



**Barking &
Dagenham**

**INTEGRATED CARE SYSTEM
AND BOROUGH
PARTNERSHIP PROPOSALS
AND GOVERNANCE UPDATE**

Health and Wellbeing Board

15th March 2022

one borough; one community; no one left behind

Background

Integrated Care Systems (ICSs) are partnerships bringing together providers, commissioners, local authorities and other local partners to plan services meeting local needs.

In July 2022, ICSs will become statutory (subject to the passing of the H&SC Bill) and led by two related entities at system level: an '**Integrated Care Board**' (ICB) and an '**Integrated Care Partnership**' (ICP). Together referred to as the ICS.

Their purpose is to **integrate care across different organisations and settings**, joining up services and to lead the following on behalf of their population footprint:

- 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

In addition to the two governing bodies, there will be three other core components of the ICS system:

- Provider Collaboratives
- **Place-based Partnerships**
- Primary Care networks

Current Context

- Moving a three borough arrangement to 1 & 7 borough arrangements
- Many decisions being worked through
- Our basic premise - as much at LBBD level as possible (budgets, power, services)
- Huge financial and resource inequity, masked by BHR footprint arrangements

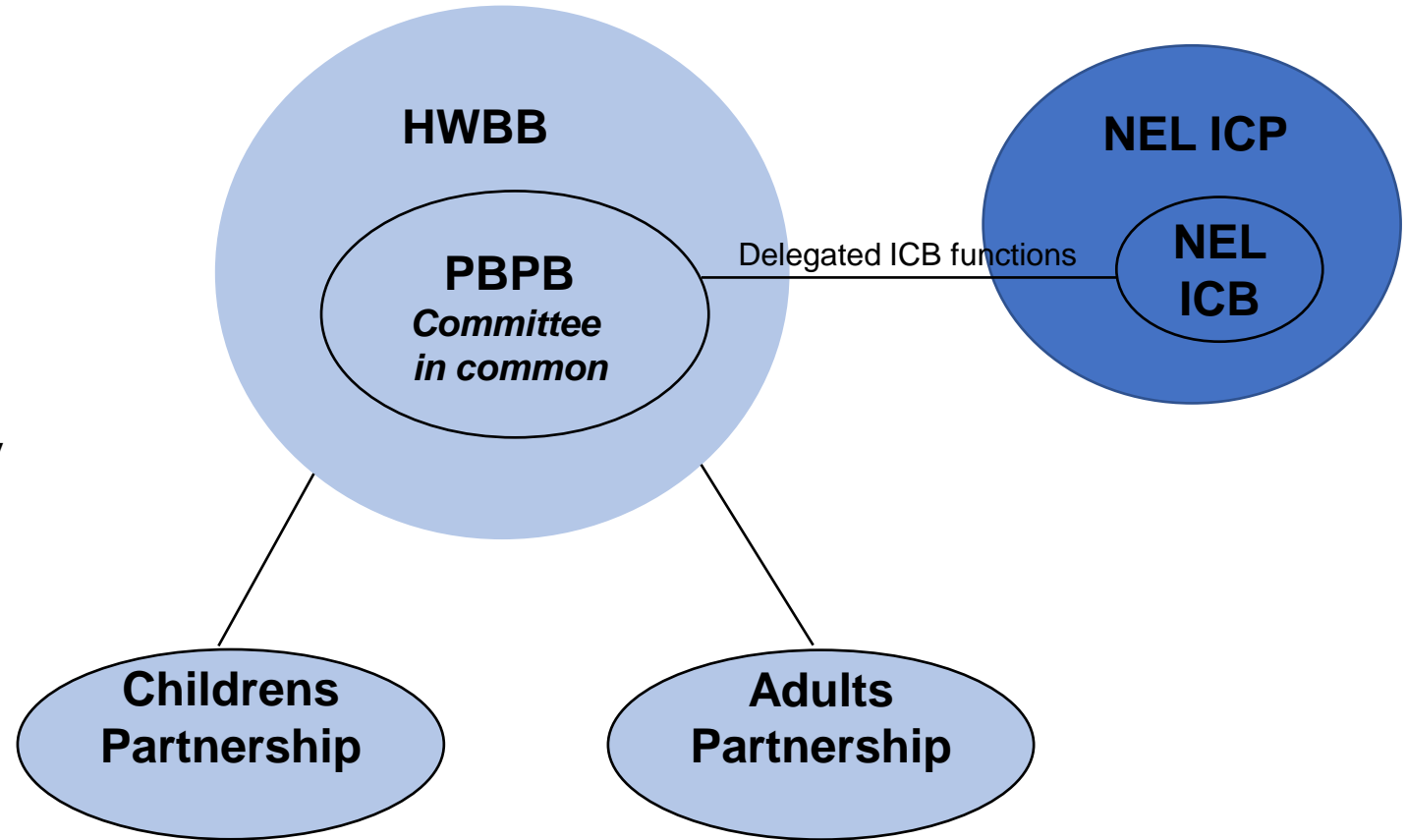
Health Vs. LA landscape

- Health dominated guidance and bias so far
- LA statutory duties continue and increasing
- No clarity from national guidance re role of LA in all terms
- No clarity, in addition to health and social care – how we want local arrangements to build on ComSol approach, VCS and other partners who are not in health guidance statute so far, e.g. schools

Place Based Partnership (proposal)

Addressing needs through more locally determined and integrated health services, alongside action to address the wider community and social factors which impact the health of our community, will be done through:

- More democratic involvement
- Delegated NHS budgets
- Locally agreed priorities and service delivery plans
- Joint commissioning e.g. to improve mental health support
- Shared use of local estate
- Increased involvement of local people, local service providers and the voluntary sector in service planning and delivery



ICP = Integrated Care Partnership

ICB = Integrated Care Board

PBPB = Placed Based Partnership Board

Areas Of Development

- Joint commissioning, pooling money and delivering more locally (like with schools and VCS)
- Delivery at locality/ward/community hub level - joined up around residents, ease of access and them “telling their story once”
- Developed two distinct workstreams (children and adults), actively working to embed manifesto in developments (best chance for children, living well and Barking hospital)
- Significant disentanglement needed at all levels, this will not be the case in other LAs of NEL, London or country - although many of the challenges of governance role LA are the same

Next Steps

Agree the planned governance model for place including:

- Membership
- Place-level decision-making arrangements, including any joint arrangements for statutory decision-making functions between the NHS and local government
