

Integrated care strategies

A snapshot in progress



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Purpose of the document

This document has been created by colleagues at the Department for Health and Social Care (DHSC), NHS England (NHSE), the Local Government Association (LGA) and NHS Confederation.

Its purpose is to:

- Provide an overview of the themes emerging from the first iterations of integrated care strategies published by integrated care systems (ICSs).
- Be a reference point for colleagues across ICSs to understand what other systems have included in their strategies and how they have approached them.
- Provide a handful of case studies to add further detail as to what systems have included in their strategies and how they have approached the task of drafting them.
- Provide a snapshot in time in systems' strategy processes, not a definitive picture of all strategies.
- It is based on a review by these organisations of 35 integrated care strategies, in draft form or final form, as published publicly by the ICS.

Legal basis for an integrated care strategy

An integrated care partnership must prepare a strategy setting out how the assessed needs in relation to its area are to be met by the exercise of functions of the integrated care board (ICB), partner local authorities (LAs) and NHSE. Its further requirements are:

MUST

Involve people who live and work in the area.

Involve local Healthwatch organisations.

Have regard to the NHS mandate.

Have regard to any guidance issued by the Secretary of State for Health and Social Care.

Consider the extent that needs can be met through section 75 agreements.

Publish the strategy and give a copy to each LA and ICB.

ICPs must consider revising the integrated care strategy whenever they receive a joint strategic needs assessment.

MAY

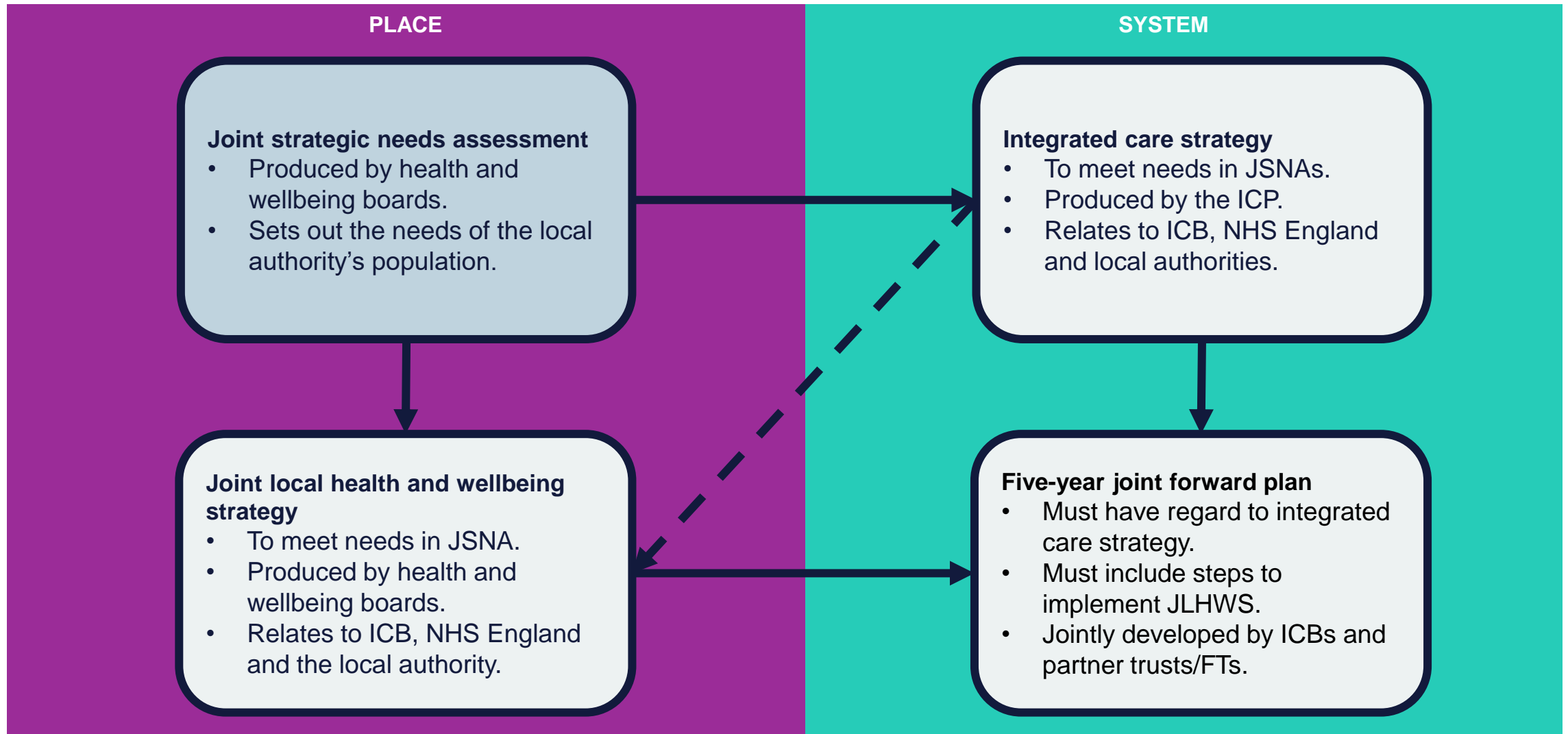
Include a statement on how other related public services can be more closely integrated with health and social care.

