NHS Improvement and NHS England

Meeting in Common of the Boards of NHS England and NHS Improvement

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Agenda item: 03

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Report on: Next steps on the development of Integrated Care Systems

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Overview

1. This paper updates the NHS England and NHS Improvement Boards on:

    - How shadow integrated care systems have learned from and continued the work of the new care models programme (the 'vanguards');
    - Emerging successes from the first wave of shadow integrated care systems;
    - How NHS England and NHS Improvement plan to support integrated care systems in 2018/19; and
    - Four systems that have been selected to become the next wave of 'shadow' integrated care systems.

Spreading new care models

2. When founded in 1948, the NHS was principally dealing with working age people requiring one-off treatments. Today, people live longer and as a consequence more are living with illness – helping them has become overwhelmingly our main business. The NHS needs to adapt to this reality by providing more integrated services for people with multiple and long-term conditions and doing more to help people be as healthy as possible.

3. Following the publication of the *Five Year Forward View* from 2015, the new care models programme successfully supported fifty vanguard sites to test new approaches to the delivering more integrated care, bringing together professionals to join up services and serve patients more effectively. Integrated primary and acute care systems (PACS) and multispecialty

community providers (MCPs) sought to integrate care and improve population health, focussing on places and populations, rather than organisations.

4. Evaluation of the vanguards demonstrates real impact for patients while delivering more cost-effective services: PACS and MCPs vanguards have seen lower growth in per capita emergency admissions and emergency bed days to hospitals than the rest of England. The latest data shows emergency admissions per capita in PACS grew at 1.6%, and in MCPs at 0.9%, whilst in the rest of England the growth rate was 6.3%.

5. The national new care models programme captured learning from the vanguards and distributed this through a range of channels and published products. The programme demonstrated that the vanguards that made the most progress demonstrated qualities such as strong leadership (clinical and managerial), trusting relationships, cooperative behaviours and a collective willingness to work to address system-wide problems. This learning has been carried forward into NHS England and NHS Improvement's joint programme to develop integrated care systems, which is scaling the learning from vanguards through Sustainability and Transformation Partnerships (STPs) to broaden and deepen care redesign across England. More than half of the first wave of integrated care systems incorporate a vanguard, and are now focussed on scaling that work to the rest of their STP area.

Early successes of integrated care systems

6. To support the accelerated development of advanced STPs, NHS England and NHS Improvement announced the first wave of shadow integrated care systems in June 2017. Over the first year we have seen real progress, with NHS organisations working collaboratively together, with local government and other partners, to lay the foundations for integrated care. NHS England and NHS Improvement have worked closely alongside systems to support them and to encourage regular peer-to-peer learning – and this cohort of advanced systems is itself now supporting less advanced systems to develop.

7. NHS England and NHS Improvement regional teams have enhanced their support for the expansion of integrated care by supporting systems to:
   - enable system leaders to set strategies and plan delivery to enact effective system-based working;
   - implement care redesign through networked primary care, integrated out-of-hospital services and closer collaboration between secondary and tertiary care providers;
   - develop capability for managing performance and systems' ability to self-govern based on a light-touch oversight model.

8. We summarise the progress of each integrated care system below.

Bedfordshire, Luton and Milton Keynes

9. The Chief Executive of Central Bedfordshire Council leads this system and has been an excellent system convener as well as taking responsibility for

specific work-streams. A system-wide plan is being implemented for networked primary care with support from the National Association of Primary Care. The system is also sharing services between Bedford Hospital and Luton and Dunstable University Hospital through integrated clinical teams, laying the groundwork for a formal merger in due course. The system is demonstrating strong performance against NHS Constitution standards, outperforming the national average for A&E (96.3% v. 88.5%), cancer (84% v. 82.1%) and referral to treatment times (89.9% v. 87.2%).

Berkshire West

10. The system has strong leadership arrangements in place as evidenced by its CCG merger and clarity over its 2018/19 priorities. The system has worked closely with clinicians to design and implement a new pathway that extends the reach of responsive urgent and emergency care, cancer and mental health services. To support this more effectively, commissioners are also working more closely together and have begun the process of forming a single organisation. The system's performance against NHS Constitution standards is above the national average for A&E (93.3% v. 88.5%), cancer (85.8% v. 82.1%) and referral to treatment times (91.9% v. 87.2%).

