# What does the Integrated Care System guidance tell us?

# Early guidance set out the importance of ICSs working in partnership with patients, service users, carers and their communities to succeed.

Early publications on the vision for ICSs set the tone for increased collaboration and partnership working, particularly working in partnership with communities to improve the health and wellbeing of local populations.
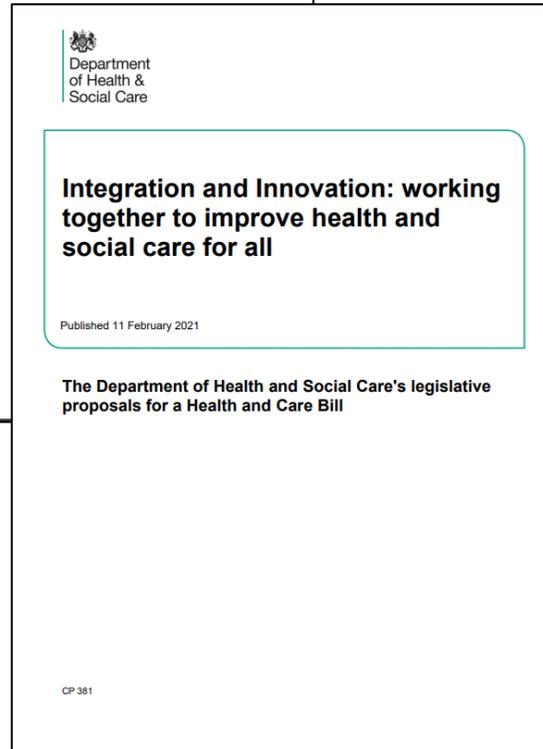
**The core purpose of the ICS is to:**

- 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

**Common features that every ICS must have:**

- Collaboration between partners, both within a place and at scale, is essential to address health inequalities, sustain joined-up, efficient and effective services and enhance productivity;
- Local flexibility, enabled by common digital capabilities and coordinated flows of data, will allow systems to identify the best way to improve the health and wellbeing of their populations.
- **Decisions taken closer to, and in consultation with, the communities they affect are likely to lead to better outcomes;**

**Our Healthier South East London** Integrated Care System

Classification: Official
Publications approval reference: PAR642

**NHS**

Integrated Care Systems: design framework
Version 1, June 2021

Department of Health & Social Care

**Integration and Innovation: working together to improve health and social care for all**

Published 11 February 2021

**The Department of Health and Social Care's legislative proposals for a Health and Care Bill**

CP 381

- "**Deep and embedded engagement** with people and communities" is essential to ICS success.
- ICS NHS Bodies will likely have a **duty to consult patients and carers** on the delivery of functions (examples of functions include planning to meet population health needs, facilitating the transformation of services, and overseeing the delivery of improved outcomes). These bodies need to **build in a range of engagement approaches** into activities at every level and to prioritise engaging with groups affected by inequalities.
- Working with partners such as Healthwatch and the VCSE, ICS NHS Bodies should assess and where necessary **"strengthen public, patient and carers' voices"** at place and system levels.
- ICS NHS Bodies must **prioritise engaging with groups affected by inequalities**; "the solutions to reduce inequalities will likely be found through relational and strengths-based approaches to engagement, drawing on the experience of LA's, VCSE and other partners with expertise in this."
- Partnerships will need clear and transparent mechanisms for ensuring the ICS Partnership **Strategy is developed with people** with lived experience of health and care services and communities.
- **All parties** in the ICS will need to involve people and communities in **developing plans and priorities, and continually improving services**. "Arrangements in a system or place should be a source of genuine co-production and a key tool for supporting accountability and transparency of the system."
- Every place-based partnership in an ICS should involve representatives of people who access care and support.

# Recent, more detailed NHSE/I guidance sets out 10 principles for how Integrated Care Boards can develop approaches to working with people and communities

1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.
2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.
3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.
4. Build relationships with excluded groups, especially those affected by inequalities.
5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.
6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
7. Use community development approaches that empower people and communities, making connections to social action.
8. Use co-production, insight and engagement to achieve accountable health and care services.
9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.
10. Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places.

# In this guidance, NHSE/I has also set out two core requirements for Integrated Care Boards to deliver over the coming months

Each Integrated Care Board (ICB) should use these principles as a basis for developing a **system-wide strategy for engaging people and communities** by April 2022.

This strategy should build on existing relationships, good practice and networks across system partners, and should describe:
- The ICB's principles and methods for working with people and communities;
- The ICB's approach to working with partners across the ICS to develop arrangements for ensuring that ICPs and place-based partnerships have representation from local people and communities in priority setting and decision-making forums (governance);
- The ICB's arrangements for gathering intelligence about the experience and aspirations of people who use care and support, and its approach to using these insights to inform decision making and quality governance.

In addition, ICB **constitutions** are expected to **include principles and arrangements for how the ICB will work with people and communities**. This should also consider NHSE's ten principles for developing approaches to working with people and communities.