- Agree the final proposal with partners and obtain sign off for each organisation
- Leadership roles, for convening the place-based partnership, as well as any individuals responsible for delegated functions
- Clinical and care leadership
- Representation on, and reporting relationships with, the ICP and ICB
- Strategy/plan and outcomes at place (CYP and adults)



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Dagenham**

***‘Joining Up Care For People, Places And
Populations’***

**The government's proposals for health and care
integration**

- Published 9th February 2022

one borough; one community; no one left behind

Summary

- Sets out approach to designing **shared outcomes** between councils and local NHS organisations
- Introduces an expectation for a **single person accountable for the delivery of shared outcomes and plans** at local level across H&SC
- Breaks down the barriers that separate our **health and care workforces**
- It is part of a wider set of mutually reinforcing reforms: **our Adult Social Care Reform white paper, People at the Heart of Care; the Health and Care Bill and reforms to the public health system**
- Advocates for **health and well-being as a key priority**, with a greater emphasis on prevention
- Whilst children's social care is not directly within scope of the paper, places are encouraged to consider the integration between and within children and adult health and care services wherever possible***

***The **Independent Review of Children's Social Care** is taking a fundamental look at the needs, experiences and outcomes of the children supported by children's social care. Government is championing the continued join up of services, expanding family hubs to more areas across the country, and funding key programmes such as Supporting Families and supporting the implementation of the Early Years Healthy Development Review. At the recent Budget, a £500m package for these services was announced, to provide more support for families so that they can access the help and care that they need.

Headlines

- Shared Outcomes
- Agreed plan – demonstrating delivery against outcome – role of CQC
- Single leadership role across health and social care
- Simplify pooling funding arrangements – working towards normal way of working
- Increase use of digital technology – for community and workforce
- Improved use of shared data for understanding needs and service planning
- Integrated health and care workforce – e.g. joint training and development, delegation framework of healthcare interventions, career passport
- Placed based governance model
- Emphasis on health and well being and addressing health inequalities

Key Milestones

- Winter 2021/22: publish a final version of the Data Strategy for Health and Care
- End of 22: Develop a standards roadmap
- April 2023: implementation **of shared outcomes** will begin
- Spring 2023: all places should **adopt a model of accountability and provide clear responsibilities for decision making**
- Autumn 23: Develop a co-designed suite of standards for adult social care
- By 2024: Ensure all professionals have access to a functionally single health and adult social care record for each citizen
- By 2025: Ensure each ICS implement a population health platform with care coordination functionality