue Symington (Chair), Chair of Humber & North Yorkshire ICB
- Stephen Eames, Chief Executive, Humber & North Yorkshire ICB
- Amanda Bloor, Deputy Chief Executive/Chief Operating Officer, Humber & North Yorkshire ICB
- Karina Ellis, Executive Director Corporate Affairs, Humber & North Yorkshire ICB
- Simon Cox, NHS Place Director – East Riding, Humber & North Yorkshire ICB
- Sarah Coltman-Lovell, NHS Place Director – York, Humber & North Yorkshire ICB
- Erica Daley, NHS Place Director – Hull, Humber & North Yorkshire ICB
- Helen Kenyon, NHS Place Director – North East Lincolnshire, Humber & North Yorkshire ICB
- Alex Seale, NHS Place Director – North Lincolnshire, Humber & North Yorkshire ICB
- Amanda Bloor, Deputy Chief Executive/Chief Operating Officer, NHS Humber and North Yorkshire Integrated Care Board
- Cllr Linda Chambers, Chair - Health and Wellbeing Board, Hull
- Cllr Stan Shreeve, Deputy Leader, North East Lincolnshire Council
- Cllr Michael Harrison, Executive Member for Health and Adult Services, North Yorkshire County Council
- Ian Floyd, Chief Executive, City of York Council
- Cllr Jo Coles, Leader, City of York Council (via MS Teams)
- Cllr Richard Hannigan, Leader, North Lincolnshire Council (via MS Teams)

### **STANDING ATTENDEES PRESENT:**

- N/A

### **IN ATTENDANCE:**

- Michael Napier, Director of Governance and Board Secretary, Humber & North Yorkshire ICB
- Nicky Lowe, Head of Corporate Affairs and System Support, Humber & North Yorkshire ICB
- Emma Jones, Business Services Senior Officer, Humber & North Yorkshire ICB
- Neil Cartwright, Senior Net Zero Programme Manager, Humber & North Yorkshire ICB (for item 13)
- Phil Mettam, Futures Group Member
- Anja Hazebroek, Executive Director of Communications, Marketing and Media Relations, Humber & North Yorkshire ICB
- Sam Brooke (**Minute Taker**), Executive Business Support Officer, Humber & North Yorkshire ICB

### **APOLOGIES:**

- Wendy Balmain, NHS Place Director - North Yorkshire, Humber & North Yorkshire ICB

- Richard Flinton, Chief Executive, North Yorkshire Council
- Louise Wallace, Director of Public Health, North Yorkshire Council
- Ashley Green, Chief Executive, Healthwatch North Yorkshire
- Caroline Lacey, Chief Executive, East Riding of Yorkshire Council
- Charlie Jeffery, Vice Chancellor, University of York / Chair of HNY Futures Group
- Julia Weldon, Director of Public Health and Adult Services, Hull City Council

## **1 WELCOME AND INTRODUCTIONS**

The Chair, Sue Symington, welcomed all attendees to the meeting. She emphasised the importance of the Integrated Care Partnership in the system's three-monthly cycle, with it playing a crucial role in achieving key objectives.

## **2 APOLOGIES FOR ABSENCE**

Apologies received were noted as above.

## **3 DECLARATIONS OF INTEREST**

In relation to any item on the agenda of the meeting Board Members were reminded of the need to declare:

- (i) any interests which were relevant or material to the ICP;
- (ii) that nature of the interest declared (financial, professional, personal, or indirect
- (iii) any changes in interest previously declared.

There were no declarations of interest recorded. It was noted that on-going declarations of interest stood for every HNY Integrated Care Partnership meeting and were publicised on the ICP's website.

## **4 APPROVAL OF PREVIOUS MINUTES**

The minutes of the meeting held on 28 June 2023 were taken as a true and accurate record and approved.

**DECISION:** It was agreed that:

- a) *The minutes of the meeting be taken as a true and accurate record.*

## **5 MATTERS ARISING AND ACTIONS**

Karina Ellis discussed the progress on the development of an outcomes framework. This includes a life course approach, highlights 16 high-level metrics, and plans for further data collection and segmentation to assess inequalities. The importance of partner involvement in this extensive project was emphasised.

## **6 NOTIFICATION OF ANY OTHER BUSINESS**

There were no items of any other business raised.

## **7 CHAIRS PARTNERSHIP REVIEW**

Activities of the Integrated Care Board over the last three months were summarised by the Chair, focusing on finance, performance, quality of care, and workforce. The Integrated Care Board's (ICB) efforts to understand the experiences of those who engage with the healthcare system and the launch of a workforce breakthrough strategy were highlighted to the Partnership. The Humber and North Yorkshire ICB Annual Report was shared with Partnership members in hard copy for their information.

Stephen Eames, Chief Executive of Humber and North Yorkshire ICB, highlighted the challenges local authorities face, such as the need to balance budgets annually, and the importance of partnership in addressing these challenges.

## **8 LOCAL GOVERNMENT PARTNERSHIP REVIEW**

Cllr Stan Shreeve and Cllr Michael Harrison touched on the challenges and opportunities faced by Local Authorities within the ICP system. Cllr Stan Shreeve, Deputy Leader of North East Lincolnshire Council, discussed the impact of inflation on care providers, the cost and demand of social care for adults and children, workforce retention and recruitment challenges, and the cost of care. He also discussed the ongoing issues of the care sector struggling with demand, high staff turnover, and inflation. Cllr Michael Harrison, Executive Member for Health and Adult Services at North Yorkshire Council, emphasised the importance of linking individual Health and Wellbeing Board strategies within the local government and across the system.

Stephen Eames, Chief Executive of the Humber and North Yorkshire ICB, raised the difference in financial regimes between the National Health Service and local government. It was suggested that, moving forward, this forum should consider local government within the context of NHS resources. The risk of silo working and blurred lines were also highlighted as potential points of concern. The Partnership's objective was to bring meaningful changes that will improve life chances, particularly in early years, for residents in the Humber and North Yorkshire areas. This includes addressing health inequalities, improving data quality, and transforming the approach to how decisions are made within the system.