Integrated care strategy guidance

The [integrated care strategy guidance](#) is a statutory document and has some legal requirements that ICPs must follow. Many of them are straightforward, but some of them merit further explanation.

- It must set out how the assessed needs of the population, identified by Joint Strategic Needs Assessments (JSNAs) of health and wellbeing boards (HWBs), can be met by the function of the ICB, LAs and NHSE (when commissioning in the area).
- 'Have regard to' is a legal term, which means that it should be considered, and any deviations from this should be justifiable.
- The NHS mandate is included as it sets out the universal commitments for the NHS that will need to be considered, as well as local needs, and this can help avoid conflicts. HWBs must also do the same for Joint Local Health and Wellbeing Strategies.
- ICPs will need to have regard to any guidance set by DHSC.
- ICPs have discretion to include the integration of services that have an impact on health and wellbeing that are not health or social care services - such as housing, transport, leisure.

ICS strategies – existing place and system plans



National overview/snapshot

- 2023/24 is considered a transitional year for the establishment of ICSs, so integrated care strategies are likely to be revised and further developed.
- At the time of writing, most ICPs have published an interim strategy or are engaging on their draft strategy over the coming months. Most of these strategies contain draft information that may change as a result of engagement.
- The NHS Confederation and the LGA have used information collected by DHSC and NHSE from publicly available sources to draw out emerging themes and priorities.
- We are working together to amplify emerging integrated care strategy priorities and approaches to help ICSs and their key stakeholders to understand the broad trends.

Approaches to identifying priorities

As integrated care strategies are intended to set out the vision for what systems want to achieve for their populations, a look at how they set their priorities may be helpful for partners.

A range of approaches were demonstrated by ICPs for **how they identified priorities and articulated their goals**, including:

- Adopting focused objectives – mostly from existing published strategies.
- Adopting aspirational goals and focus areas – mostly in draft and in consultation.
- Identifying high level priorities focussed on the **'what'**, rather than the **'how'**.

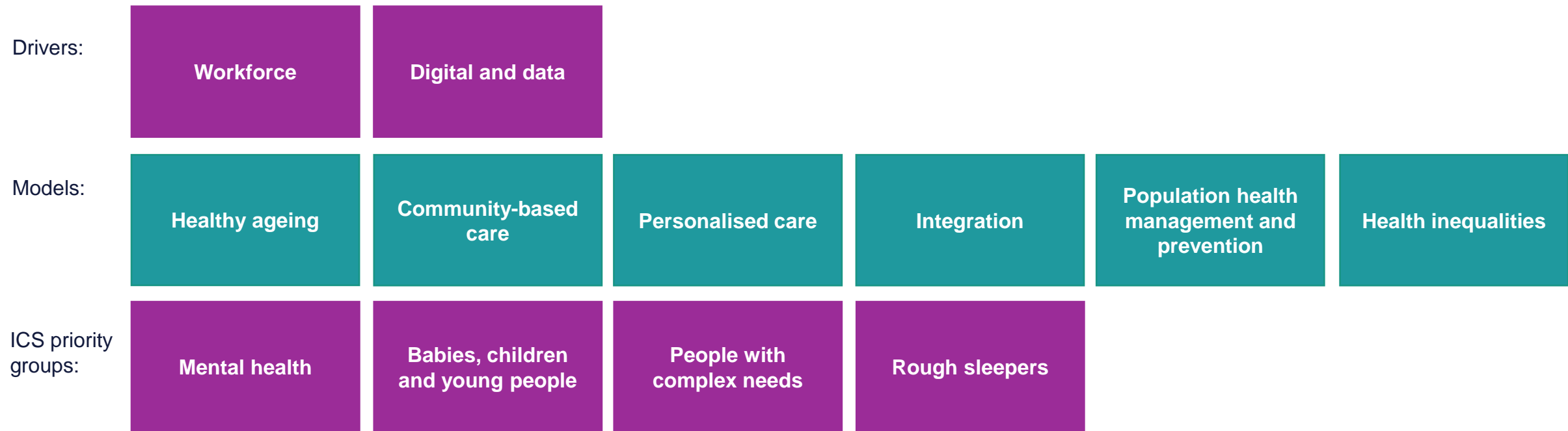
Emerging priority themes and approaches

Systems broadly took similar approaches for their integrated care strategies:

