



PARTNERSHIPS COMMITTEE

Tuesday, 28 September 2021

REPORT TITLE:	INTEGRATED CARE SYSTEM AND INTEGRATED CARE PARTNERSHIP DEVELOPMENTS
REPORT OF:	GRAHAM HODKINSON, DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

The purpose of this report is to update the Partnerships Committee on the legislative changes that will lead to the establishment of the Cheshire and Merseyside Integrated Care Board.

This report sets out the updated policy context for the development of Integrated Care Systems and Integrated Care Partnerships at “place” level.

RECOMMENDATIONS

It is recommended that the Partnerships Committee:

1. Note the legislative developments detailed in the Health and Care Bill that will lead to the establishment of the Cheshire and Merseyside Integrated Care Board (ICB).
2. Receive regular written Committee reports relating to the developments of the Integrated Care Board and Integrated Care Partnership at system level, and local placed-based partnership arrangements for Wirral.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATIONS

- 1.1 Part of the role of the Partnerships Committee is to consult and respond to substantial changes to local health service provision, including assessing the impact on the local community, therefore it is important to provide regular Committee update reports in relation to the implementation of the Health and Care Bill.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 This report provides an update on new legislation and policy guidance relating to Integrated Care Systems, and Integrated Place-Based Partnerships.
- 2.2 There is a possibility that the Health and Care Bill could be amended as it is still going through the House of Commons and is at the committee stage.
- 2.3 A workshop was held with Councillors on 14th September 2021 to discuss the range of integrated placed-based partnership governance options for Wirral Council and Health Partners to establish with the Integrated Care Board. A Joint committee is the preferred option to enable a true partnership approach with Wirral Council and local NHS partners, making joint decisions about Wirral's integrated placed-based partnership arrangements.
- 2.4 The recommendation to establish a Joint committee for Wirral's integrated placed-based partnership will be discussed further with the Adult Social Care and Public Health Committee on the 13th of October 2021.
- 2.5 The placed-based governance arrangements will continue to evolve and require further discussions at Cheshire and Merseyside Integrated Care System Development Advisory Group, the Council's Adult Social Care and Public Health Committee, Health and Wellbeing Board and Partnership Committee, and the system partnership meetings such as Healthy Wirral Partnership, CEO Integrated Care Partnership Development Group and Wirral's Integrated Care Partnership Delivery Group.
- 2.6 The place-based partnership will align the commissioning of NHS and local government services around shared objectives and outcomes, involving relevant partners, people, and communities. The Council and local NHS organisations will work in partnership to develop measures of success for Wirral's Integrated Care Partnership, so that the local system can track the benefits to be achieved from implementing the new legislation and policy guidance creating new ways of working.

3.0 BACKGROUND INFORMATION

3.1 Health and Care Bill

The Health and Care Bill was introduced in the House of Commons on 6th July 2021 and is still at committee stage. The Health and Care Bill introduces statutory Integrated Care Boards (ICBs) and statutory Integrated Care Partnerships (ICPs) from April 2022. The Bill is expected to become the Health and Care Act 2022.

3.2 The purpose of the Health and Care Bill is to give effect to the policies that were set out as part of the NHS's recommendations for legislative reform following the Long-Term Plan and in the White Paper 'Integration and Innovation: Working together to improve Health and Social Care for all' published in February 2021.

3.3 The Health and Care Bill aims to support Government in doing the following:

- Promoting local collaboration.
- Reforming the NHS Provider Selection Regime.
- Improving accountability and enhancing public confidence in the health and care system; and
- Delivering a range of targeted measures to support people at all stages of life.

3.4 The Health and Care Bill sets out two key components to enable Integrated Care Systems to deliver their core purpose, including:

- **strong place-based partnerships** between the NHS, local councils and voluntary organisations, local residents, people who access services, leading the detailed design and delivery of integrated services within specific localities, incorporating a number of neighbourhoods.
- **provider collaboratives**, bringing NHS providers together, working with clinical networks and alliances and other partners, to secure the benefits of working at scale.