### **ACTION:**

- [Health and Wellbeing Board outcomes from Northern Lincolnshire would be brought to a future Integrated Care Partnership meeting for discussion.](#)
- [A financial framework to be considered in terms of both local government and NHS resources.](#)

## **9 FUTURES GROUP REPORT**

Phil Mettam, Futures Group Member, led the discussion on the Futures Group, which had met earlier in the day. The Futures Group was tasked with looking ahead and planning for the priorities of the Integrated Care System over the next 3-10 years and includes members from both the public and private sectors.

One of the key recommendations from the Futures Group was the establishment of an approach to research and data that is integrated at both the system and Place levels. This integration would

involve all sectors working together to collect data and make decisions based on the insights provided.

The Futures Group intends to present a proposal outlining how these “once in a lifetime” changes can be implemented at the next ICP meeting to be held in December 2023. The proposal is expected to bring about some challenges as it will require difficult decisions to be made, which will likely be based on compelling data. The aim is to narrow the health inequalities gap across the system within the next 10 years, using integrated research, data, and decision-makers as the platform for these difficult decisions.

Personal values and hopes are a clear driver amongst the members of the Futures Group, and it is believed that this work provides a chance to scope opportunities outside of the Integrated Care System.

## **10 CHIEF OPERATING OFFICER – PLACE REPORT / CHAIR’S SUMMER SAFARI**

Amanda Bloor discussed the importance of Place-based leadership and its impact on health and well-being strategies. It was noted that three key aspects were identified: System delivery and transformation; system performance, improvement, and outcomes; and integration and effective use of resources.

The first aspect, transformation integration, focuses on delivering health and well-being strategies according to population health needs assessments. The second aspect is primarily focused on NHS delivery and statutory requirements. The third aspect emphasises the importance of efficiency in spending.

The report also highlighted progress against these three areas and provided a detailed example of good practice in Hull and East Riding of Yorkshire. Participants discussed the importance of sharing good practice and adopting it where it makes sense. The importance of taking a system-wide perspective on issues such as hospital discharge was also noted. It was agreed that there is a need for collective policies to guide place-based work, influenced by good practice and population-specific considerations. It was also agreed that the forum of the ICP would be most beneficial.

The Chair described the success and rationale of the 'Summer Safari' where Amanda Bloor, Deputy Chief Executive/Chief Operating Officer of Humber and North Yorkshire ICB, and herself had visited all six Places to understand the distinctiveness of each Place and meet the teams. The size of their geography and hybrid working dynamics created challenges. She emphasised the importance of closer working relationships with local authorities for better outcomes.

Suggestions from teams during the visits included more visibility from the executive directors of the ICB, as well as hosting an annual nursing conference and an annual awards event. The need for a review into premises and office spaces was raised. The importance of continuing to prioritise partnership building and increasing visibility across their Places was stressed.

Staff Roadshows would be taking place across the Places during October, and it was emphasised that all staff should prioritise attendance at one of these events.

The Chair encouraged more engagement with staff, including through YouTube clips following ICB Board meetings. The review concluded with the need to keep Places at the heart of the Integrated Care System.

Amanda Bloor explained work that is ongoing in terms of integrating Place staff with the central function in order to share and present workstreams to allow visibility and share good practice.

## **11 VOICE OF LIVED EXPERIENCE**

Anja Hazebroek, Executive Director of Communications, Marketing and Public Relations, described regarding how user feedback of services provided by the NHS Humber and North Yorkshire ICB is gathered and utilised. A key concern was that while the ICB collects information about service users' experiences in various ways, there has been no centralised place to consolidate this data for the board's analysis.

In response to this issue, engagement work was initiated in early June to gather all the relevant information into one place. The aim was to gain a clearer understanding of what people say about the services provided. Part of this work involved the creation of an initial dashboard that triangulates some of the data collected. The ICB is at the start of this journey and is seeking to gain a better understanding of the key issues affecting the population they serve. This includes their concerns about the services provided and wider health and wellbeing issues. The initial focus has been on access to services, primary care and dentistry, and waiting times and difficulties in making appointments.

The discussion also highlighted the importance of understanding the diverse nature of the community served by the ICB. There was recognition that the community is not homogeneous and that it is essential to understand both the macro issues of concern to many or most people and the specific issues, concerns, and opportunities related to specific aspects of the community. This includes working with and understanding the needs and concerns of the most marginalised communities whose voices are often the least heard.

The Partnership also discussed the importance of co-production and long-term relationships with user groups to gain richer, more informed insights. The Partnership was encouraged to tap into existing groups where possible and to consider conducting a mapping exercise to identify existing user groups and voices.

Ongoing dentistry work was discussed and there was a recognition for the use of data to improve services, as well as the links between poor oral health and increased morbidity and mortality. The recovery from the Covid-19 pandemic was also explained in terms of dentistry workstreams.

## **12 SEASONAL PREPAREDNESS**

Amanda Bloor, Deputy Chief Executive and Chief Operating officer, led a discussion on seasonal preparedness. She emphasised the importance of the entire health and care system operating optimally to manage winter challenges, noting that the system was already under pressure despite mild weather. She highlighted the need for community services, local hospitals, local authorities, and care services to work collaboratively.

Emphasis was placed on engaging with the population regarding navigating and using services, and promoting preventative health measures, with community pharmacy first being a key initiative.

Concerns were raised about capacity issues outside of the hospital and the need to improve patient flow throughout the system. The Partnership also discussed the necessity for consistent messaging regarding vaccination uptake. Amanda Bloor also suggested that the system should strive for excellence in all parts, for the benefit of patients and staff alike.

Communication and engagement with the population was emphasised as a key factor in winter planning and it was explained that this was raised with the Integrated Care Board and work is ongoing for improved messaging and relaying information, particularly in terms of Covid-19 vaccination uptake.

### **13 SUSTAINABILITY / GREEN PLAN**

Neil Cartwright, Senior Net Zero Programme Manager, presented on the HNY Integrated Care Board's Green Plan. The discussion highlighted the importance of climate change and its impact on healthcare. The Partnership noted that the climate crisis is also a healthcare crisis, and that climate change effects like heat waves and winters will pose challenges to healthcare delivery. It was mentioned that climate change is already impacting health, as seen in the wildfires across Canada and the Northern United States, and the impacts on air quality and crop failure.

