



ICS Strategy Refresh – National Guidance ICP Establishment – Next Steps

August 2022





Current ICS Strategy and Development History



”Creating Healthier Communities” was published in 2019 as the first Frimley ICS Strategy. The strategy was designed following significant co-production between partner organisations, the third sector, our workforce, patients and the public.

The strategy was heavily informed by the data and insight available from the Connected Care platform and led to the formation of six Strategic Ambitions (left) which have comprised the programme architecture for strategy delivery between 2020 and 2022.

The two Objectives of the Strategy are:

- Improving Healthy Life Expectancy
- Reducing Health Inequalities

All of our strategic intent should be aligned to these outcomes.



National Guidance published 29th July 2022

On 29th July the Department of Health and Social Care published new guidance on ICS Strategy development.

Main headlines from the National guidance:

- Integrated care partnerships will be expected to publish an initial interim strategy by December 2022 which will align and influence joint ICB-NHS Trust five-year joint forward plans in April 2023.
- For systems which already have an ICS Strategy, an initial “refresh” will be acceptable
- Strategies should be informed by JSNAs and Health and Wellbeing Board strategies
- Should focus on “whole ICS” initiatives that span multiple Health and Wellbeing Board geographies
- Broad engagement is a requirement, which the ICP as a forum can assist with if suitably broadly populated
- ICS Strategies should include:
 - Shared objectives and outcomes across the ICS
 - Quality improvement focus
 - Identified joint working opportunities using s75 as an enabler

Systems are being encouraged to focus on:

- Personalised care
- Addressing disparities in health and social care outcomes
- Population health and prevention
- Health protection
- Babies, children and young people (and their families)
- Healthy ageing
- Workforce, research and innovation
- Data and information sharing

Planning Horizon of ICS Strategies

- Strategies are expected to be ‘multi-year’ in focus
- Should be refreshed when new JSNAs are published



Proposal on Future Strategy Shape

We will want to test with partner organisations through the ICP:

- Whether our two overarching objectives still reflect the strategic direction of our partnership
- How the six strategic ambitions can be further strengthened to enable us to deliver improvement
- Do we wish to retain the Sponsor / Convenor model? If so – identifying new individuals for the ambitions will be essential

Starting focus questions on the existing ambitions:





Identifying New Priorities & Focus Areas

Our Strategy Refresh approach should learn from what worked well during the 2019 Strategy Creation work:



Evidenced based, drawing on actionable insight from our Connected Care platform and Public Health JSNAs

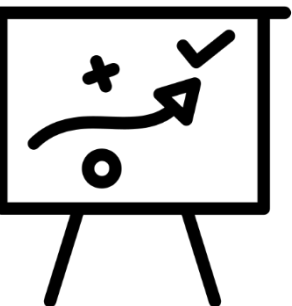
- We have all of the underlying digital and data architecture required to generate actionable insight for driving improvement
- Five Joint Strategic Needs Assessments are available to our partnership and if used appropriately can be core and complementary to improvement identification
- Benchmarking from Regional and National ALBs (CQC, NHS England, Govt. Departments) can play an important role in triangulating our identified strategic priorities



COMMUNITY
ENGAGEMENT

Our communities and third sector partners have demonstrated a strong desire to be involved in this work

- Building on the work of the Community Deal ambition and the strong history of the three CCGs in this space we should be seeking to create a maximal voice for residents and communities in this refresh
- We must ensure that the approach is inclusive and effective in hearing from all parts of our population, recognising that this may require specialist expertise in achieving successfully
- Building on the work with NHS Charities since 2020 provides an additional new foundation for introducing the third sector to strategic development part of our work together



Making best use of strategies and approaches which are already deployed in the ICS

- The 2019 strategy is still recent and relevant with many of the opportunities identified not yet realised due to the disruption of the last two years. It is essential that this work is not discarded and that retention is prioritised.
- We have been working on other complementary strategies since 2019 which will need to be reflected in this work – new strategies should not be creating or reinforcing silos
- Health and Wellbeing Board strategies have an important role to play in the informing of this refresh, recognising that the ICS strategy should show a scaleable element of value addition which goes beyond individual Health and Wellbeing Board geographies



Reminder of Role and Remit of ICP

Remit of the ICP:

- Consider and set the strategic intent of the partnership; holding the role of final approver of the ICS Strategy, including the proposed programmes of work and intended outcomes and benefits which are intended from the approach.
- Act as an objective “guardian” of the ICS vision and values, putting the needs of the population and the successful operation of the ICP ahead of any sector or organisation specific areas of focus
- Provide a forum for the consideration of Wider Determinants of Health and Health Inequalities, taking fullest advantage of the opportunities arising to hear the views and perspectives of the broadest array of local stakeholders and democratic representatives

