



# Integrated Care Systems (ICSs) and Integrated Care Boards (ICBs) Responsibilities and Accountabilities

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Eastern ARC Conference- The Collaborative Coast

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# Outline

- Poor health in coastal towns and its potential impact on local NHS budgets
- What are ICBs? How do they differ from previous form of NHS commissioning
- How do ICBs control their budget?
- How will we know if ICBs/ICSs work as intended?
- Issues to consider

# Health in Coastal Communities ( Whitty, 2021, p.188)

**Table 1:** Actual, expected & 'additional' patients with CVD in coastal areas:  
2014/15 – 2018/19

| QOF CVD Condition | National Prevalence Rate | Coastal LSOAs (n=6344)         |                   |                       |                |
|-------------------|--------------------------|--------------------------------|-------------------|-----------------------|----------------|
|                   |                          | Actual Patients (5 yr average) | Expected patients | 'Additional' patients | Coastal Excess |
| CHD               | 3.16%                    | 377,048                        | 320,067           | 56,981                | 17.8%          |
| Hypertension      | 13.87%                   | 1,531,661                      | 1,403,129         | 128,532               | 9.16%          |
| PAD               | 0.60%                    | 76,688                         | 61,795            | 14,893                | 24.1%          |
| Stroke/TIA        | 1.75%                    | 209,176                        | 177,337           | 31,839                | 18.0%          |
| Heart Failure     | 0.81%                    | 96,981                         | 81,925            | 15,056                | 18.4%          |

# What are Integrated Care Systems (ICSs) and Integrated Care Boards (ICBs)?

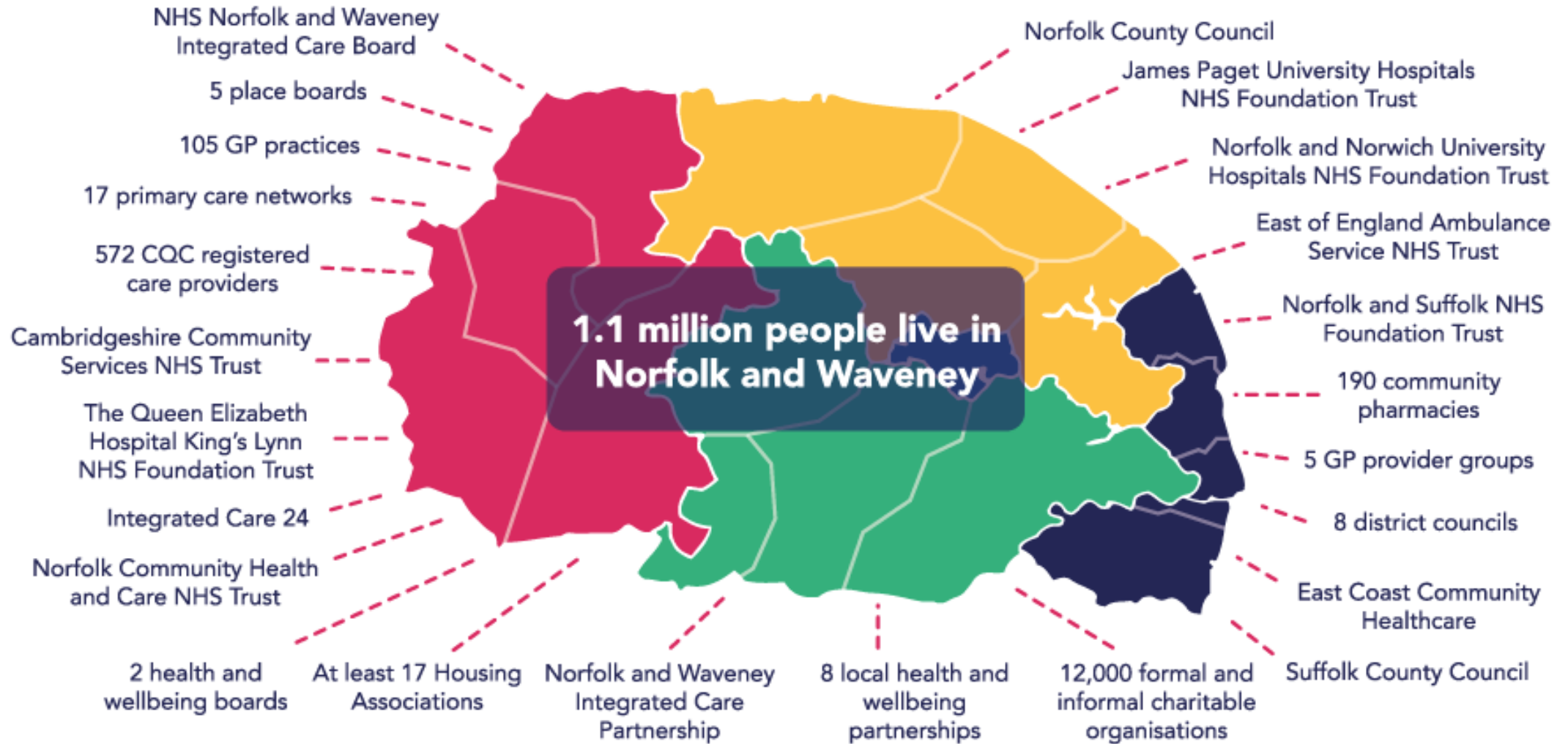
- **Integrated care systems (ICSs)** are partnerships that bring together NHS organisations, local authorities and others to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas.
  - There are 42 ICSs across England, covering populations of around 500,000 to 3 million people
  - In our region there are 6 ICSs and 3 of those have coastal towns
- **Integrated care boards (ICBs):** statutory bodies that are responsible for planning and funding most NHS services in the area
- **Integrated care partnerships (ICPs):** statutory committees that bring together a broad set of system partners (including local government, the voluntary, community and social enterprise sector (VCSE), NHS organisations and others) to develop a health and care strategy for the area.