The NHS was acknowledged as the world's first health service to commit to reaching net zero, and this commitment was enshrined in the Health and Care Act 2022. The Partnership also discussed the need for the NHS to work in partnership with local authorities and other stakeholders to address climate change, with local authorities as the leader for the change.

The discussion emphasised that the transition from a fossil fuel economy to an electric economy should be just and should consider health inequalities. The Partnership underscored the need for collective action in reducing environmental impact and contributing to net zero climate targets.

### **14 WOMEN'S HEALTH HUB**

Anja Hazebroek, Executive Director of Communications, Marketing and Public Relations, discussed the Women's Health Strategy and the establishment of a Women's Health hub in the Humber and North Yorkshire. The strategy and hubs are being supported by £595,000 worth of non-recurrent funding. A mapping exercise has been conducted to identify existing good practices.

Discussion highlighted the importance of working with the voluntary, community, and social enterprise sectors to reach out to communities and improve health outcomes. A key focus was on understanding and addressing health issues affecting women and girls in the area, with particular emphasis on areas where services may be lacking or not delivered effectively. Carer support, particularly for female carers, was also mentioned as an important consideration.

### **15 ANY OTHER BUSINESS**

No additional business was discussed.



## **16 CLOSING REMARKS**

The chair reminded the Partnership of the HNY Integrated Care Partnership Symposium on Wednesday 25<sup>th</sup> October 2023 and the NHS Choir Service on Wednesday 29<sup>th</sup> November 2023.

The chair thanked all attendees for their contributions and closed the meeting.

### **DATE AND TIME OF THE NEXT MEETING:**

**20/12/2023 at 2.00pm**



<b>Report to:</b>	Integrated Care Partnership
<b>Date of Meeting:</b>	20 <sup>th</sup> December 2023
<b>Subject:</b>	<b>Chief Operating Officer report</b>
<b>Sponsor:</b>	Amanda Bloor, Deputy Chief Executive and Chief Operating Officer
<b>Author:</b>	Alex Seale, Place Director, North Lincolnshire

**STATUS OF THE REPORT:** *(Please click on the appropriate box)*

Approve  Discuss  Assurance  Information  A Regulatory Requirement

**SUMMARY OF REPORT:**

This report sets out an overview for the ICP of the Place leadership and progress on partnership and integration.

**RECOMMENDATIONS:**

Members are asked to note the progress and developments for 2023/24 in embedding the role of place in the wider health and care system

**ICP STRATEGIC OBJECTIVE** *(please click on the boxes of the relevant strategic objective(s))*

Addressing Health Inequalities and improving healthy life expectancy	<input checked="" type="checkbox"/>
Delivering the vision – start well, live well, age well, die well	<input checked="" type="checkbox"/>
Supporting our strategic intentions – creating the conditions, think person, think family, think community	<input checked="" type="checkbox"/>

**IMPLICATIONS** *(Please state N/A against any domain where none are identified)*

Finance	NA
Quality	Quality impact is identified within the initiatives identified within the report
HR	NA
Legal / Regulatory	The report sets out how the ICB is meeting its requirements to deliver the 'triple aim' to have regard in making its decisions to; the

	health and wellbeing of local populations; quality of services; sustainability and efficiency.
Data Protection / IG	NA
Health inequality / equality	The includes how places are coordinating work to improve population health with partners
Conflict of Interest Aspects	NA
Sustainability	NA

**ASSESSED RISK:**

Strong partnership working needs to be established to ensure that the ICP can deliver on the transformation and integration requirements. This is being delivered through the embedded Place-based approach set out in this paper.

**MONITORING AND ASSURANCE:**

Monitoring is through Place Committees and Place Directors reporting to the Chief Operating Officer

**ENGAGEMENT:**

This report is a summary of Place-based plans, developed by Place Directors with local partners.

**REPORT EXEMPT FROM PUBLIC DISCLOSURE**

No  Yes

If yes, please detail the specific grounds for exemption

# CHIEF OPERATING OFFICER REPORT

## 1. INTRODUCTION

- 1.1. The Humber and North Yorkshire ICP operates as a partnership between the NHS Humber and North Yorkshire ICB, and the Local Authorities, with wider system partners, adopting a collective approach to decision making and facilitating mutual accountability across the ICS.
- 1.2. The Integrated Health and Care Strategy “Reimagining Health and Care” sets out our shared ambition for everyone in our population to live longer, healthier lives by narrowing the gap in life expectancy between the highest and lowest levels in our communities by 2030 and increasing life expectancy by five years by 2025.

## 2. BACKGROUND

- 2.1. The six Places in HNY Integrated Care Board provide leadership across the system focussing on three primary objectives delivered at Place:
  - System delivery and transformation
  - System performance, improvement, and outcomes
  - Integration and effective use of resources.
- 2.2 This focus on Place based leadership aims to support delivery within the wider Integrated Care System (ICS) and Integrated Care Partnerships (ICP) and drive the delivery of the ICB statutory duty of the 'triple aim', to ensure:
  - Better health and wellbeing for everyone
  - Better care for all people including a focus on health inequalities.
  - The sustainable use of resources, through the duty of integration.
- 2.3 This report sets out an overview for the ICP of the Place leadership and progress on partnership and integration and achievements within the Places and wider system, including how innovation and shared learning across the Places is driving improvement.

Key highlights since the last report have been:

- York Frailty Advice and Guidance line commenced in November '23. Based on data from the first few days of operation, the hub is expected to avoid 260 Emergency Department conveyances and 130 frail admissions this winter.
- In East Riding the Bridlington virtual Frailty service is now operational.
- In North Yorkshire a new approach to delivering integrated urgent care has been mobilised providing; increased system resilience, improving access for patients and delivered through a provider partnership model.
- In North East Lincolnshire a voluntary sector fund to support actions to address health inequalities has been established by Public Health and will focus on a number of projects.
- In Hull, Implementation of 60 bedded step-down unit on HRI site (Rossmore).
- In North Lincolnshire building work has commenced on a Community Diagnostic Centre which will support 146,000 tests per annum and support town centre regeneration.

### 3. CHIEF OPERATING OFFICER REPORT

3.1 As organisations we share the responsibility for health and care services across Humber and North Yorkshire. As we move forward, we will continue to build partnerships through Place, with our communities to deliver the aims and aspirations for better health and improved lives.

