



# Developing integrated care systems in the West Midlands

Introduction to the integrated care system development programme

February 2018

# Why integrated care?

## The *Five Year Forward View* set out the vision for future of health and care system

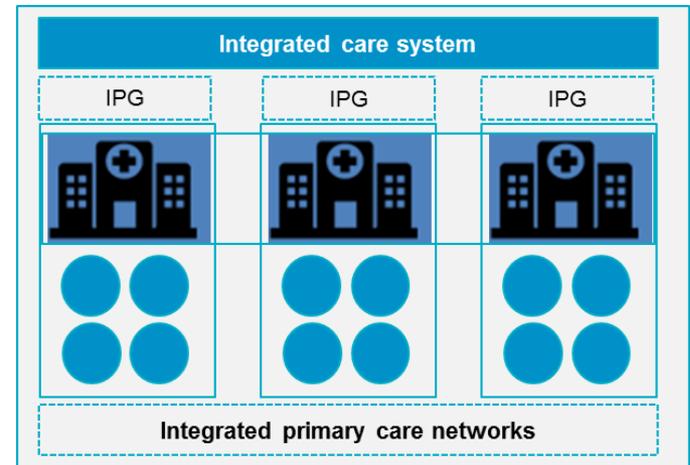
- This set out the triple aim of improving the health and wellbeing of the population and care quality while living within the budget
- A year on it became clear that to achieve these aims these, they needed to be matched by triple integration, removing the boundaries between primary and acute services, bridging the gap between commissioners and providers and bringing in components from the wider care system, such as social care.

## The *Next Steps on the Five Year Forward View* therefore set out the vision to “make the greatest move to an integrated health system in the western world”

- Through integrated care systems (evolved versions of STPs) organisations will come together to take on the collective responsibility for managing the health and wellbeing of a population. They will take on the budget and responsibility for performance, but most importantly they will be responsible for designing, commissioning and delivering care to their population to improve the lives of their patients, carers and families
- What does this mean in practice? It means:
  - when we or a loved one need to receive care, that care is joined up and part of a single system, not a fragmented pathway.
  - We are making the best use of our community assets and voluntary organisations and the hospitals are working together to deliver the best care in the most appropriate places.
  - Systems have a detailed understanding of the health needs of their population and the wider social determinants that impact on their health in order to commission and provide the most appropriate care.

## Integration needs to happen at all levels of the system to meet the triple aims and deliver the best care for patients.

- The system architecture needs to be designed to act as a single whole and take on the additional responsibilities that come with being an integrated care system, this means: sharing finances, investing resources locally and setting up a system governance framework
- Clinical integration at all levels, including, exec, secondary, primary and community is fundamental to what an integrated care system is trying to achieve.



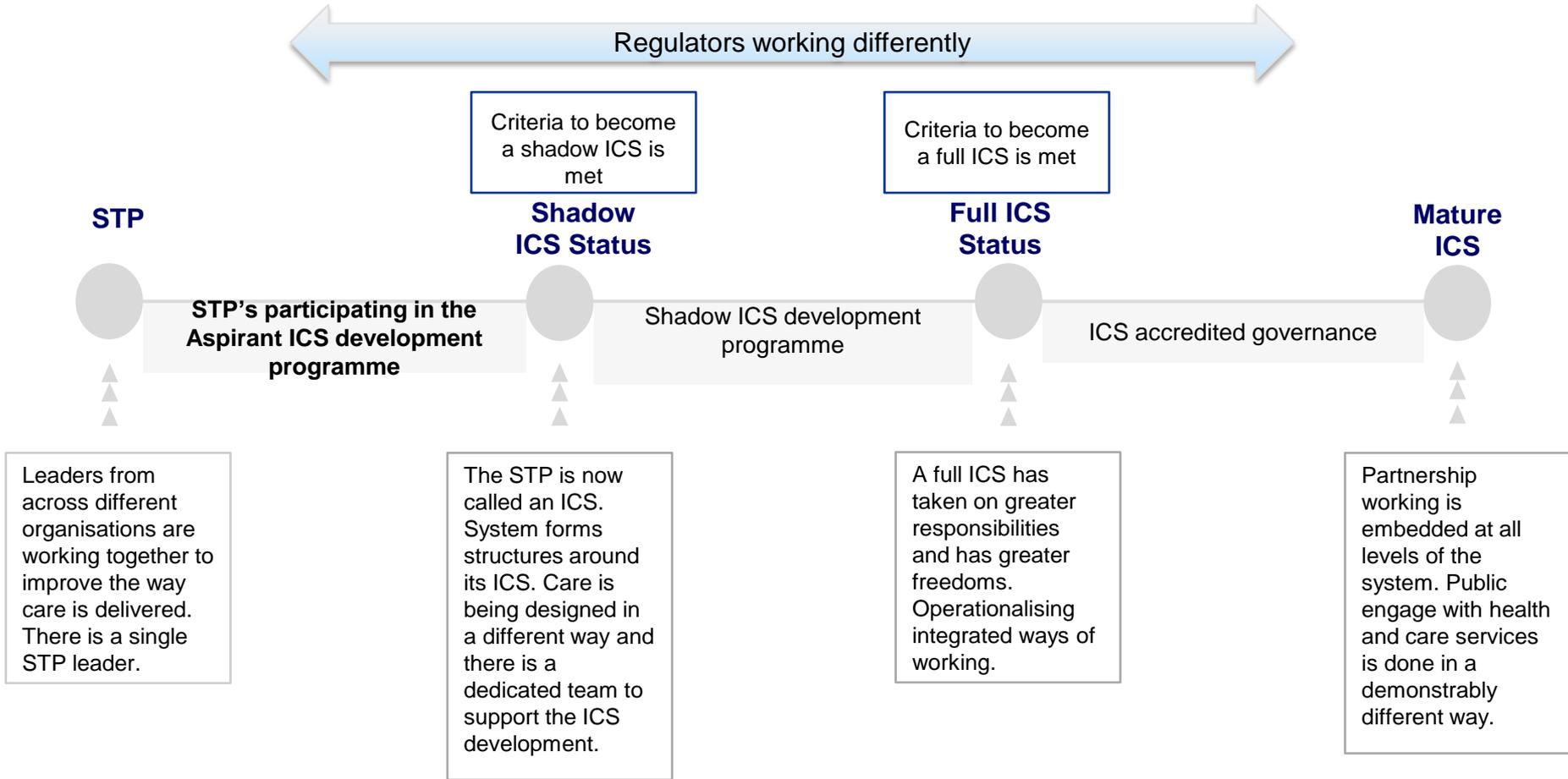
# What does integrated care mean for the STPs in the West Midlands?