3.5 Integrated Care Systems (ICSs)

Integrated Care Systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area. Integrated Care Systems will play a critical role in aligning action between partners to achieve their shared purpose, to improve outcomes and tackle inequalities, to enhance productivity and make best use of resources and to strengthen local communities. The ICS will be assuming the commissioning functions of CCGs in Cheshire and Merseyside and will be working with those CCGs to manage the transition to the new statutory body. The ICS, CCGs and local authorities are working together on the future models for the discharge of these commissioning functions from April 2022.

3.6 Integrated Care Systems (ICSs) exist to achieve four aims:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

3.7 Subject to the passage of legislation, the statutory Integrated Care Systems arrangements will comprise:

- **an ICS Partnership**, the broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS
- **an ICS NHS body**, bringing the NHS together locally to improve population health and care.

3.8 Collaborating as Integrated Care System will help health and care organisations tackle complex challenges including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

3.9 **Integrated Care Boards – System Level**

Integrated Care Boards (ICB) will be statutory organisations that bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnerships across the Integrated Care Systems. ICBs will be established as new statutory organisations from April 2022, to lead integration within the NHS.

3.10 All Integrated Care Boards will need to put arrangements in place to ensure they can effectively discharge their full range of duties and functions. The Integrated Care Board will take on the commissioning functions of the CCGs as well as some of NHS England's commissioning functions. It will have the ability to exercise its functions through place-based committees (while remaining accountable for them) and it will also be directly accountable for NHS spend and performance within the system.

3.11 **Integrated Care Partnership – System Level**

Each Integrated Care System will have an Integrated Care Partnership established by the Integrated Care Board and relevant local authorities as equal partners and bringing together organisations and representatives concerned with improving the care, health and wellbeing of the population.

3.12 The Integrated Care Partnership will operate as a forum to bring partners, local government, NHS and others together across the ICS area to align purpose and ambitions with plans to integrate care and improve health and wellbeing outcomes for their population. The Integrated Care Partnership will facilitate joint action to improve health and care services and to influence the wider determinants of health and broader social and economic development. This joined-up, inclusive working is central to ensuring that ICS partners are targeting their collective action and resources at the areas which will have the greatest impact on outcomes and inequalities as we recover from the pandemic.

3.13 The Integrated Care Partnership will be tasked with developing an 'integrated care strategy' to address the health, social care and public health needs of its system. The ICB and local authorities will have to have regard to that plan when making decisions. The strategy must consider how NHS bodies and local authorities could work together to using section 75 of the NHS Act 2006 and the strategy may also state how health-related services could be more closely integrated.

3.14 **Place-based partnerships (PBPs)**

The Integrated Care Boards will agree with local partners the membership and form of governance that place-based partnerships adopt, building on or complementing existing local configurations and arrangements such as Health and Wellbeing Boards. Governance arrangements will develop over time, with the potential to develop into more formal arrangements as working relationships and trust increases.

3.15 Place-based partnerships are key to the coordination and improvement of service planning and delivery, and as a forum to allow partners to collectively address wider determinants of health. All systems will establish and support place-based partnerships with configuration and catchment areas reflecting meaningful communities and geographies that local people recognise.

3.16 The Integrated Care Board will remain accountable for NHS resources deployed at place-level and should set out the role of place-based leaders within its governance arrangements. The considerations of what is undertaken at system or place should be guided by the principle of subsidiarity, with decisions taken as close to local communities as possible, and at a larger scale where there are demonstrable benefits or where co-ordination across places adds value.

3.17 Place-based partnerships have common understanding of its population, shared vision, local priorities for the delivery of health, social care and public health services in the place. The place vision and local priorities are developed in response to the needs of communities at neighbourhood and place.