#### Role of Place

3.2 The role of Place has been firmly embedded across all of the ICS structures and ways of working. Place is at the heart of ICB delivery of the triple aim to have regard in making its decisions to improve the health and wellbeing of local populations; quality of services; sustainability and efficiency.

3.3 The key priorities of Place are:

- Develop and deliver integration and service transformation in line with the ICB strategy and Place priorities as set out in the Joint Local Health and Wellbeing Strategies and Joint Forward Plan.
- Lead and assure mutual responsibility and accountability at place for deliverables set out in the Operational Plan and NHS Long Term Plan.
- Deliver Place quality efficiency and productivity plans on behalf of the ICS system.

3.4 Each of our six Places has a strong connection with local partners including local NHS provider, local authority, voluntary and community sector and wider public sector partners around the delivery and assurance of health and wellbeing priorities through their respective jointly agreed Place operating arrangements.

3.5 Place Responsibility Agreements are progressing to final signature. There are also Responsibility Agreements in place with each of the ICS Collaboratives.

#### 3.6 Update on Progress with Place Priorities for 2023/24

Places have continued to drive forward the delivery of Place priorities within identified plans. Places are working collectively on a set of cross cutting issues, leading system coordination in a number of key areas:

Area	Examples of outcomes and achievements
Response to urgent care, discharge and patient flow	Leading the system approach to discharge & UEC pressures across all systems including establishment providing leadership in to coordinating system escalation response. Establishment on Single Points of Access to maximise community response and reduce acute pressures.
Population Health management (PHM)	Integrated Neighbourhood Teams are being developed across HNY with a population Health Management (PHM) approach, engaging with a wide range of stakeholders including VCSE and health and social

	care using the learning from the NHSE Core20 Accelerator Programme
Community engagement and prevention approaches which tackle health inequalities and improve outcomes for those who are most disadvantaged	The Local Care Partnerships are using population health data and focussing their work plans on reducing health inequalities with a specific focus on vulnerable population cohorts e.g. impact of rurality and access to services for inclusion groups (see examples below).
Shared opportunities to develop and strengthen the local workforce	Places are working with local partners to develop and strengthen the local workforce where recruitment and retention is challenging for example domiciliary care and development of models of care to support people closer to home.
Sharing Learning	Place are sharing learning across a number of areas including UEC and discharge flow, integrated neighbourhood team development, learning from Centres of Excellence in Frailty and Integrated Neighbourhood Team working. Productivity and efficiency initiatives including reducing complex out of area placements.

3.7 Local priorities also reflect the population needs at place, addressing health inequalities and particular inclusion health groups. Examples are:

- A successful Population Health Management (PHM) workshop was held in North East Lincolnshire (NEL) which brought together community members, Health and Care Partnership and VCSE colleagues to raise understanding of PHM and health inequalities across NEL, building on the successful approach to developing the Mental Health Strategy.
- Collaboration with the North Yorkshire Fire Service is underway for the development of targeted interventions and educational programs tailored to the specific needs of at-risk populations.
- The implementation of targeted lung health checks in Holderness to improve health outcomes in areas of deprivation.
- In Hull the Integrated Neighbourhood Teams programme is focusing on unscheduled reviews in response to escalating needs.
- One City, for all Plan launched in November by City of York Council with Health, Community and Business leaders. The Plan connects our climate, health and economic 10-year strategies with the ambition to increase opportunities for everyone living in York to live a healthy and fulfilling, and four core commitments.
- In North Lincolnshire the Integrated Neighbourhoods Scunthorpe South project is focusing on younger adults and mental health and/or learning disability and North PCN, a project on hypertension detection.

#### 4.0 Sector Collaboratives

Five sector collaboratives have been established to work alongside place and providers to:

- Act between provider members, Place, and other delivery partners to deliver transformation at scale, as part of the ICP strategy.
- Places and Collaboratives are working closely through a matrix-based approach to support service transformation and integration on key priorities and cross cutting themes set out in Joint Local Health and Wellbeing plans and the NHS Long Term Plan.

## **5.0 Operational Plan delivery**

NHS England have set out 31 planning objectives for 2023/24. Place partnerships are working across the Integrated Care System to look at whole system solutions and to take forward integration of health and care to support innovation and transformation to meet our objectives.

## **6.0 Priorities Going Forward**

6.1 The focus of Place is to continue to enable strong leadership to manage and deliver good quality, sustainable care to support local populations, supporting all partner organisations for example recent work completed together on CQC local authority assessments to demonstrate our strong model of shared leadership, governance, and accountability.

6.2 Developing and embedding transformation and integration – making sure that we take the opportunity to 'do things differently' share learning and spread good practice through whole system working.

6.3 Responsibility Agreements will be further developed looking at allocations holistically, and working with partners to agree how spending can support local priorities to address health inequalities within the overall ICS health and care strategy, core operational priorities and delivery of the core aims of integration and transformation.

6.4 This will support the ICB priorities to deliver recovery of our core services and productivity in line with our Operational Plan alongside delivering progress on the key ambitions in the NHS Long Term Plan and as reflected in the Governments 2023 mandate to NHS England, published in June 2023.

6.5 Places are also core to the delivery of our Quality Efficiency and Productivity programme, ensuring we support efficiency programmes which drive up quality and make the best use of our resources and do once where it makes sense to do so.

6.6 North East Lincolnshire are working towards the establishment a Joint Committee in 2023/24 and we will share learning across other ICS partners. The ICB Scheme of Reservation and Delegation and Operational Scheme of Delegation have been updated to enable this development.

6.7 The planning processes for 24/25 are being established, with a continued focus on delivery of Operational Plan core targets and Long-Term Plan priorities. We will ensure that through System and Place we align 1-year operational plans with the medium term JFP objectives, and priorities in our Integrated Care Strategy and to strengthen strategic alignment across the ICB, Places and collaboratives.

**END**

In partnership with



# Integrated care partnerships

Driving the future vision for health and care

December 2023

**Ian Perrin**  
**Olivia Langham**  
**Alyson Morley**



# About us

**NHS Confederation** is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland. The members we represent employ 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure. We promote collaboration and partnership working as the key to improving population health, delivering high-quality care and reducing health inequalities.