This requirement has been embedded more formally within ICS system requirements and success criteria.

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**NHS**

Building strong integrated care systems everywhere

ICS implementation guidance on working with people and communities

NHS England and NHS Improvement may update or supplement this document during 2021/22. Elements of this guidance are subject to change until the legislation passes through Parliament and receives Royal Assent. We also welcome feedback from system and stakeholders to help us continually improve our guidance and learn from implementation. The latest versions of all NHS England and NHS Improvement guidance relating to the development of ICSs can be found at ICS guidance.

Version 1, 2 September 2021

# NHSE/I also provide examples of 'what good looks like' for Integrated Care Boards in relation to the ten principles

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| 1 | Devising a clear plan for how system partners work together to engage people and communities, linked to agreed system priorities and evidenced in decision-making. |
| 2 | Agreeing a system approach to engagement with shared methods and principles, such as a system-wide citizens' panel, local health champions, working with people with lived experience, health and care experience profiles and co-production approaches. |
| 3 | Encouraging 'engagement and experience' staff to work in an aligned way across all partners, including NHS, local government and the VCSE sector. |
| 4 | Creating regular opportunities to share practice and make connections and build on engagement already taking place. |
| 5 | Making full use of existing insights from national data sources and from place and neighbourhood-level engagement to inform activity and decision-making. |
| 6 | Building trust with clear, regular and accessible communications that can be shared across the system |
| 7 | Maintaining proactive and systematic dialogue with public representatives, such as councillors and MPs. |
| 8 | Building from the current statutory place-based Healthwatch structures to agree a system-wide approach to working with Healthwatch. |
| 9 | Working through foundation trust governors, non-executive directors and elected members as key partners in connecting to communities. |
| 10 | Agreeing how the ICB will demonstrate that it is meeting legal duties relating to public involvement in health, and assuring effective engagement in places, neighbourhoods and system-wide workstreams. |
| 11 | Supporting place partnerships and primary care networks to work with people and communities to strengthen health prevention and treatment. |
| 12 | Creating the right conditions for volunteering and social action that support health and wellbeing (e.g. by providing places to meet, small grants, community development support). |

# In addition to NHSE/I mandate and guidance, other publications are available outlining what best practice looks like in the ICS context.

- NHS Confederation, Building Common Purpose, five success factors for communications and engagement at a system level, 2021:
  1. Embed a strategic approach to engagement and communications
  2. Adopt systematic approaches to continuous relationship building
  3. Develop a shared vision and narrative and make it real
  4. Embed open, transparent and two-way engagement approaches
  5. Develop engaging and communications leadership, capacity and expertise

- Public Health Outcomes Framework, 2019 – 2022
  - Reduced differences in life expectancy and healthy life expectancy between communities

- King's Fund:  Integrated Care Systems, 2021
  - ICSs now need to focus on finding ways to work more closely with and alongside local communities as key partners in shaping services and improving population health and wellbeing

- NHS System Oversight Framework 2021/2022
  - How does the CG identify and engage with deprive communities, ethnic minority communities, inclusion health populations, people with disabilities (people with learning disabilities, autism or both, people experiencing mental ill- health and people experiencing frailty) and the full diversity of the local population?

# What's happening already in SEL

- CCG task and finish process with local people resulting in
  - [Principles of engagement](#) agreed at the September 2020 Governing Body
  - Approved terms of reference and diverse public membership of the [Engagement Assurance Committee](#)
- [South London Listens](#): statutory agencies working with Citizens UK to hear the views of nearly 6,000 people across south London particularly those disproportionately affected by mental ill-health, resulting in a Community Summit where pledges were presented. Community leaders and statutory agencies are working together to develop action plans to take the agreed pledges forward.
- Developing a strategic approach to coproduction involving working with the [Disability Advice Service Lambeth](#) to facilitate a co-production group of people with lived experience of personal health budgets in Lambeth and Southwark. This has resulted in a series of recommendations to consider as we develop coproduction and personalised care across south east London
- [Lambeth Council's citizens' assembly on the climate crisis](#)
- Working with local people as part of [Southwark Stands Together](#), the response to inequalities exposed by Covid and the Black Lives Matters protests in response to the murder of George Floyd including developing pledges and recommendations
- Deep engagement work with communities across south east London including working with community champions (in particular in Lewisham, Greenwich and Bexley) and faith leaders – examples of this work can be seen the [CCG's You Tube play list](#); deep dive conversations and listening events with, for example, Nepalese, Somali, West African, Caribbean, Latin American, LGBTQ+, migrant refugees and asylum seekers, Gypsy, Roma and Traveller communities
- Working with external organisations to work with people who may not trust / come forward to statutory agencies particularly around vaccine confidence.  Examples include:
  - [Impact on Urban Health](#) and their work with [TSIP, Rooted by Design, ClearView Research and Comuzi](#) and local communities on vaccine confidence
  - [At Beacon Project](#) to provide services at neighbourhood level to address health inequalities and overcome barriers
  - [Community wellness dialogues](#) with community pharmacists