- 82 per cent of the strategies analysed opted to take a **'life course' approach** – eg start well, live well, age well and end well.
- Some ICSs structured their strategies around the **four purposes of ICSs**:
 1. Improve outcomes in population health and healthcare.
 2. Tackle inequalities in outcomes, experience and access.
 3. Enhance productivity and value for money.
 4. Help the NHS support broader social and economic development.
- Some ICSs focused on **system transformation** issues, such as relationships, enablers of integration, etc.

Emerging priority themes and approaches

The following were consistent themes identified by ICPs across the strategies:



Early insights on integrated care strategies

Golden threads

There are a number of golden threads that run through a significant number of strategies, which include:

- Increasing the number of years people spend in good health; reducing health inequalities; enabling people to live their fullest lives with the greatest level of independence.
- Social and economic development, including how to reduce poverty and promote early intervention.
- Prioritising social and economic development by building on anchor institutions work.
- Developing a system-wide workforce plan to support sustainability across all partners of the ICB, including how to support unpaid carers.

Integration

How ICPs will enable more integrated working across all partners, including:

- Outlining how members of the ICP will continue to build relationships and work together alongside the ICB, place and neighbourhoods to deliver the objectives of the strategy.
- Case studies and local examples of how integrated working has already supported delivery of key objectives and improvements.
- Clear and measurable outcomes for what ICPs wish to achieve through improved integrated working across the system.
- How the system will focus on quality improvement to services, enabled through integrated working.

Engagement

All the strategies refer to the engagement they have undertaken and plans for continued engagement with partners, including:

- Utilising existing health and wellbeing strategies to support the ICP strategy development.
- Engaging with Healthwatch in the strategy development in line with statutory requirements.
- Extensive wider public engagement on the strategy content, including the key priorities that the ICP is proposing. Examples of this include workshops with all ICP partners and VCSE communities; stakeholder events; public engagement and community surveys.

Spotlight on a local approach: Working with people and communities in Nottingham and Nottinghamshire

The Nottingham Integrated Care Partnership has produced a strategy built upon historical collaboration and a two-stage engagement approach:

- Stage 1: **Desktop research** to understand population need and fill knowledge gaps.
- Stage 2: **Listening activities** between October – November 2022 with stakeholders including elected members, Healthwatch, VCSE representatives, children and young people, two public events attended by 48 individuals, and survey data gathered from 206 respondents.

A strategic approach to engage with people and communities:

- Stakeholders involved in strategy development, and input sought for specific knowledge gaps.
- The strategic planning process was presented as a coherent whole, rather than as a series of open general questions.

The engagement process was informed by the principles of:

- Methods tailored to reach specific service user audiences and a diverse cross-section of the population.
- Providing accessible documentation.
- Using digital methods of engagement where appropriate.
- Meeting in accessible settings in local places.

Spotlight on a local approach: Working with people and communities in Mid and South Essex ICS

Drawing on a wide evidence base, Mid and South Essex:

- Used 27 publicly available strategies and plans from partner organisations within Mid South Essex ICP as well as the relevant JSNAs.
- Health inequality data analysis draws on the evidence of need from the Population Health Management health inequality data packs and JSNAs.
- Engaged with its population: eight workshops based in community venues, collectively engaging over 170 people. Used the **'Essex is United – Your Questions Answered'** Facebook group to ask a series of questions of the general public.

A new model of engagement

- As well as strengthening relationships with statutory partners, the ICP endeavoured to engage a more diverse set of organisations to unite the public and non-statutory services behind a **'common endeavour' to reduce inequalities**.
- To achieve this, the ICP will draw on a community assembly, an independent and private providers network, and a community voices network.