The Integrated Care Systems Network is part of the NHS Confederation. As the only national network bringing together the leaders of health and care systems, it supports ICS leaders to exchange ideas, share experiences and challenges, and influence the national agenda.

For more information visit [www.nhsconfed.org/ics](http://www.nhsconfed.org/ics)

**Local Government Association (LGA)** is the national voice of local government. We are a politically led, cross-party membership organisation, representing councils from England and Wales. The membership comprises 315 of the 317 councils in England, and includes district, county, metropolitan and unitary authorities, along with London boroughs and the City of London Corporation.

The LGA's role is to support, promote and improve local government, and raise national awareness of the work of councils. They provide the bridge between central and local government and aim to influence the political agenda on issues that matter in order to help councils deliver the best services to local communities.

For more information visit [www.local.gov.uk/](http://www.local.gov.uk/)

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# Foreword



Cllr Tim Swift  
Chair, West Yorkshire Health  
and Care Partnership Board



Cllr David Fothergill  
Chair, LGA Community  
Wellbeing Board



Cllr Tim Oliver  
Chair, Surrey Heartlands ICP



Dame Gill Morgan  
Chair, ICS Network

Now that most integrated care partnerships (ICPs) have been up and running for well over a year, it is a good time to take stock of their priorities for improving population health outcomes and their ambitions for the future. The NHS Confederation's ICS Network and Local Government Association (LGA) have drawn on conversations with senior ICP leaders across England to identify common themes and key characteristics of what leaders would define as effective ICPs. We hope that it will be useful to all ICP leaders and their partners in helping them to consider their own culture, ways of working and priorities for improving health outcomes. Most of all we hope that this document helps ICP leaders and all other stakeholders identify and appreciate the unique contribution they can make.

What comes across from these conversations is the huge diversity in the way ICPs are structured, their priorities, their ambitions for the future and the purpose attributed to them. But this diversity doesn't mean that there are not common themes emerging, or that we cannot learn from each other. As membership bodies representing

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We hope this document helps ICP leaders appreciate the unique contribution they can make

NHS organisations and local authorities, the ICS Network and the LGA are committed to showcasing good practice and supporting our members to reach their full potential. This report highlights some of the many innovative ideas that ICPs have developed in order to spread good practice. We have also identified the key learning so far on the essential characteristics of effective ICPs.

While this report is primarily intended to enable ICPs, their leaders and partners to learn from one another, the research also informed a handful of recommendations for national government. We are clear that for ICSs to succeed, national government stakeholders should give equal credence to ICP leaders in their work, not just focusing on ICBs; they should minimise any efforts to introduce or revamp existing guidance or requirements around the development of strategies so that we can focus on delivering for our populations, not just planning; and they should pursue ever closer, more joined-up working between government departments and other branches of government to mirror the integration that is already taking place at local level.

ICSs are united by the financial and demand pressures facing all parts of the NHS, local government and our stakeholders. We know this winter is going to be one of the toughest we have ever faced – for our health and care systems and our communities. In such trying circumstances it is understandable that the immediate concerns dominate. But it is the vital job of the ICP to keep a focus on effecting long-term transformation: a change in culture and the way we work together and with our communities; a change in the care and support we provide to maximise health and independence and minimise the need for in-patient care; and a change in health outcomes for our communities.

ICPs have made a good start in trying circumstances and this report shines a light on the path ahead.

# Key points

- Integrated care partnerships (ICPs) bring together an alliance of partners concerned with improving the care, health and wellbeing of their local population. While ICPs have one important statutory responsibility – to develop, publish and keep under review their integrated care strategy – many are looking beyond this to develop a wider purpose.
- ICPs are being thought about differently up and down the country, and vary widely based on local arrangements with place partnerships, health and wellbeing boards and broader system structure.
- To find out more about how they are developing, the NHS Confederation’s ICS Network and Local Government Association interviewed a range of leaders to understand their views on the role and future of ICPs. This report captures what we found and spotlights several innovative ideas ICPs have developed in order to inspire and encourage ICP leaders. It also identifies seven essential characteristics of effective ICPs, and establishes three key purposes for that local leaders attribute to these partnerships, as: 1) convenors, 2) vehicles for change, and 3) challengers to the status quo.
- The sheer diversity of ICPs demonstrates that they have benefitted from the flexibility allowed in the legislation and guidance. Following this, interviewees were keen to see national government and relevant arm’s-length bodies:
  - give equal importance to ICPs as integrated care boards (ICBs) in their engagement and communications on key issues

- drive parallel join up nationally to mirror and accelerate local integration
- be driven by ICBs and ICPs when it comes to revisions of guidance on system strategies, encouraging a focus on delivery and outcomes for their populations.
- The ICS Network and LGA will continue to support the development of ICPs through the jointly run ICP Chairs Forum, bespoke development support for systems, and a mechanism for ICPs to engage and inform national policymaking.

# Introduction

Integrated care systems (ICSs) became formal partnerships under the Health and Care Act 2022. Defined by their two central governance structures – the integrated care partnership (ICP) and the integrated care board (ICB) – systems were assigned four common goals:

1. Improving outcomes in population health and health care.
2. Tackling inequalities in outcomes, experience and access.
3. Enhancing productivity and value for money.
4. Helping the NHS to support broader social and economic development.

The legislation established ICPs, committees jointly formed between the ICB and all upper-tier local authorities within the ICS area. ICPs bring together an alliance of partners concerned with improving the care, health and wellbeing of its population, with membership determined locally. The sole statutory duty of the ICP is to produce an integrated care strategy setting out how the ICB and the local authorities concerned will meet the health and wellbeing needs of its population.

Beyond this, local partners have the freedom to determine the membership, structure and purpose of ICPs. ICPs are being thought about differently up and down the country, and vary heavily based on local arrangements with place partnerships, health and wellbeing boards and broader system structure. [Patricia Hewitt's recent review of integrated care systems](#) recognised the leadership of ICPs in accelerating the scale and pace of change towards prevention, a focus on wider determinants of health, and real impact on health inequalities and social and economic development.

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ICPs bring together an alliance of partners concerned with improving care, health and wellbeing

The NHS Confederation's ICS Network and Local Government Association have together established the national forum for ICP chairs, which is valued as a place for ICP chairs to discuss common challenges and share good practice. We are working with the Department of Health and Social Care to enable it to become a crucial vehicle for two-way communication between ICP chairs and national government and its agencies about what is needed to make ICSs a success.

