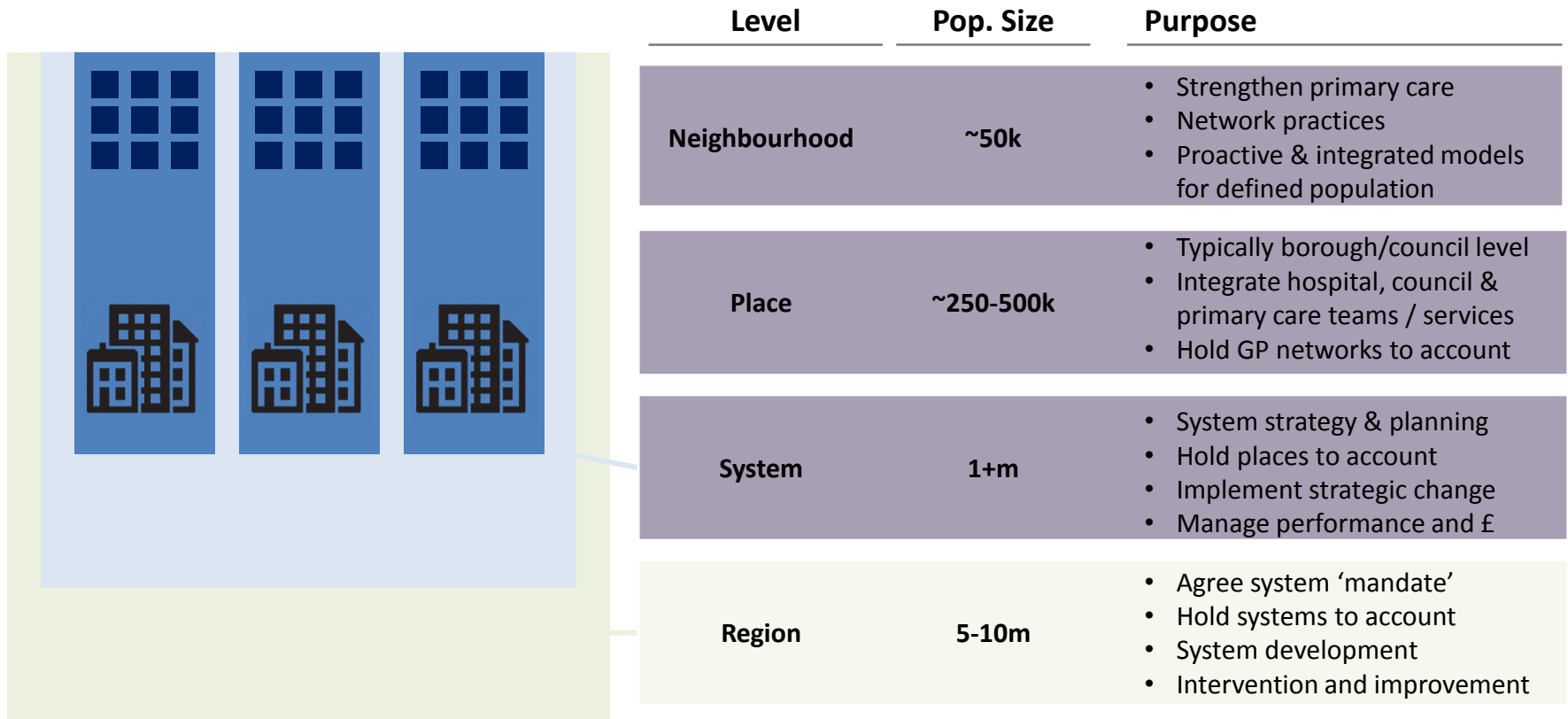


# What is an integrated care system?

ICSs do different things at three different levels



Each level performs specific functions under the following common headings

1. Leadership, engagement and workforce
2. Care redesign
3. Accountability and performance management
4. Strategy and planning
5. Managing collective resources

# What should be done by primary care networks at the neighbourhood level?

	Beginning	Maturing
Leadership, engagement & workforce	<ul style="list-style-type: none"> <li>• Neighbourhood specific plan for placing new GP recruits, therapists, pharmacists &amp; other staff in general practice</li> </ul>	<ul style="list-style-type: none"> <li>• Share primary care workforce, developing a more attractive career model</li> <li>• Take steps to retain GPs and other staff</li> </ul>
Strategy and Planning	<ul style="list-style-type: none"> <li>• Involve primary care in system-wide strategy and planning</li> </ul>	<ul style="list-style-type: none"> <li>• Primary care leaders develop their own collective strategy on behalf of the system</li> <li>• Impact of primary care on activity and finances of system is demonstrable in system plan</li> </ul>
Care Redesign	<ul style="list-style-type: none"> <li>• Deliver extended access and out of hours by collaborating in networks</li> <li>• Provide primary care streaming for A&amp;Es</li> <li>• Improve GP working lives by implementing '10 high impact actions'</li> </ul>	<ul style="list-style-type: none"> <li>• Have 100% primary care network coverage</li> <li>• Use data to analyse needs &amp; identify people at risk of becoming acutely unwell</li> <li>• Develop proactive &amp; differentiated models of care</li> <li>• Offer greater scope of services in primary care</li> </ul>
Accountability & performance management	<ul style="list-style-type: none"> <li>• Use referrals and admissions to identify improvement opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Extensive use of data to drive improvement</li> <li>• Peer-to-peer reviews and accountability</li> <li>• Networks hold other aspects of system to account for their patients</li> </ul>
Managing collective resources	<ul style="list-style-type: none"> <li>• Deploy additional national investment (eg £3/head) to increase resilience and facilitate networks</li> </ul>	<ul style="list-style-type: none"> <li>• Networks share assets &amp; back office functions</li> <li>• Standardise IT systems</li> <li>• Understand resource use across primary care</li> <li>• Take responsibility for system cost &amp; funding</li> </ul>