3.18 The place-based partnership will integrate and co-ordinate the delivery of health, social care and public health services around the needs of the population, and to empower people who use services. The place-based partnership will engage wider system partners plans to establish population health intelligence and analytical capabilities at-scale, as well as approaches to draw on this insight to support care redesign locally, building on existing expertise across the place and system. Place-based partnerships work with a wide range of community partners to leverage and invest in community assets and support for improved wellbeing.

3.19 **Provider collaboratives**

From April 2022 Trusts providing acute and/or mental health services are expected to be part of one or more provider collaboratives. The purpose of provider collaboratives is to better enable their members to work together to continuously improve quality, efficiency and outcomes, including proactively addressing unwarranted variation and inequalities in access and experience across different providers. Provider collaboratives will help facilitate the work of alliances and clinical networks, enabling specialty-level plans and decisions to be made and implemented in a more coordinated and systematic way in the context of whole system objectives.

3.20 **The role of commissioning at Wirral Place Level**

Each 'Place' within an ICS, defined by Local Authority boundaries, will have its own unique set of population health and inequality challenges. Integrated Care System will devolve a range of commissioning roles, activities and functions to local Place-based ICS NHS commissioning teams, integrated with Council commissioning functions, to allow for genuinely joined-up commissioning at Place that is sensitive to local priorities.

3.21 Pending legislative change, NHS Wirral CCG and Wirral Council are continuing to strengthen the Place-based commissioning arrangements that are already well established, working as a partnership called 'Wirral and Health Care Commissioning' and underpinned by a pooled budget. This is aligned to the work happening at Cheshire and Merseyside ICS, which is focussed on developing a consistent approach to a commissioning model for all nine Places within its geography.

3.22 **Population Health Management (including Outcomes Based Commissioning and Tackling Inequalities)**

The Population Health Management approach at place level is critical in tackling local inequalities, with the design of outcomes being informed by the specific population needs of the Wirral population. This incorporates the wider determinants of health (such as Education and Housing), is therefore a critical aspect of integrated commissioning with Wirral Council. Population health management and outcomes-based commissioning are at the centre of an integrated place commissioning function.

3.23 **Timetable of health reform**

Timetable of key legislation and policy drivers to bring reform and integration Health and Social Care:

- July 2010 - White Paper Equity and Excellence: Liberating the NHS
- 2013 - Health and Social Care Act 2012 was implemented
- October 2014 - Five Year Forward View
- March 2017 - Next Steps on the Five Year Forward View
- November 2018 - Leadership in Integrated Care Systems (ICSs) - (SCIE)
- January 2019 - Long Term Plan
- July 2019 - What a difference a place makes: the growing impact of health and wellbeing boards - LGA.
- September 2019 - Creating healthy places - The King's Fund
- September 2019 - NHS Bill recommendations
- November 2020 - Busting Bureaucracy
- November 2020 - Integrated Care Consultation
- December 2020 - Localising decision making: a guide to support effective working across neighbourhood, place and system - LGA and NHS Clinical Commissioners
- February 2021 - White Paper – Integration and Innovation
- February 2021 - NHS Provider Selection Regime consultation
- February 2021 - Legislation for Integrated Care Systems: Five Recommendations
- April 2021- Developing place-based partnerships - The King's Fund
- May 2021- Leading Healthier Places 2021/22 - Support for care and health leaders - Local Government Association
- June 2021 - Collaborating for better care - NHS Providers
- July 2021 - Health and Care Bill introduced in the House of Commons
- August 2021 - Interim guidance on the functions and governance of the integrated care board
- August 2021 - Building strong integrated care systems everywhere: guidance on the ICS people function
- August 2021 - ICS implementation guidance: ICB readiness to operate statement (ROS) and checklist
- September 2021 - Thriving Places
- September 2021 - Building strong integrated care systems everywhere ICS implementation guidance on effective clinical and care professional leadership
- September 2021 - Building strong integrated care systems everywhere ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector
- September 2021 - Building strong integrated care systems everywhere ICS implementation guidance on working with people and communities
- 1st April 2022 - Health and Care Act in force - CCG colleagues TUPE transfer to the newly established ICB - Cheshire and Merseyside Integrated Care Board will be established (Wirral CCG will merge into the ICB)