This publication is based on data collected through desk research and semi-structured interviews with 20 leaders from across ICSs, including ICP chairs, ICB chairs and chief executives, directors of strategy and partnerships, directors of public health and other local government officers from across the country. We conducted analysis of the results of the interviews and ran two roundtables with voluntary, community and social enterprise (VCSE) partners and organisations that represent patients and the public to hear their views on the role and future of ICPs.



# Essential characteristics of effective ICPs

ICP leaders identified seven essential characteristics that underpin effective ICPs.



## 1. Build partnerships of equals

Effective partnerships must be equal. That means no single member of the partnership feels overshadowed, undervalued or outnumbered, and no partner becomes the de facto lead. Interviewees recognised that this goes beyond just how ICP meetings operate, but also how their activities are resourced, organised and presented. Furthermore, there must be an equality of partnership between the ICP and the ICB to ensure that the

longer-term preventative approach set out in the integrated care strategy is given equal prominence with the joint forward plan of the ICB, which is more likely to focus on delivery of health services.

Crucially, many ICPs are chaired or co-chaired by councillors to ensure local government is given a significant role in their leadership. In some systems, they are chaired or co-chaired by directors of public health and mayors, such as Paul Dennett in Greater Manchester and Oliver Coppard in South Yorkshire. A small number of systems have appointed independent chairs. Moreover, some ICPs have dedicated directors and teams funded by either the NHS, local authorities or both, with reporting lines into ICP leadership. This allows for a degree of independence from the ICB while also recognising the value in close alignment between ICBs, ICPs and local authorities.

“Our partners from the VCSE sector say that, at the ICP, they feel like genuine, equal partners. This has come about through relationship building, listening to VCSE leaders about their priorities, and creating agendas which give a voice to VCSE leaders and providers. This is crucial to our development and ways of working.”

Sarah Perman, Interim Director of Public Health, Hertfordshire County Council

## 2. Enable and empower local decision-making

Leaders recognised most integration and change will happen locally, and they emphasised the need for continual assessment of how the ICP’s priorities and actions enable rather than stifle what leaders are doing locally.

“All four place leads are crucial contributors to our integrated care partnership, but in Surrey we are giving real focus to the 27 ‘towns’ because this is the way people in Surrey understand ‘place’, not just regarding the provision of care but also socially and economically. Our ICP will visit all 27 towns and look at how we can together drive progress, tackle inequality, and overcome barriers.”

Cllr Tim Oliver, Chair, Surrey Heartlands ICP

### 3. Embed accountability

Leaders emphasised that it is vital for all partners to hold each other equally accountable for driving forward their collective strategies, rather than for one body within the system to hold the other partners to account. This is crucial to building partnerships of equals. As explored in the section on purpose, the role of the ICP as a ‘critical friend’ to all component organisations in the system was a common theme – the constructive challenger that can help to identify and unblock issues.

### 4. Promote a trusting and transparent culture

Many leaders emphasised the role of the ICP in promoting a shared culture based on trust, mutual respect and transparency within a system, through inspiring leadership and professional humility, which recognises and values all partners’ contributions. Leaders cited development days and time spent on personal relationships as crucial to this and it is seen as paying dividends during times of challenge (for example, running cost allowance reductions, local elections and winter pressures). Several leaders stated that the aim was not to avoid disagreements or tensions between ICP partners but to develop a robust and sustainable shared culture in which to manage and overcome tensions.

## 5. Enable wider participation

Interviewees highlighted the role of ICPs in enabling participation from the voluntary, community, and social enterprise (VCSE) sector, the public and patients as well as partners such as academia, local business and emergency services. Moreover, doing this in a meaningful way so decisions and services were truly co-produced. They emphasised the qualitative difference between communication between ICBs and ICPs and their partners, including the public, and co-production. Clear communication is important to ensure that everyone knows the ICP priorities and what action will be taken to achieve them. But co-production – which involves all partners and the wider community in identifying challenges, developing priorities and delivering progress – must underly the ICP.

### **Spotlight on good practice: An annual celebration of partnership working in Suffolk and North East Essex**

Suffolk and North East Essex ICP hosts an annual expo bringing together partners from across the area to celebrate their work, build relationships and set plans for the future. The last two annual events have each involved more than 1,000 delegates. The theme for this year's event was 'The Future is Now: Time to Value Every Voice in Health and Care' – a conscious effort to draw in all partners from across the system.



Figure 1: Suffolk and North East Essex Annual Expo 2023



A highlight of the day was the official signing of the Suffolk and North East Essex ICS VCFSE Resilience Charter. The charter was signed in person by numerous VCFSE sector leaders alongside Will Pope and Ed Garratt on behalf of NHS Suffolk and North East Essex ICB, Cllr. Andrew Reid on behalf of Suffolk County Council and Lucy Wightman on behalf of Essex County Council.



Figure 2: Signing the Suffolk and North East Essex ICS VCFSE Resilience Charter

Pictures ©Suffolk and North East Essex Integration Care System

## 6. Have the right governance for their ICP

Many leaders highlighted the importance of putting in the hard yards to agree a governance structure that is right for each system, rather than implementing a model that simply does not work locally or taking for granted what others have said is the right approach. Putting effort into designing governance structures that suit the specific circumstances of each system will pay off in the long run. This helps to reduce bureaucracy where it is not needed and save valuable time for leaders and partners who often have responsibilities far beyond those relating to ICPs.

## 7. Build in a focus on the long-term vision

Interviewees were keen to highlight that the ICP provides a unique opportunity to look beyond the immediate and urgent priorities facing ICSs and their component organisations and consider how to achieve their long-term vision of improved population health outcomes, reduced health inequalities and greater focus on prevention and wellbeing. They all recognised that it will take time to see tangible progress on the changes they are all pursuing. The ability of the ICP to maintain a steadfast eye on the long-term trajectory of the system gives the ICP unique purpose, while ICBs and partner organisations individually can give greater attention to important short-term priorities.

