

Symposium

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A National Perspective on ICS Establishment and Development

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NHS

Research and
Development Forum

ICS and Research

The ICS Network

The Integrated Care Systems (ICS) Network is an **independent national network** which supports ICS leaders to exchange ideas, share experiences and challenges, and influence the national agenda.

It is the only national network bringing together the leaders of health and care systems and enables us to support engagement across ICSs and promote effective system working, sharing ideas and best practice across ICSs in England.

We are pleased to have achieved 100% membership, welcoming all 42 ICSs into the ICS Network in 2022/23



**Integrated Care
Systems Network**
NHS Confederation

What is an
Integrated Care
System (ICS)?

History

2013

CCGs
Established

2012

2012

Health & Social
Care Act

2014

Simon Stevens appointed NHS
chief executive

NHS Five Year Forward View
proposes 'Sustainability
and Transformation Plans'

2017

First
'Accountable
Care Systems'
designated
(renamed ICSs
in 2018)

2021

Last ICSs designated in April,
covering all England

Integration & Innovation White
Paper and Health & Care Bill
published

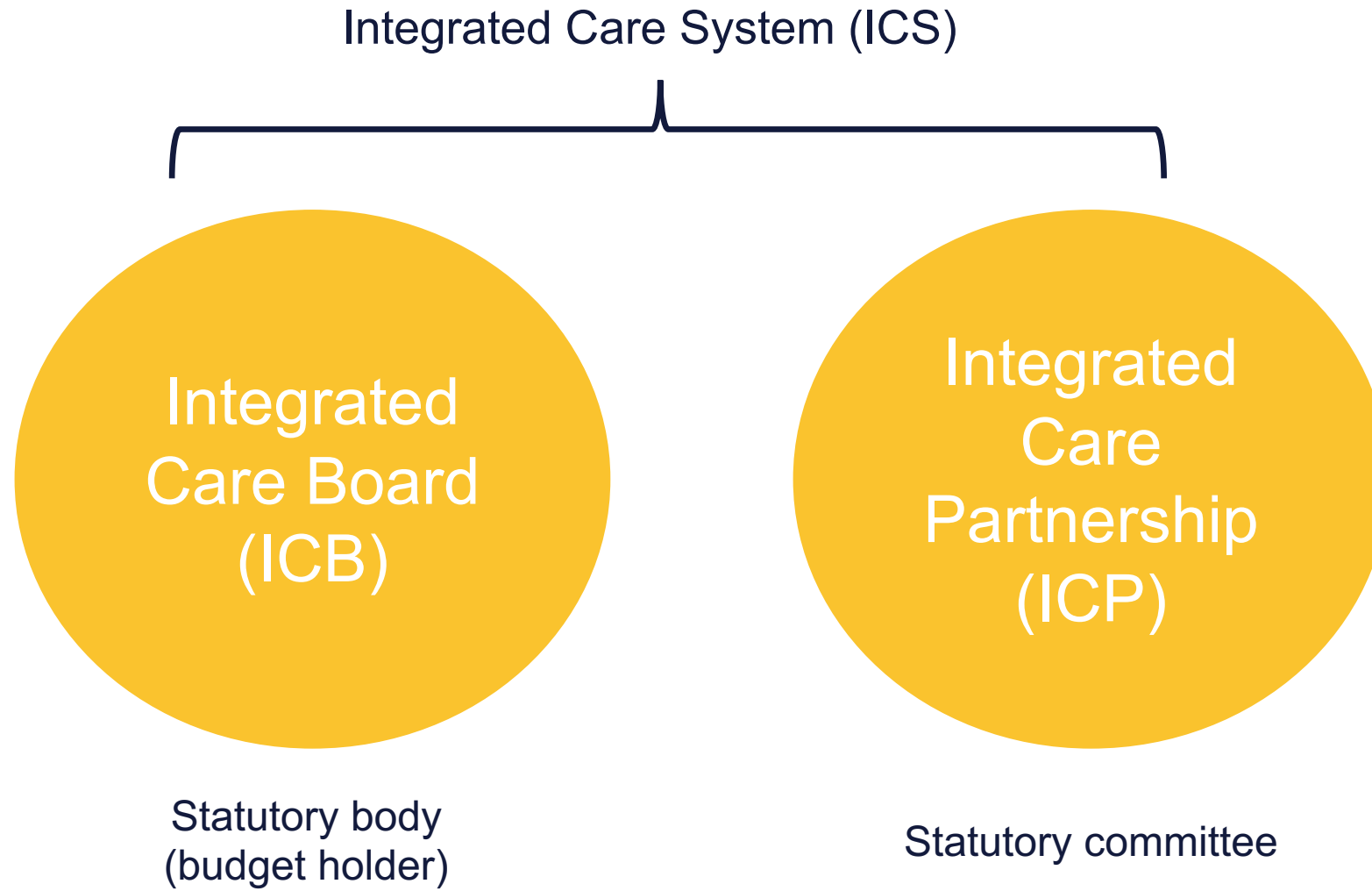
2022

Health & Care Act
received Royal
Assent

Statutory ICSs
created 1 July

2022

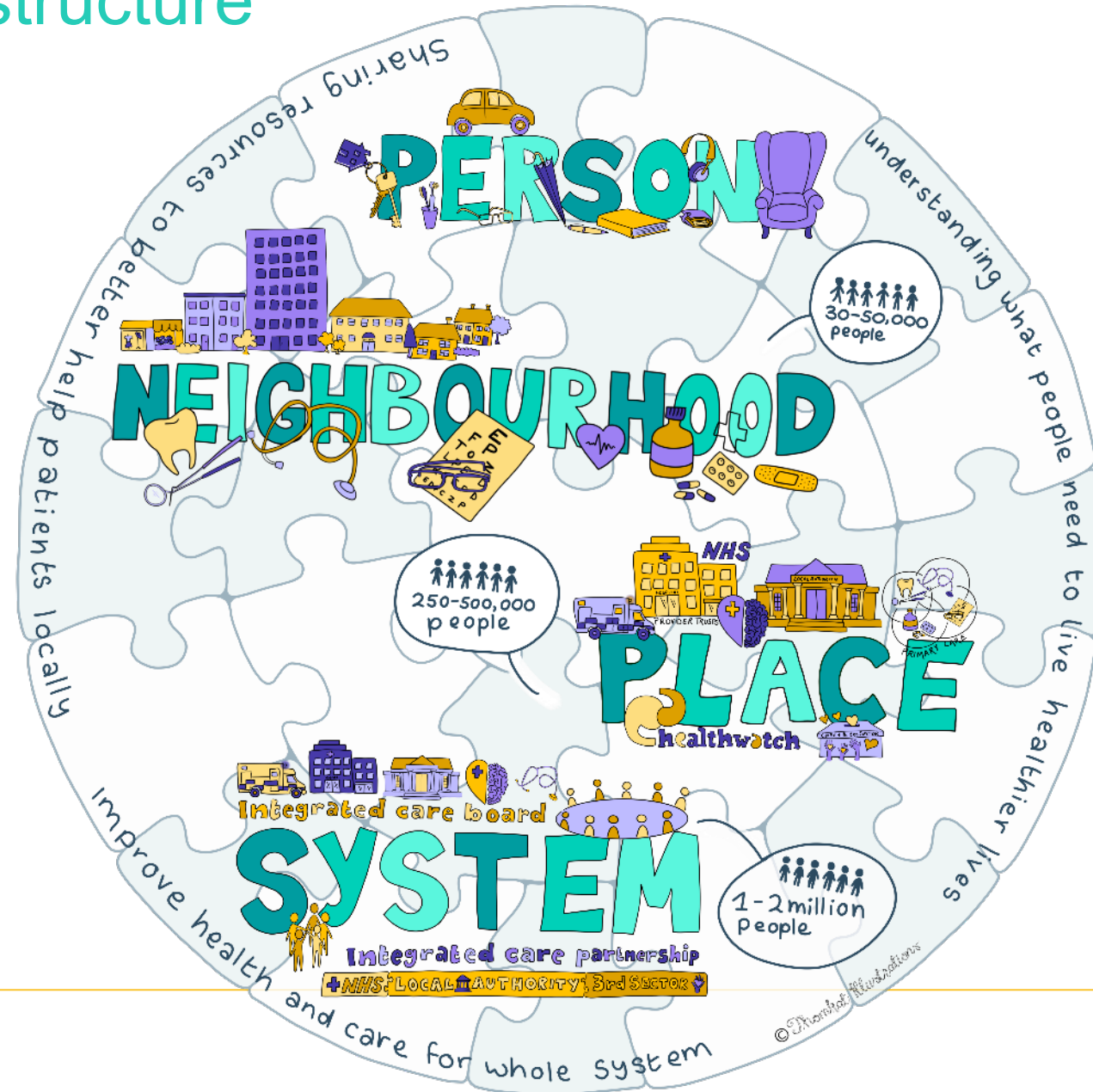
Arrangements from 1 July





Much broader than the NHS

The new ICS structure



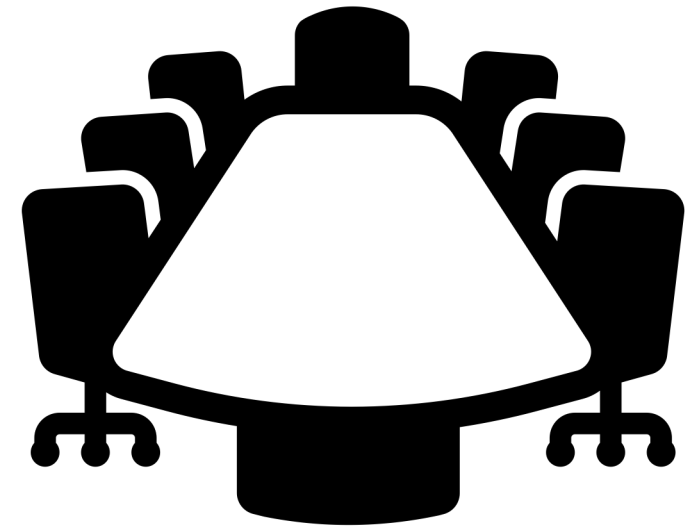
How are they coming
together?

*What are the challenges and
opportunities?*

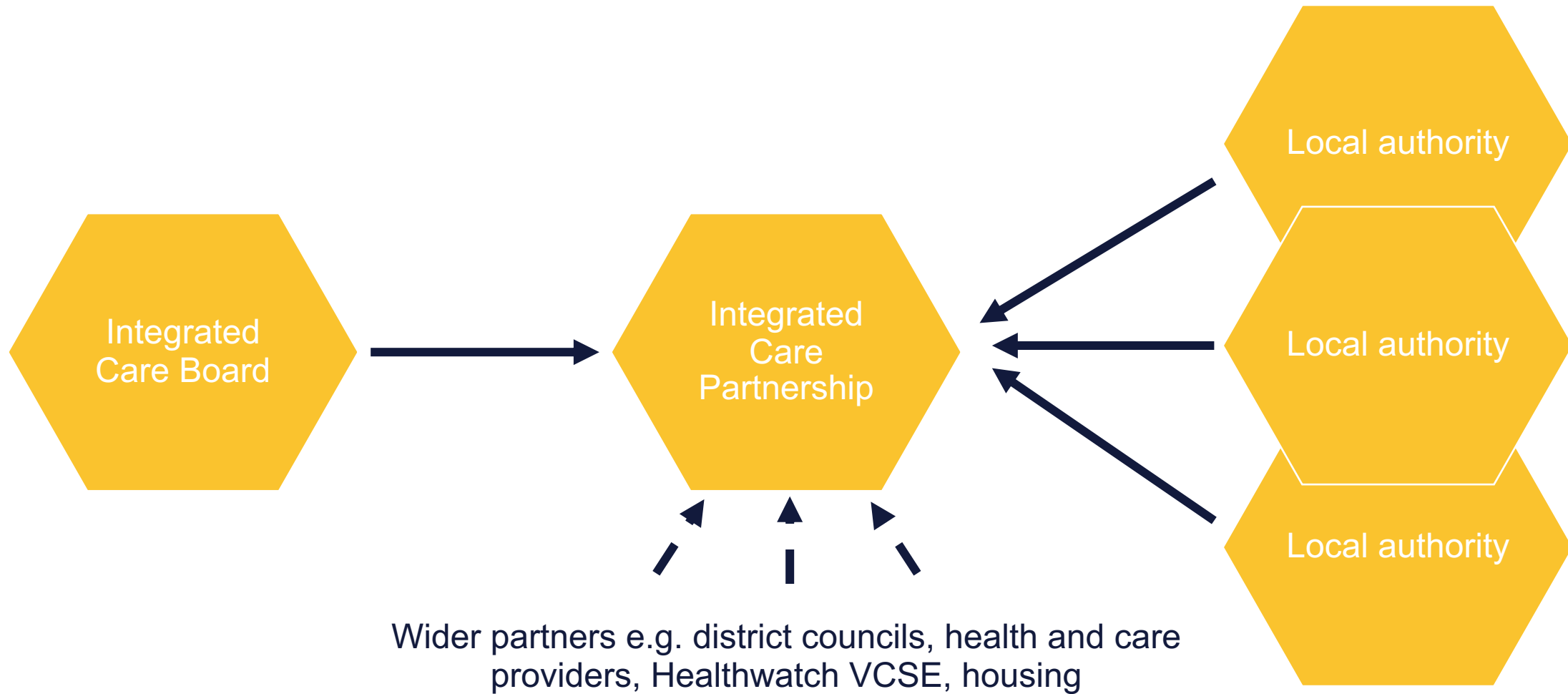
Mean Integrated Care Board

Population:	1.4 million	Range: 0.9-3.1 million
Funding allocation:	£2.7 billion	Range: £0.9-6.9 billion
No. of providers:	6	Range: 1 – 17
No. local authorities:	5	Range: 1 – 18
ICB Membership:	17 (19 w/ obsv.)	Range: 11 – 26 (12 – 28)