3.24 **New Guidance**

New guidance published on 2nd September 2021 by NHS England and NHS Improvement and the Local Government Association seeks to support all partner organisations in integrated care systems (ICSs) to collectively define their place-based partnership working, and to consider how they will evolve to support the transition to the new statutory ICS arrangements, anticipated from April 2022. It builds upon the expectations already set out in the ICS Design Framework.

3.25 **Thriving Places**

'Thriving Places' guidance published in September 2021, will support all partner organisations in ICSs to collectively define their place-based partnership working and to consider how they will evolve to support the transition to the new statutory ICS arrangements. It is published alongside *Delivering together for residents*, prepared by the Society of Local Authority Chief Executives and Senior Managers. This guidance is aimed at all ICS partners and leaders.

3.26 **Building strong integrated care systems everywhere ICS implementation guidance on effective clinical and care professional leadership**

Building strong integrated care systems everywhere ICS implementation guidance on effective clinical and care professional leadership guidance, published in September 2021 supports the development of distributed clinical and care professional leadership across ICSs and describes what "good" looks like. It is based on extensive engagement involving more than 2,000 clinical and care professional leaders from across the country, led by a multi-professional steering group. This guidance is aimed at all ICS leaders and ICS clinical and care professional leaders.

3.27 **Building strong integrated care systems everywhere ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector**

Building strong integrated care systems everywhere ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector, published in September 2021, suggests how voluntary, community and social enterprise (VCSE) sector partnerships might be embedded in ICSs, recognising expectations set out in the ICS Design Framework that support close working with the VCSE sector as a strategic partner. This publication is for health and care leaders from all organisations in ICSs who are developing partnerships across local government, health, housing, social care and the VCSE sector.

3.28 **Building strong integrated care systems everywhere ICS implementation guidance on working with people and communities**

Building strong integrated care systems everywhere ICS implementation guidance on working with people and communities, published in September 2021, sets out expectations and principles for how ICBs can develop approaches to working with people and communities, recognising that the ICS Design Framework sets the

expectation that partners in an ICS should agree how to listen consistently to, and collectively act on, the experience and aspirations of local people and communities. The guidance is designed for all ICS partners and ICS leads.

3.29 Development Timetable for the Integrated Care System – ICB and ICP

There is still a great deal of work to be undertaken by April 2022 for the ICB and ICP, which directly impacts upon CCG colleagues as summarised below:

Integrated care partnership (ICP): Initial ICP arrangements and principles agreed
Initial Integrated Care Partnership (ICP) arrangements agreed, including principles for operation from 1 st April 2022
Integrated care board (ICB): Designate appointments to the Board of the ICB made and Board quorate in line with relevant guidance
Designate Chair appointed and ready to take up post on 1 st April 2022
Designate Chief Executive appointed and ready to take up post on 1 st April 2022
Designate Non-Executive Directors (minimum of two) appointed and ready to take up post on 1 st April 2022
Designate Partner members appointed and ready to take up post on 1 st April 2022
Other designate appointments made and postholders ready to take up post on 1 st April 2022 (minimum additional Executive roles: finance; medical; nursing) to ensure quoracy of the ICB Board, according to its Constitution
System development plan, ICB constitution and governance arrangements in place
System development plan in place indicating how the ICB will work with its partners in the ICP from April 2022 to meet the needs of the population, with a focus on reducing health inequalities
ICB Constitution, including the Standing Orders and agreed ICB name, approved by NHS England before 1 st April 2022, ready to be adopted on 1 st April 2022
ICB Scheme of Reservation and Delegation (SoRD) prepared and ready to be adopted on 1 st April 2022
ICB Standing Financial Instructions prepared and ready to be adopted on 1 st April 2022
ICB governance handbook prepared and ready to be adopted on 1 st April 2022
ICB functions and decision map prepared and ready to be adopted on 1 st April 2022 - including place boundaries, place-based leadership, and place-based governance arrangements e.g with Health and Wellbeing Boards; delegations; and any supra-ICB governance arrangements
Any joint commissioning arrangements for 2022/23 (including joint committees with local authorities, trusts / foundation trusts, other ICBs and NHS England and NHS Improvement) documented, ready to take effect on 1 st April 2022
Schedules of delegation to be in place for 1 st April 2022 where the ICB has agreed with NHS England and NHS Improvement to assume delegated responsibility for