### **Spotlight on good practice: A focus on social and economic development in Cambridgeshire and Peterborough**

The Cambridgeshire and Peterborough ICP has placed a real emphasis on both social and economic development and supporting the VCSE sector. Through this, the ICB has committed to:

- over £1 million each year for two years to district councils to support work developing sustainable communities
- £2 million for the VCSE sector to pursue initiatives that focus on key priorities for the local population (further detail provided below)
- £250,000 investment in the VCSE infrastructure and the grant process to support bids.

This funding has been provided with clear guidelines for delivery, while enabling partners the freedom to act locally in meeting the needs of their communities.



The VCSE grant is for initiatives that focus on:

- children's and young people's mental health
- frailty
- people who use health services very frequently – also referred to as high-intensity users of services
- advanced illness – which means an irreversible progressive disease or medical condition that can significantly impact on quality of life
- cardiovascular disease (including but not limited to smoking cessation)
- discharge funding (a specific amount has been ringfenced within the fund to support people who are medically fit to leave hospital).

### **Spotlight on good practice: Tackling the wider determinants of health in West Yorkshire**

West Yorkshire Health and Care Partnership has sought to develop strategic partnerships and to experiment in new ways regarding social and economic development. Its [Fuel Poverty Fund](#) saw £1 million invested to help keep people warm in winter so they could live a long, healthy life. The partnership has also set up a [Health Inequalities Academy](#) and [Health Equity Fellowship](#) to develop the long-term leadership needed to underpin social and economic development across West Yorkshire.



# Purposes of ICPs

ICPs have one important statutory responsibility – to develop, publish and keep under review their integrated care strategy. However, many are looking beyond this to develop a wider purpose. Throughout our interviews leaders identified three key purposes for their ICP. Some ICPs had more than one purpose, but the emphasis was almost always placed on one of three ‘C’s: as a convenor, as a vehicle for change, or as a challenger to the status quo.

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Many are looking beyond their statutory responsibility to develop a wider purpose

## The convenor partnership

In a convenor partnership, the primary purpose of the ICP is to bring a broad coalition of partners together to set and pursue shared objectives and take collective action.

In these partnerships:

- There is often a ‘core committee’ which drives action, and an ‘assembly’ aimed at establishing a broad coalition of partners.
- There is a focus on consensus-finding, identification and pursuit of shared priorities and agreeing how to use all the tools at partners’ disposal to have maximum impact for their communities.
- The work is strategic, driving delivery among its partners.
- It can act as a ‘mediator’ to help find solutions. It acts, in the words of one interviewee, as a “non-political wrap of film around the system”.



## Case study: How Humber and North Yorkshire ICP is setup to make the most of its partnership

Humber and North Yorkshire ICP meetings are structured to ensure a broad range of partners can contribute to developing and improving the health and care system.

The meeting organisation has been carefully designed to balance 'here and now' priorities with 'strategic' priorities across the system. The 'ICP Meetings Day' takes place quarterly, for a whole day and is held in person.

It begins with a Chatham House rules, one-hour conversation between the six local authority chief executives and the ICB chief executive and chair.

Thereafter, two sessions take place simultaneously:

1. The Place Leadership Board, at which the six place leaders (local authority chief executives) and six place directors (ICB leadership executives) formally discuss and develop the 'here and now' issues at place, including good practice and areas where acting once across all six places may be beneficial.
2. The Futures Group, at which wider partners (including academics, local businesses and NHS executives) discuss and develop long-term strategic plans relating to population health and health inequalities.

The two groups come together immediately afterwards to update one another on progress and actions.



All attendees are invited to join an informal light lunch together to continue networking and sharing thoughts and ideas.

The statutory, formal ICP meeting takes place after this, attended by six health and wellbeing board chairs, six local authority leads, and the six place directors, at which partners seek assurance on progress in achieving the ICS strategy of enabling its population to Start Well, Live Well, Age Well and Die Well.

This structure allows the broad partnership to contribute on not only 'here and now' matters, but also strategic partnership matters, ensuring all partners have a voice and are able to offer their own perspectives.

The extended format of the day enables crucial relationship building in both informal and formal contexts. Dates are published 15 months in advance to ensure the best attendance.

## The change partnership

In a change partnership, the primary purpose of the ICP is to bring together partners to identify cross-system priorities, to immerse itself in their detail and to drive transformative change to provide maximum impact for the population it serves.

“The ICP is crucial for making non-health service change happen. For example, looking at the first 1,001 days of a child’s life, and specifically something like breastfeeding rates, the ICB has a responsibility to encourage breastfeeding but we also require wider societal, cultural change and that is where the ICP can have real impact.”

Simon Bryant, Director of Public Health, Hampshire County Council, and Co-Chair, Hampshire and Isle of Wight ICP

In these partnerships:

- The focus is on bringing together the right cast of actors to drive action and improvement.
- This cast of actors may vary depending on the issues being prioritised, though there will be a consistent core group, including the ICB and local authorities no matter what issue is being prioritised.
- The partnership's role is to draw on the broadest range of expertise to have maximum impact, often thinking in non-traditional terms – for example a shift away from typical NHS levers for change.

## Case study: How Devon ICP is realigning system focus to drive transformative change

The ICP in Devon has recently agreed to prioritise children and young people's mental health, and specifically supporting children with special education needs and disability (SEND). The reason for this is that there is recognition across the ICS that SEND services require cross-system action to improve, with the NHS prioritising this as much as local government and other partners. The senior leadership of the ICB has also committed to this approach.

Cllr James McInnes, chair of the ICP, said: "The ICP is going to be the catalyst to make this change happen. My gut feeling is that partners across the system are really pleased we've taken this step and it's now time to start delivering the change."

### **Spotlight on good practice: A partnerships approach to falls prevention ahead of a challenging winter in Greater Manchester**

Ahead of what is anticipated to be a challenging winter, Greater Manchester Combined Authority (GMCA) and Greater Manchester ICP (GM ICP) setup the Greater Manchester Falls Collaborative and secured a £100,000 grant which they believe will help to reduce hospital admissions, helping those older people in Greater Manchester who injure themselves through falls each year.

## The challenge partnership

In challenge ICPs, their purpose is to provide a counterweight – or challenge – to what is often the NHS's focus on short-term priorities, such as forthcoming winters, elective backlogs, acute performance and GP waiting times.