Membership of the ICP from the following eligible organisations:

- All Local Authority organisations within the ICB area (Unitary, County Council and District / Borough Councils) including:
 - Chief Executive or Director of Adults and / or Director of Children Services
 - Health and Wellbeing Board elected Representatives – ideally elected Chairs but HWBBs may want to put forward a different elected member
- Public Health from across the Frimley geography
- All NHS organisations within the ICB area (ICB, Berkshire Healthcare, Frimley Health, Surrey & Borders)
- Primary Care within the ICB area, represented by Primary Care Networks and place based clinical leads
- All Healthwatch Organisations within the ICB area (either individually, collectively or through a rotation model)
- Voluntary, Charity and Social Enterprise organisation representation
- Expertise from the wider determinants of health agenda, e.g. education, housing, skills and employment, climate sustainability

Link to other Statutory Committees:

- Bi-directional relationship with the Health and Wellbeing Boards of the five Local Authorities which cover the population of the ICB area and / or LA led place committees.
- Partner organisations, including the ICB, demonstrate through their own Boards and Committees the alignment of individual and collective work which will contribute to the progression of the ICS Strategy as set by the ICP

Operation of the ICP:

- Comprises an “assembly” format – *to bring members together to discuss an issue or issues in order to reach a conclusion about what they think should happen*. Based on the classical construct of an Assembly – **Learn, Deliberate, Decide**.
- Led by an elected Convenor on a time limited basis as opposed to a permanent Chair
- Meets less frequently through the year but with enough time set aside to effectively consider and deliberate important issues, i.e. for a half day session on a quarterly basis
- Supported by a smaller group which meets more frequently to help organise and support the successful operation of the Assembly

We intend to establish the ICP Assembly in September 2022 with a Support Group session in October 2022 and another full Assembly meeting in November 2022 to ensure sufficient time for both ‘establishment’ activity and an opportunity to endorse a refreshed Strategy



Refreshed role for Health & Wellbeing Boards

New Guidance was published in July 2022 for the role of Health and Wellbeing Boards

- The guidance on HWBs had not been updated since 2013 and the documentation published at the end of July 2022 aims to bring the guidance up to date in line with the establishment of ICSs.
- The publication focuses on the role of HWBs in enabling effective system and place-based working and provides clarification about their role within systems.

The responsibilities of HWBs outlined in the Health and Social Care Act 2012 still stand:

- Assessing the health and wellbeing needs of their local population
- Publishing a JSNA and joint local health and wellbeing strategy
- Promoting greater integration and partnership working.

HWBs and ICPs are expected to work collaboratively in the preparation of the integrated care strategy to tackle challenges that are best dealt with at a system level. HWBs must consider whether to revise the Joint Local Health & Wellbeing Strategy (JLHWS) when they receive the integrated care strategy, and ICPs should use the insight and data held by HWBs when developing their strategy.

New requirements are now in place for ICBs when providing updates to Health and Wellbeing Boards

The guidance outlines a new duty for ICBs not previously required of clinical commissioning groups, which are no longer in place as a result of the Health and Care Act 2022. ICBs and their partner NHS trusts and NHS foundation trusts must share their Joint Capital Resource Plan and any revisions with each relevant HWB.

There is a section of the HWB guidance which states that integrated care strategies should not duplicate or supersede the JLHWS. The ambition is that ICPs should ensure their strategies only address the priorities that are best managed at system (or cross-system) level, and not replace or duplicate the priorities that are best done locally. However, it remains to be seen how this will work in practice in the case of a partnership having just one HWB in their area.

The government suggests that the HWB and ICP will determine how their strategies will complement each other and ensure the assessed needs are addressed between them, but duplication between the two strategies in those circumstances may be inevitable.

Indicative Roadmap Timeline / Sequence

Current State

ICP Establishment preparation, including briefings between ICB Chair, elected representatives and Local Authority Officers.



By 30th September 2022

ICP Assembly meets for the first time to formally establish and commence work together

October 2022

ICP Support Group is established and meets to progress Strategy Refresh and preparation for November Assembly

December 2022

Refreshed ICS Strategy submitted to statutory partners, NHS England and Department of Health and Social Care

November 2022

ICP Assembly meets again to endorse refreshed ICS Strategy and request final changes to be made prior to December submission

2023 Onwards

ICP commences “BAU” operation meeting 3-4 times per year to fulfil core remit and function beyond ICS Strategy requirements