NHS England and NHS Improvement commissioning functions in line with relevant guidance
Standards of business conduct policy prepared and ready to be adopted on 1 st April 2022
Conflicts of interest policy prepared and ready to be adopted on 1 st April 2022
Essential policies identified through risk assessment (e.g. commissioning [e.g. IVF commissioning], safeguarding, HR) and prepared
Provider partnership arrangements agreed
Provider partnership arrangements which will apply from 1 st April 2022. These include provider collaboratives, primary care networks and other collaborative arrangements.
People function ready for operation
Governance and delivery arrangements for people function agreed and ready for operation as set out in line with relevant guidance, and workforce and organisational development priorities identified in the System Development Plan
Quality, safety and EPRR systems and functions ready for operation
Quality and safety systems and function ready to take effect from 1 April 2022, including implementation of System Quality Groups in line with relevant National Quality Board guidance
EPRR responsibilities clear and systems and function ready to operate from 1 st April 2022 in line with relevant guidance
System oversight arrangements prepared
Arrangements for system oversight in 2022/23 between the NHS England and NHS Improvement regional team and the ICB prepared, ready to take effect from 1 st April 2022
Finance and planning: Planning for 2022/23 developed in line with national requirements and finance function and systems ready for operation
Planning for 2022/23 has been carried out in line with relevant NHS England and NHS Improvement guidance
Activities as outlined in the NHS SBS finance / ledger reconfiguration programme plan as due by 1 st April 2022 have been delivered, eg new bank account in place for the ICB, ICB able to make payments for goods and services, finance function ready to operate.
Data, digital and information governance: Systems ready to operate and information governance activities on target
Activities outlined in the NHS Digital ODS (Organisation Data Service) reconfiguration toolkit as due by 1 April 2022 have been delivered
Activities outlined in the Information governance / data security and protection toolkit (DPST) (eg Caldicott Guardian, Information Asset Owner, Senior Information Risk Owner, records retention, etc.) as due by 1 April 2022 have been delivered

4.0 **FINANCIAL IMPLICATIONS**

4.1 There are no financial implications impacted by this report. Place-based partnerships will be backed by devolved funding, simplified accountability, and an approach to governance appropriate to local circumstances.

4.2 **Setting budgets for places**

The ICB will be able to commission jointly with local authorities under a section 75 joint commissioning arrangement, as CCGs can. Each ICS will have an agreed framework for collectively managing and distributing financial resources to address the greatest need and tackle inequalities in line with the NHS system plan, having regard to the strategies of the Partnership and the Health and Wellbeing Board.

5.0 **LEGAL IMPLICATIONS**

5.1 The Health and Care Bill, published in July 2021, sets out how the Government intends to reform the delivery of health services and promote integration between health and care in England. This is the first major piece of primary legislation for health and care in England since the Health and Social Care Act 2012.

5.2 From April 2022 the Integrated Care System will have the statutory accountability for NHS Commissioning and all associated NHS functions previously held within a Clinical Commissioning Group (CCG), but it will aim to discharge many of those functions to Place-Based Partnerships.