# From Care Commissioning Groups to ICSs and ICBs

c200 CCGs to 42 ICSs  
c1million population per ICS



# Norfolk & Waveney Integrated Care System



# £2 billion a year

According to 2 sources

NHS Norfolk and Waveney Integrated Care Board (ICB) plans and buys healthcare services for our local population. We are accountable for the performance and finances of the NHS across Norfolk and Waveney – a total budget of **£2 billion a year**.

[NHS Norfolk and Waveney I...  
improvinglivesnw.org.uk](https://improvinglivesnw.org.uk)

As well as taking on the existing responsibilities of NHS Norfolk and Waveney CCG, the new ICB will be accountable for the performance and finances of the NHS across Norfolk and Waveney - a total budget of **£2 billion a year**.

[Developing the Norfolk and ...  
norfolkandwaveneypartnership.org....](https://norfolkandwaveneypartnership.org...)

# Key organisations and their roles (since July 2022)

| Commissioners of healthcare  | Providers of healthcare  | Bodies with a regulatory function  |
|--|--|--|
| <p><b>Before July 2022</b><br/>           Clinical Commissioning Groups<br/>           Local Authorities<br/>           NHS England (Specialist Commissioning (e.g. Health and Justice, burns, some cancers, some stroke services, GID, CAMHs Tier 4, secure services))</p> <p><b>Since July 22</b><br/>           Integrated Care Boards<br/>           Provider Collaboratives</p> | <ul style="list-style-type: none"> <li>▪ Trusts</li> <li>▪ CICs &amp; Charity</li> <li>▪ Private Sector</li> </ul> | <p>NHS England (NHSE) &amp; NHS Improvement (NHSI) (abolished June 2022)</p> <ul style="list-style-type: none"> <li>▪ Care Quality Commission (CQC)</li> <li>▪ National Institute for (Health) and Care Excellence (NICE)</li> <li>▪ Health &amp; Wellbeing Boards</li> <li>▪ Overview and Scrutiny Committee (OSC)</li> </ul> <p><b>Since July 2022</b><br/>           Integrated Care Boards<br/>           Integrated Care Partnerships</p> |



# Provider and Purchaser split is blurred



**Key principle of the reforms: providers are part of ICSs**



The policy intention is that commissioners and providers should increasingly be working hand in hand to plan and commission care for their populations. ( For example: Trusts are providers but also part of provider collaboratives and work with ICB as commissioner or purchaser)



Fundamentally, a key principle in the reforms is that providers are being asked to take on wider responsibilities for the performance of the whole system