# What should be done in places?

	Beginning	Maturing
Leadership, engagement & workforce	<ul style="list-style-type: none"> <li>Partner with local government</li> <li>Engage staff &amp; local community</li> <li>Implement actions to retain shortage staff including GPs</li> </ul>	<ul style="list-style-type: none"> <li>Clinicians leading service integration</li> <li>Develop multidisciplinary workforce models</li> <li>Develop meaningful &amp; continuous ways to involve staff and residents in decisions</li> </ul>
Strategy and Planning	<ul style="list-style-type: none"> <li>Provider trusts and local government are engaged in system-wide strategy and planning</li> </ul>	<ul style="list-style-type: none"> <li>Develop place-specific plans that underpin system strategy</li> <li>Providers and local government lead the development of these plans</li> </ul>
Care Redesign	<ul style="list-style-type: none"> <li>Implement UEC priorities, eg 111, front-door, LoS, bed occupancy, DTOCs</li> <li>Implement Five Year Forward View for Mental Health</li> <li>Develop a plan for full coverage of GP networks</li> </ul>	<ul style="list-style-type: none"> <li>Invest in targeted prevention programmes with Local Authorities</li> <li>Identify population segments with high utilisation or unmet need (population health analyses)</li> <li>Develop integrated services and teams (NHS and social care) to keep people out of hospital</li> <li>Network hospitals and mental health services to improve resilience and standardise care</li> </ul>
Accountability & performance management	<ul style="list-style-type: none"> <li>Improve delivery of constitutional standards</li> </ul>	<ul style="list-style-type: none"> <li>Instigate clinically led quality improvement</li> <li>Hold networks/neighbourhoods to account</li> <li>Lead recovery of standards, without outside intervention</li> </ul>
Managing collective resources	<ul style="list-style-type: none"> <li>Manage within provider and commissioner control totals</li> <li>Deliver mental health investment standard</li> </ul>	<ul style="list-style-type: none"> <li>Capable of taking on a delegated budget</li> <li>Collaborate across system &amp; with other providers to improve efficiency</li> <li>Develop patient-level costing data</li> </ul>

# What should be done by systems?

	Beginning	Maturing
Leadership, engagement & workforce	<ul style="list-style-type: none"> <li>• Deploy national and local funding to support system leadership with capacity to execute</li> <li>• Are actively engaging local stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Develop clinical leaders including GPs and put them in system leadership positions</li> <li>• Underpin strategy with a workforce plan</li> <li>• Involve boards and NEDs in decision-making</li> </ul>
Strategy and Planning	<ul style="list-style-type: none"> <li>• Have updated their system strategy in line with the 18/19 operational planning refresh</li> <li>• Develop a digital strategy that supports interoperability, shared data and cyber security</li> </ul>	<ul style="list-style-type: none"> <li>• Fully own a system operating plan that brings together commissioner and provider plans</li> <li>• Shared vision of future provider landscape and how it will support improved resilience and integrated care—including primary care</li> </ul>
Care Redesign	<ul style="list-style-type: none"> <li>• Collaborate to reduce unnecessary hospital admissions</li> </ul>	<ul style="list-style-type: none"> <li>• Establish collaborations across acute trusts to improve care and efficiency</li> <li>• Take the lead on acute reconfigurations</li> <li>• Equip places and neighbourhoods with the resources to improve &amp; integrate services</li> </ul>
Accountability & performance management	<ul style="list-style-type: none"> <li>• Have agreed a division of responsibility between organisations with clear accountability</li> <li>• Work with national improvement initiatives (eg GIRFT)</li> </ul>	<ul style="list-style-type: none"> <li>• Collectively monitor quality and performance</li> <li>• Hold places to account</li> <li>• Take actions themselves to improve performance, without outside intervention</li> <li>• Take steps to bring commissioning together</li> </ul>
Managing collective resources	<ul style="list-style-type: none"> <li>• Oversee the production of a system-wide capital and estates plan</li> </ul>	<ul style="list-style-type: none"> <li>• Take accountability for a system control total</li> <li>• Share collective financial risk</li> <li>• Manage finances openly and as a system</li> <li>• Implement a blended payment approach, moving away from PbR alone</li> </ul>