5.3 The new legislation will establish the NHS Integrated Care Board (ICB) along with an Integrated Care Partnership (ICP). The ICP is a broad alliance of organisations and representatives concerned with improving the care, health, and wellbeing of the population, jointly convened by local authorities and the NHS.

5.4 The statutory instruments establishing each ICS cannot be made formally until the Bill has been enacted. However, system partners are charged to commence preparations for the expected new arrangements, to commence in April 2022.

6.0 **RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

6.1 The CCG staff in Wirral are directly affected by the Health and Care Bill. There are staffing implications in relation to developing the integrated commissioning team in Wirral. The Council will work in partnership NHS Wirral CCG to ensure that the new integrated commissioning team is supported throughout the transition from 2021 into April 2022 when the ICB will replace the previous CCG organisations.

7.0 **RELEVANT RISKS**

- 7.1 The system changes outlined in this report will have risk management frameworks as part of their implementation. The Council will mitigate risks through working closely with partners to gain insight into all areas of risks to enable mitigating actions to be put in place.

8.0 **ENGAGEMENT/CONSULTATION**

8.1 **Integrated Care System Development Advisory Group**

The Cheshire and Merseyside Integrated Care System (ICS) has established a Development Advisory Group (DAG). The Chief Executive and the Director for Adult Care and Health, Wirral Council and the Chief Officer, NHS Wirral CCG are part of the DAG. This enables Wirral, as a place, to be at the heart of shaping the ICS and to ensure that we are in a position to respond at pace and with clarity to the emerging changes.

8.2 **CEO Integrated Care Partnership Development Group**

The CEO Integrated Care Partnership Development Group was established in 2021, in which Chief Officers from the Wirral Council, NHS Wirral CCG, Wirral Community Health and Care NHS Foundation Trust, Wirral University Teaching Hospital NHS Foundation Trust, and Cheshire and Wirral Partnership NHS Foundation Trust work together to develop the strategic Integrated Care Partnership at place level.

8.3 **Integrated Care Partnership Delivery Group**

The Integrated Care Partnership Delivery Group was established in 2021, and is attended by Senior Officers from Wirral Council, NHS Wirral CCG, Wirral Community Health and Care NHS Foundation Trust, Wirral University Teaching Hospital NHS Foundation Trust, and Cheshire and Wirral Partnership NHS Foundation Trust who meet weekly to implement the place-based partnership arrangements.

8.4 **Integrated Commissioning and Governance Project Board**

Since May 2021 Senior Officers from the Council and NHS Wirral CCG attend the Integrated Commissioning and Governance Project Board to develop the commissioning and governance arrangements for Wirral's Integrated Care Partnership.

8.5 **Engagement**

Engagement will need to take place in regard to the system changes outlined in this report. Local engagement is central to determining the views of residents. The insight of local people and service users is vital in commissioning the right services to achieve the best outcomes for patients.

8.6 Neighbourhood areas are the fundamental platform for engagement working with residents and providers of each neighbourhood.

9.0 **EQUALITY IMPLICATIONS**

9.1 An Equality Impact Assessment has been completed in May 2021. An Equality Impact Assessment is a tool to help public services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.

9.2 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. Plans will be underpinned by local population health and socio-economic intelligence. The Council will work in partnership with local and regional partners to develop place-based partnership arrangements necessary to deliver improved outcomes in population health by tackling health inequality.

10.0 **ENVIRONMENT AND CLIMATE IMPLICATIONS**

10.1 There are no environmental or climate implications as a result of this report.

10.2 Wirral Council is committed to carrying out its work in an environmentally responsible manner, and these principles will guide the development of the Integrated Care Partnership in Wirral.

11. **COMMUNITY WEALTH IMPLICATIONS**

11.1 The case for Community Wealth Building is stronger than ever, with the pandemic having a clear and significant impact on our residents, communities, and businesses. It is vital that everything we do at the Council contributes to the recovery and the development of a resilient and inclusive economy for Wirral.