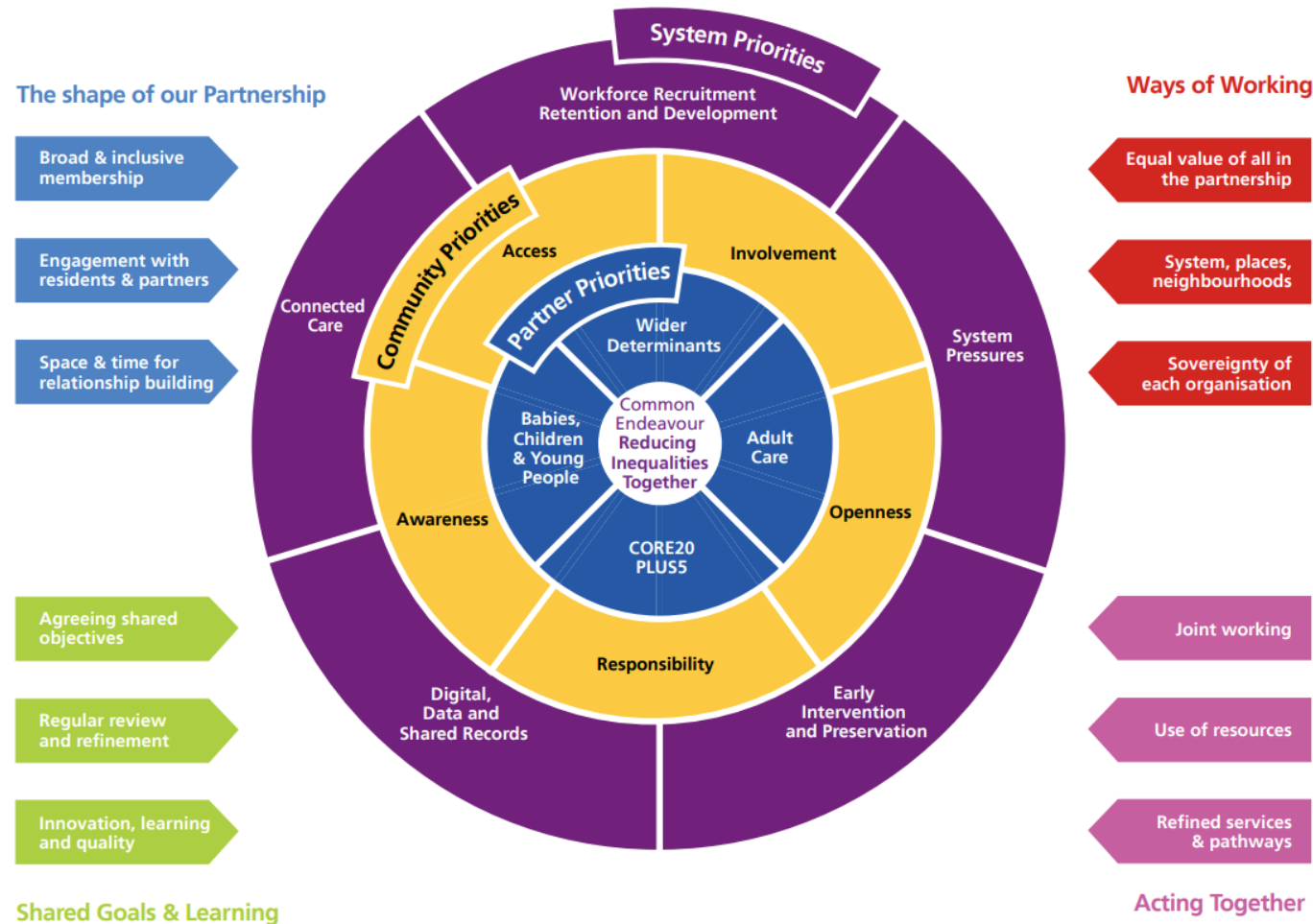
Clear and accessible information and communication:

- **Clear web pages** (pop up on arrival at website to receive regular newsletters).
- All **ICP meetings are held in public** (papers and webpages accessible).
- **Insight bank developed and is evolving.**



Spotlight on a local approach: Working with people and communities in Mid and South Essex ICS (continued)

Integrated Care Partnership



Spotlight on a local approach: A clear direction for health and care services (Bath & North East Somerset, Swindon & Wiltshire)

- A key focus of Bath & North East Somerset, Swindon & Wiltshire's (BSW) strategy is a **preventative approach** to ensure fewer people require services. However, the BSW care model offers a clear outline of the health and care services residents should expect when they are needed.
- It was **built upwards from public engagement**. 1,441 people were engaged at 65 events, 918 people completed a survey and 40 people were spoken to directly about their experiences of health inequalities.
- The BSW care model includes components such as personalised care, joined-up local teams and responsive local specialist services that **aim to deliver care as close as possible to people's homes**.



Next steps

- The LGA, NHS Confederation, NHSE and DHSC will continue to work closely together as integrated care strategies are developed further to update this work.
- The LIPS partnership (Leading Integration Peer Support Programme) – the NHS Confederation, LGA and NHS Providers – is working together to support the next steps.*
- We will also consider this work in the context of joint forward plans when they are finalised in June to understand how systems are planning to achieve their aims in these priority areas.

*The NHS Confederation, the Local Government Association and NHS Providers have joined forces to deliver a range of free, bespoke support for local health and care systems through [The Leading Integration Peer Support Programme](#).

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