Blackpool and Fylde Coast (now Lancashire and South Cumbria)

11. The STP for Lancashire and South Cumbria (of which the Blackpool and Fylde Coast shadow ICS is part) is accelerating the work undertaken by the Fylde Coast vanguard, where the community-based Extensive Care Service has cared for more than 2,000 people over the age of 60 with multiple long-term conditions, resulting in 23% fewer unplanned hospital admissions. The STP is creating integrated neighbourhood teams across the whole of Lancashire and South Cumbria; deploying technology to conduct remote triage for patients in a very rural area to extend access and reduce travel times; and implementing the 'red bag' hospital discharge pathway to support patients with safe and effective transitions between care homes and hospitals. Lancashire and South Cumbria is performing well on waiting times for cancer treatment (85.5% v. 82.1%) and its performance on referral to treatment times (87.2% v. 87.2%) is on par with the national average. Recovery of A&E performance (84.3% v. 88.5%) will be a priority in 2018/19.

Buckinghamshire

12. The system has been working closely with local government to strengthen out-of-hospital services, extending access to primary care and streamlining pathways for people with diabetes and musculoskeletal conditions. Community hubs are helping people to stay well and independent for longer and provide care closer to home through prevention and early intervention, working with GPs, social care, the voluntary sector and patient groups. Commissioners are working closely together and have begun the process of merging. Performance on referral to treatment times is above the national average (88.3% v. 87.2%). Improving A&E performance (85.9% v. 88.5%) and cancer treatment times are priorities in 2018/19.

Dorset

13. The system is strengthening clinical quality through the designation of 'hot' and 'cold' hospital sites in Bournemouth and Poole. Work is underway to expand the reach of primary care networks and to reduce unnecessary use of hospitals through closer collaboration between acute trusts, GPs, care homes and other out-of-hospital services, building on work started in the Dorset vanguard and backed by a shared individual care record. The system has begun to make financial decisions together and manage its resources collectively. Dorset has taken innovative steps to strengthen system working including an agreement to share workforce between organisations. The system has strong performance on A&E waiting times (92.2% v. 88.5%); representing a 2.1% increase in performance since 2016. The system is also performing well above the national average on cancer treatment times (84.7% v. 82.1%), and on referral to treatment times (89.2% v. 87.2%)

Frimley Health

14. Frimley has drawn on the experience of the North East Hampshire and Farnham vanguard, where GP practices have collaborated to provide same-day access to patients requiring urgent appointments, and community services have been aligned more closely with GP practices and adult social care, delivering a 7% reduction in secondary care referrals. Mental health has been a particular priority and patients have worked with providers to improve access to a wider range of support, including a crisis café. Hospitals have changed their ways of working in A&E to see and treat patients as an alternative to admission, successfully moderating hospital use. Frimley is performing just below the national average for A&E (87.6% v. 88.5%) and above the national average for cancer (88.6% v. 82.1%) and referral to treatment times (92.4% v. 87.2%).

Greater Nottingham

15. The system has been building on the work of the Principia multispecialty community provider vanguard, where GP practices serving a population of 125,000 are collaborating to increase investment in primary care, support people to die in their home or preferred place of care, and to reduce strokes. Principia is also breaking down barriers between hospitals and primary care by moving some specialist services into general practice, and by GPs and community nurses reaching into the hospital. The care home vanguard also delivered a 23% reduction in emergency admissions. These developments are being accelerated across the wider area, expanding from Greater Nottingham to the whole of the Nottinghamshire. The system is performing above the national average on referral to treatment times (93.2% v. 87.2%) and cancer treatment times (86.7% v. 82.1%). It is currently below the average for A&E waiting times (86.5% v. 88.5%), but there has been a 3.3% improvement in performance since 2016.

South Yorkshire and Bassetlaw

16. This large and complex system has shown strong leadership by demonstrating how more than twenty different organisations can work together and developing the governance necessary to make collective decisions. The system has developed plans for integrating care across the whole system, giving the five places that comprise it a leadership role. The system will shortly publish an acute services review that will consider how hospitals can best work together to share key resources, such as hyper acute stroke services and lower gastrointestinal services. South Yorkshire and Bassetlaw has also made progress in implementing primary care networks, with over two-thirds of its GP practices now collaborating. The system is above the national average for A&E (88.6% v. 88.5%), referral to treatment (91.9% v. 87.2%) and cancer treatment times (82.7% v. 82.1%).

Greater Manchester

17. Greater Manchester operates under a devolution agreement, and its focus on system working, enhanced primary care and integrated services is closely aligned to the objectives of integrated care systems. It has therefore chosen to participate actively in the programme. The system has improved access to GP services over the last year; investment has been made in mental health services; and major changes have been made to acute and specialised hospital services. Ten Local Care Organisations are building much closer links between NHS organisations and local authorities, giving greater emphasis to prevention and population health as well as the integration of health and social care. The system is performing well on cancer treatment times (84.8% v. 82.1%) and referral to treatment times (90.4% v. 87.2%). Improving A&E waiting times is a priority in 2018/19 (86.2% v. 88.5%).