11.2 The Council takes a people-centred approach to local economic development. Wirral's Placed-based integrated care partnership will improve outcomes and tackle inequalities, to enhance productivity and make best use of resources and to strengthen local communities.

11.3 Community Wealth Building in Wirral focusses on partnerships and collaboration, both within the Council and with external partners and stakeholders, including residents. The Council will work together with partners and residents to develop the placed-based partnership arrangements in Wirral that meet the needs of the population, with a focus on reducing health inequalities.

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APPENDICES

There are no additional appendices attached to this report.

BACKGROUND PAPERS

- NHS Five Year Forward View (2014), <https://www.england.nhs.uk/five-year-forward-view/>
- NHS Planning Guidance (2017), <https://www.england.nhs.uk/publication/delivering-the-forward-view-nhs-planning-guidance-201617-202021/>
- NHS Long Term Plan (2019), <https://www.longtermplan.nhs.uk/>
- Designing Integrated Care Systems (ICSs) in England (2019), <https://www.england.nhs.uk/wp-content/uploads/2019/06/designing-integrated-care-systems-in-england.pdf>
- Integrating Care: Next steps to building strong and effective integrated care systems across England (2020), <https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf>
- Integration and Innovation: working together to improve health and social care for all, White Paper (2021), <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all>.
- Legislating for Integrated Care Systems: five recommendations to Government and Parliament (2021), <https://www.england.nhs.uk/publication/legislating-for-integrated-care-systems-five-recommendations-to-government-and-parliament/>
- NHS Planning Guidance (2021), <https://www.england.nhs.uk/operational-planning-and-contracting/>
- The Queen's Speech 2021 – Background Briefing Notes, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/985029/Queen_s_Speech_2021_-_Background_Briefing_Notes..pdf
- Integrated Care Systems: Design Framework and Guidance on the Employment Commitment (2021), <https://www.england.nhs.uk/publication/integrated-care-systems-design-framework/>
- NHS People Plan 2020/2021, <https://www.england.nhs.uk/ournhspeople/>
- Thriving Places - September 2021 – Found at [Thriving Places: guidance on the development of place-based partnerships as part of statutory integrated care systems](#)
- Building strong integrated care systems everywhere ICS implementation guidance on effective clinical and care professional leadership – (September 2021) - Found at

Building strong integrated care systems everywhere: ICS implementation guidance on effective clinical and care professional leadership

- Building strong integrated care systems everywhere ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector – (September 2021) - Found at Building strong integrated care systems everywhere: ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector
- Developing place-based partnerships (April 2021) - The King’s Fund
- Creating healthy places - (September 2019) - The King’s Fund
- Leading Healthier Places 2021/22 - Support for care and health leaders (May 2021) - Local Government Association
- What a difference a place makes: the growing impact of health and wellbeing boards - (July 2019) - Local Government Association
- Localising decision making: a guide to support effective working across neighbourhood, place and system - (December 2020) - Local Government Association and NHS Clinical Commissioners
- The role of primary care in integrated care systems - NHS Providers System Transformation Peer Support programme (May 2021) - NHS Confederation
- Collaborating for better care - (June 2021) NHS Providers
- Leadership in Integrated Care Systems (ICSs) (November 2018) - SCIE

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Reports presented to Health and Wellbeing Board: <ul style="list-style-type: none"> • Health & Wellbeing Board Refreshed Purpose • Integrated Care System Project Update • Integrated Care System and integrated care partnership developments 	31st March 2021 16th June 2021 29 th September 2021
Reports presented to Adult Social Care and Public Health Committee: <ul style="list-style-type: none"> • Strategic Developments in the NHS • Proposals for Integrated Care Partnership 	2nd March 2021 7 th June 2021
Reports presented to Partnerships Committee <ul style="list-style-type: none"> • Strategic Developments in the NHS • Strategic Developments in the NHS • Strategic Developments in the NHS 	9th November 2020 13th January 2021 29th June 2021