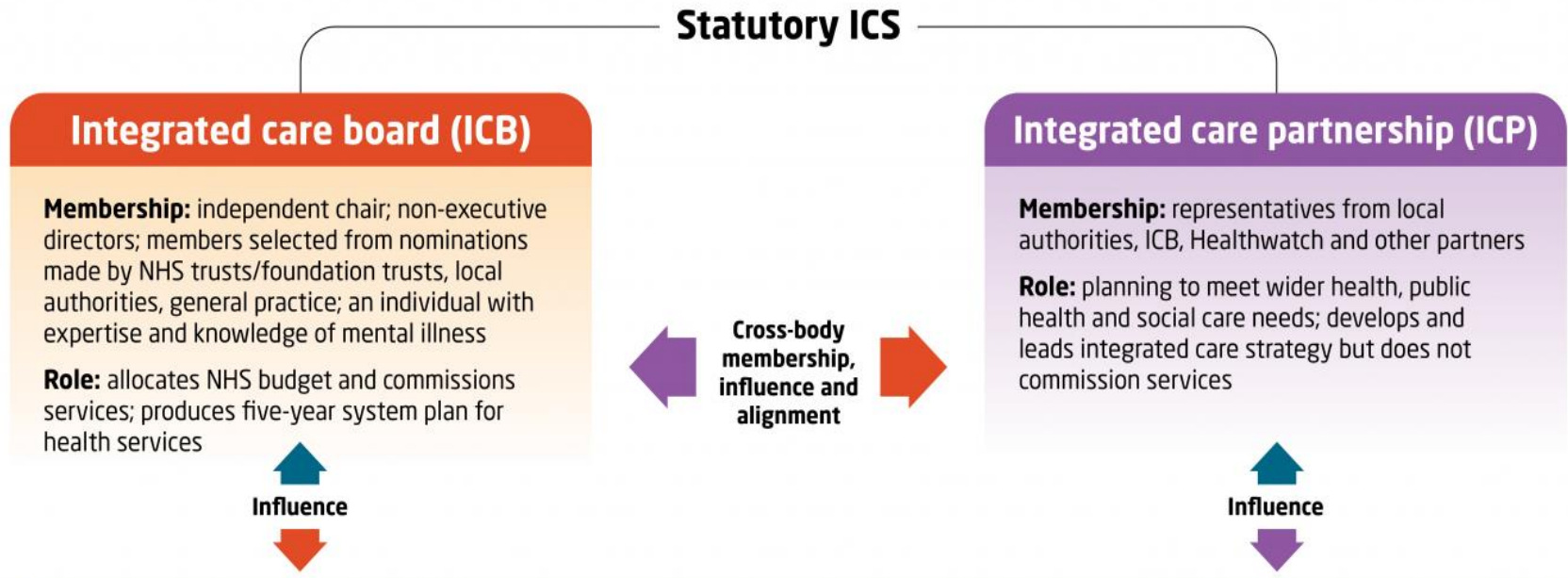
Previous research indicate problems in such circumstances as this might cause tension in decision making when the same organisation acts as both provider and purchaser

# Integrated care systems (ICSs)

Key planning and partnership bodies from July 2022

**NHS England**  
Performance manages and supports the NHS bodies working with and through the ICS

**Care Quality Commission**  
Independently reviews and rates the ICS



## Geographical footprint

**System**  
Usually covers a population of 1-2 million

**Place**  
Usually covers a population of 250-500,000

**Neighbourhood**  
Usually covers a population of 30-50,000

| Partnership and delivery structures |   |
|-------------------------------------|---|
| Name                                | Participating organisations   |
| <b>Provider collaboratives</b>      | NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector; can also operate at place level |
| <b>Health and wellbeing boards</b>  | ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level  |
| <b>Place-based partnerships</b>     | Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care  |
| <b>Primary care networks</b>        | General practice, community pharmacy, dentistry, opticians  |

## 4 KEY AIMS OF ICSs: Working through their ICB and ICP

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.
- These are complex reforms, and it is vital that they are underpinned by a clear narrative describing how they will benefit patients, service users and communities.
  - It will be important for ICSs to not lose sight of these core objectives, and to find ways to include local stakeholders in decision making through direct involvement in their work.

# Three-tiered model – new terminology

- Neighbourhoods, Places and Systems
- ICSs will be expected to work through these smaller geographies within their footprints
- Natural progression from practices of certain CCGs - had formal mergers and were working more closely with local councils at 'place' level to align and integrate commissioning for NHS and local authority services, and some larger CCGs were organising some of their functions across a system-wide footprint and other functions around place footprints

# How do ICBs control their budget?

- The ICB operates as a unitary board, with membership including (at a minimum); a chair, chief executive officer, and at least three other members drawn from NHS trusts and foundation trusts, general practice and local authorities in the area. In addition, at least one member must have knowledge and expertise in mental health services. ICBs have discretion to decide on additional members locally. Each ICB must also ensure that patients and communities are involved in the planning and commissioning of services.
- It might be difficult for ICPs to have real clout in the system and drive the agenda of their ICS when much of the resource and formal accountabilities sit with the ICB.

# How will we know if ICSs are working?

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ICSs will be accountable nationally to NHS England, via their ICB, for NHS spending and performance. They will be expected to achieve financial balance and to meet national requirements and performance targets. **( new provider selection regime, due to be implemented by December 2022)**

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In addition to these national accountabilities, ICSs also have the potential to nurture different forms of oversight to drive local improvements in care. This is because ICSs are partnerships in which local organisations exercise collective leadership and work towards developing a sense of mutual accountability for resource use and outcomes.

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Importantly, to really understand whether their work is making a difference, ICSs will need to use insights from local people including patients, service users and families.

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The coming months will be a critical period for the development of ICSs as they begin operating as statutory bodies. Ultimately, whether or not these reforms succeed will come down to how they are implemented locally, and whether the right national conditions can be created to support their work.

# Issues to consider

- Purchaser and provider same organisations - ?
- Accountability arrangements – clear lines of reporting and accountability between various organisations on both sides
- Budgetary control and clear measures of performance for ICBs, ICPs and ICSs – three different forms of organisation and governance
- ICP budgets? ICS budgets? Lines of communication between ICSs and ICBs ?
- Local communities – their involvement and integration with ICSs
- Purposeful integration of stakeholders – which organisation will be involved, where and how
- **Academics as stakeholder and partners at planning, implementation and execution stages of ICSs could be useful**