- In the West Midlands, we want to create local integrated care systems in which NHS organisations work together to take on devolved responsibilities, and work closely in partnership with Local Authorities and Voluntary Care Services, to meet the needs of their local populations.
- Our STPs are working towards being designated as ‘shadow’ integrated care systems (see next slide), meaning that we will get national and regional support to work more closely together.
- To be designated as a shadow integrated care system STPs will need to demonstrate baseline capabilities to take on the additional responsibilities and freedoms of an integrated care system.
- As part of our journey, we are beginning to work with the national programme team to pilot the national integrated care system development programme to develop these capabilities. The following slides set out more detail on the programme.



# What is the journey to integrated care systems?

The diagram below a potential roadmap to become an Integrated Care System. The aspirant programme is an optional programme for STPs, and not a mandatory step on the journey to Shadow Integrated Care System status.



# What will we do as part of the development programme?

- Working with the System Transformation Group from NHS England, we have set up a local development offer which is open to all health and care systems in the West Midlands.
- It will be tailored to each system based on key capabilities and attributes that enable integrated care delivery – these have been developed nationally and are set out below.

**Effective leadership and relationships, capacity & capability**

**Track record of delivery**

**Strong financial management**

**Coherent and defined population**

**Focused on care redesign**

- The program will combine subject matter expertise, action learning, peer review and real delivery.
- It will seek to enhance and support the local leaders capacity and capability to make a real difference to the strategic objectives in each place; giving each system the opportunity to assess it's maturity towards designation as an integrated care system whilst enabling each place to move at its own pace.

## How is the programme structured?

- The programme is overseen by a Programme Steering Group with agreed terms of reference, nominated membership from each STP and representation from NHSE and ALBs – see Annex 1 for Steering Group membership.
- The project plan is now being developed in close relationship with the **national Commissioning Capability Programme**, who will be shortly be working with our CCGs. The intention is to run a twin track programme whereby our STPs **benefit from both the national CCP offer, and the aspirant integrated care development programme.**
- We will communicate further detail on the structure of the programme, and how they will be run in a complementary way as soon as possible.
- The first phase of the programme is underway. This involves a readiness assessment, interviews and a system workshop. These will take place during February and May.



## **Annex 1 – Steering Group membership**

Organisation	Representative
Herefordshire and Worcestershire STP	Alison Talbot-Smith Ruth Lemiech
The Black Country STP	Helen Hibbs
Birmingham & Solihull STP	Lawrence Tallon Rachel O'Connor
Coventry & Warwickshire STP	Brenda Howard Andrea Green
Public Health England	Helen Carter
AsDPH	Frances Howie
NHSE – National team	Kerry Wheeler Abigail Johnson Rachael Backler
NHSE – DCO team	Alison Tonge Jo Melling Stacey Brittain
NHSI	Hannah Iqbal & Kay Fradley
ADAS	Martin Samuals Ian James