In these partnerships:

- Their leaders are explicit about a focus on the wider determinants of health (such as housing, climate change and education).
- Leaders focus on the strategic direction of the system in its broadest sense, and its long-term ambitions, rather than practical delivery in the here and now.
- They can be seen to have an accountability role, using integrated care strategies as the lever to drive change.

## Case study: How Black Country ICP is driving a focus on the wider determinants of health

In the Black Country, 50 per cent of the population lives in the lowest indices of deprivation. The Black Country ICP recognises the inextricable link between health inequality and the wider determinant factors that lead to poor health outcomes, including housing and employment. There is also a recognition of the strong correlation between deprivation and social housing, for instance, in terms of utilisation of emergency care services due to preventable conditions such as type 2 diabetes. This has led to the setting up of a first ever Black Country Health and Housing Partnership – a monthly forum bringing together all housing providers and chaired by a local social housing provider and supported by a Health and Housing Partnership Manager funded by the ICB.

The Community Champion Service, also funded by the ICB, drives health promotion at the neighbourhood level in some of the most deprived areas in Walsall. Community champions – who are clients of the housing association with lived experience of type 2 diabetes either as a carer or a patient themselves – were employed to target people with type 2 diabetes in their local communities.

Within six months, the project has started to show signs of improved outcomes for local people with type 2 diabetes. This project highlights the opportunity that is there for ICPs to drive improved population health and at the same time offer gainful employment that will address deprivation over time.

The ICS Network and LGA reiterate leaders' views that there should not be a limited menu of models or approaches prescribed for ICPs. The sheer diversity of ICPs demonstrates that they have benefitted from the flexibility allowed in the legislation and guidance. In discussions with wider partners, it was suggested that the ambition for ICPs could be to develop in all three roles: convening, driving change, and providing constructive challenge. If the ICP does not fulfil these functions, it could instead look at where these functions are delivered across the system and assess how this works best locally.

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The diversity of ICPs demonstrates that they have benefitted from the flexibility allowed in the legislation and guidance

# The future of ICPs

We are still early in the journey of integrated care systems across England, and ICPs, having been established after ICBs, are still working through important decisions about how they will operate and function as part of a system. That said, in the ICS Network's state of ICSs survey of ICS leaders, most respondents (58 per cent) felt their ICPs were sufficiently mature and resourced to deliver the ambitions set out in their integrated care strategies. ICPs have now developed their first integrated care strategies and are putting into action creative and transformative programmes to achieve their ambitions.

We asked ICP leaders what they hoped their ICPs would achieve over the next three to five years. The responses reflect a mixture of population outcome ambitions and system processes that leaders want to see progress on and highlights the breadth of their ambitions.

“A tangible shift towards prevention.”

“Shrinking acute services and a growth in community support across NHS, local authority and VCSE.”

“Progress on social connectedness, trauma-informed care and mental wellbeing.”

“Stronger relationships with VCSE partners and district councils.”

“Gains in data sharing, particularly for children and young people, for example on outcomes such as educational attainment.”

“A shared sense of identity and ownership over vision.”

“Making an impact for children with special educational needs and disabilities (SEND).”

“An ICP that supports and enables change at place.”

“Better understanding of best practice in population health.”

“Greater transparency on how the ICP is achieving its vision.”

“Reducing poverty – and the variation of deprivation across the geography.”

“Progress on co-production, with examples of where this has led to service change and improved outcomes for more deprived communities.”

In our conversations with ICP leaders we have identified common themes regarding their ambitions:

- integrated planning
- shared priorities and vision
- prevention
- the wider determinants of health
- social and economic development.

Moreover, it was particularly welcome to see a focus on improvements in support for children and young people, children with special education needs and disabilities (SEND), and mental health services more broadly.

### **Spotlight on good practice: Funding new projects for tackling mental ill health in Surrey**

Partners from Surrey Heartlands ICP pooled £12 million and ran an open process for any organisation from the VCSE sector to pitch for funding to deliver projects that would better support people with mental ill health. The fund included ringfenced 1 per cent of council tax and funding from the NHS and coordinated alongside the VCSE sector. The fund has since supported about 100 projects, some of which will be taken forward based on their impact. This programme reports into the ICP and will sit within the ICP moving forward.

While ICPs are still relatively new, their leaders are starting to put in place meaningful programmes and developments that are helping them to achieve these goals. We have included these as ‘spotlights on good practice’ throughout the report.



# Recommendations

Though this paper is primarily about sharing best practice with regard to ICPs, through this process three asks were clear for national government:

1. The Department for Health and Social Care (DHSC) and NHS England should **give equal priority to ICPs and ICP leadership alongside ICB leadership in their work**, for example, including them in ICS performance meetings.
2. DHSC and NHS England should **only make changes to strategy development guidance when systems request it**, to shift behaviours away from continual strategy development and towards impact for patients and the public.
3. **Parallel integration should take place across Whitehall** to deliver a true health in all policies approach and to provide more consistency in what is asked of system partners. ICPs should also be considered as **crucial partners for national government** in health and care policy development as purveyors of the breadth of public services that impact on people's health outcomes.

## Next steps

The ICS Network and LGA will continue to support the development of ICPs through our jointly run ICP Chairs Forum, bespoke development support, and further work on key issues identified through this process. We are also establishing a mechanism for ICP Chairs to formally engage with a cross-government cohort of stakeholders to inform policymaking.

# Further reading

This publication is purposefully succinct and focused on how ICPs have developed to date and what their leaders have planned. The ICS Network, LGA and wider partners have developed a host of resources in recent years to support ICPs and their partners as they develop.

Consider reading:

- [Systems for change: Driving social and economic development in integrated care systems](#)
- [The state of integrated care systems 2022/23: Riding the storm](#)
- [The Hewitt Review: an independent review of integrated care systems](#)
- [NHS Confederation: The rising cost of living](#)
- [Prioritising prevention policy in integrated care systems](#)
- [Developing a systems narrative to prevention – MEPS framework](#)
- [Major Conditions Strategy – tackling multimorbidity](#)
- [Delivering Meaningful Patient Involvement: The MTG’s Guide for Integrated Care Systems | The Medical Technology Group](#)
- [Untapped Potential: Bringing the voluntary sector’s strengths to health and care transformation | Richmond Group of Charities](#)

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