Surrey Heartlands

18. Also supported by a devolution arrangement, the system is bringing health and social care more closely into partnership to focus on improved outcomes for patients. The system has developed strong relationship with local government, clinicians and local people. It is making good progress in implementing primary care networks, with strong clinical leadership from the GP community. Surrey Heartlands has begun the journey to improve hospital performance and strengthen out-of-hospital services by coordinating approaches to A&E in the hospitals across the system. The system is performing above the national average for A&E (90.1% v. 88.5%), referral to treatment (90.4% v. 87.2%) and cancer treatment times (85.3% v 82.1%).

Accelerating integrated care systems in 2018/19

19. In the year ahead, NHS England and NHS Improvement will continue to support the development and spread of integrated care systems. Each of the existing systems demonstrates different strengths, which is why peer-to-peer learning is so valuable. This variable maturity also means there isn't a strict,

binary distinction between STPs and integrated care systems: it is more a progression or evolutionary journey.

20. The eight existing shadow integrated care systems and two devolution areas will continue to evolve and mature in 2018/19. In addition to delivering on core NHS priorities, as set out in the NHS Improvement and NHS England's joint guidance on refreshing 2018/19 plans, we expect ICSs to lead the way in integrating health and care services by applying validated population health methods. A cornerstone of this integration is the continued roll-out of primary care networks which, by working together, develop the resilience and capabilities to proactively care for people who are at risk of falling ill or hospitalisation.

21. We also expect these ten systems to strengthen their collective ability to manage within their share of NHS resources. To support this objective, we have developed a financial regime for integrated care systems in 2018/19 that places greater emphasis on system financial performance and requires organisations to link a proportion of their commissioner and provider sustainability funding to achieving their combined system control total. We will finalise the details of this regime with the ten systems in the next few weeks, in line with the refreshing of 2018/19 operational plans.

22. These systems have each developed a system operating plan that expresses their collective priorities, underpins their system control total and reconciles activity and expenditure between commissioners and providers. The planning refresh for these integrated systems was completed much more quickly and easily than in past rounds, further demonstrating how collaboration between organisations can significantly reduce poor value transactional behaviours and costs.

Four new integrated care systems

23. There is strong appetite among other STPs to join the integrated care system development programme. Following the publication of the guidance for the 2018/19 planning refresh, we have selected the following four systems in 2018/19:

    - Gloucestershire STP
    - Suffolk and North East Essex STP
    - West, North and East Cumbria STP
    - West Yorkshire and Harrogate STP

24. These systems demonstrate strong leadership teams, capable of acting collectively, and with an appetite for taking responsibility for their own performance. They have also set out ambitious plans for strengthening primary care, integrating services and collaborating between providers. Although they experience the operational and financial pressures that other systems do, our assessment is that they are more likely to improve performance against NHS Constitution standards and clinical and financial

sustainability by working together as a system. Annex A sets out the criteria we applied to select these systems.

25. NHS England and NHS Improvement will also work more closely with other systems aspiring to become integrated care systems in 2019/20 to support their development. Our intention is to help all STPs to become integrated care systems.

Conclusion

26. The Boards are asked to note the:

- Development of STPs and ICSs;
- Advance of a further four systems as shadow ICSs;
- Ongoing development of the financial systems to incentivise system working; and
- Ongoing work to enhance the ability of STPs and ICSs to be more self-managing systems.

Annex A: Selection criteria

Criteria	Key measures
Effective leadership and relationships, capacity & capability	• Strong leadership, with mature relationships including with local government. • Clear shared vision and credible strategy. • Effective collective decision-making. • Effective ways of involving clinicians and staff, service users/public, and community partners. • Ability to carry out decisions that are made, with the capability to execute on priorities
Track record of delivery	• Tangible progress towards delivering the *Five Year Forward View* priorities (redesigned urgent and emergency care services, better access to primary care, improved mental health and cancer services) • Progress in improving performance (relative to rest of country) against NHS Constitution standards (or sustaining performance where those standards are being met).
Strong financial management	• Strong financial management, with a collective commitment from CCGs and trusts to system planning and shared financial risk management, supported by system control total and system operating plan.
Focused on care redesign	• Compelling plans to integrate primary care, mental health, social care and hospital services, and collaborate horizontally (between hospitals). • Starting to use population health approaches to redesign care around people at risk of becoming acutely unwell. • Starting to develop primary care networks.
Coherent and defined population	• A meaningful geographic footprint that respects patient flows. • Contiguous with local authority boundaries, or – where not practicable – clear arrangements for working across local authority boundaries. • Covers one or more existing STPs, generally with a population of ~1m or more.