- Chair & CEO (statutory)
- Medical Director, Chief Nurse, Finance Director (mandatory guidance)
- Nominees: x2 primary care, x2 Trust/FT, x2 local authority (x1 of each statutory)
- x4 NEDs (min. x2 in mandatory guidance)
- x1 Place rep
- x1 executive director (varying roles – Chief People Officer or Director of Strategy)
- x2 *additional observers (varies – often Healthwatch and either VCSE or DPH)*

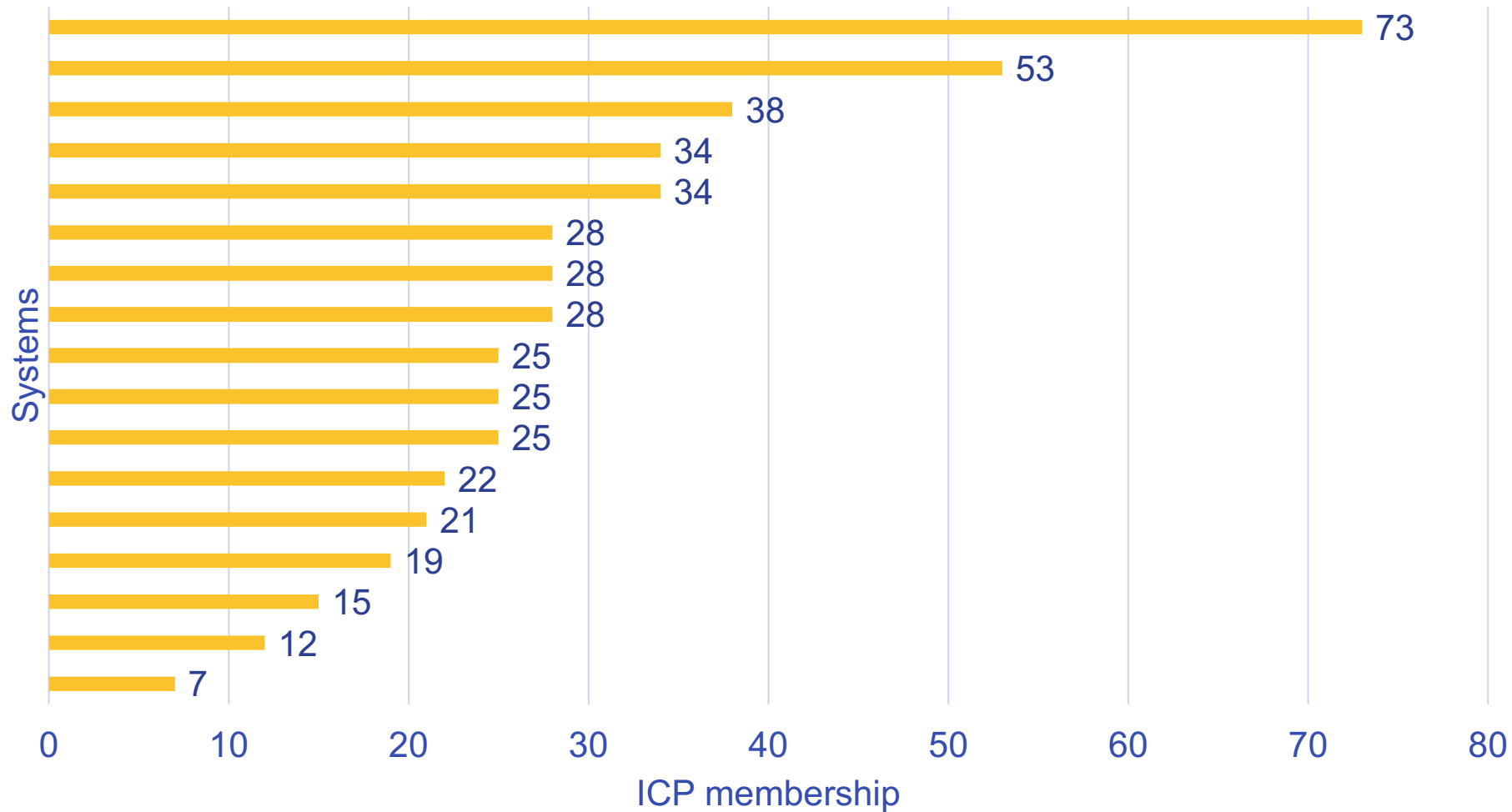


Integrated Care Partnerships



Overall ICP size trends

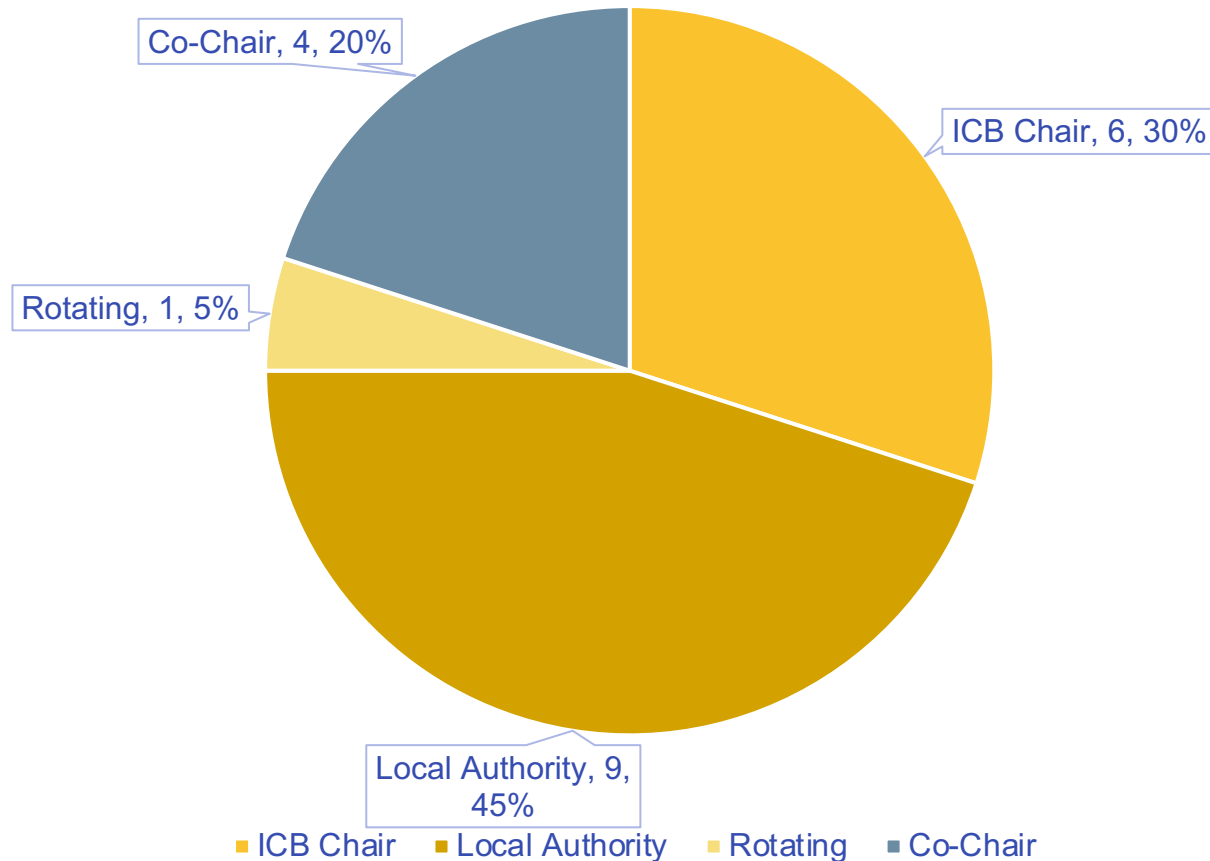
ICP size by system



Some of the extreme variation can be explained by varying definitions of membership.

Chair arrangements

No. of systems with ICP Chair by type



Co-chair arrangements are usually between ICB Chair and HWB Chair.

The system that has agreed to rotate will do so every two years, shared between the ICB Chair and Council Leaders.

1 system with the ICB Chair as the ICP Chair is doing so on an interim basis.

Most LA ICP Chairs are also HWB Chairs.

Broader members



- Professional/clinical reps – AHP, mental health, acute, clinical forum, social worker, clinical senate, local medical committees
 - Academic – HE, FE
 - Social care providers
 - Police – local constabulary and Police and Crime Commissioners (some have police invited as occasional observers, others have police on Place based boards)
 - Fire and rescue
 - Housing
 - Justice
 - NHSE Region; Office for Health Inequalities and Disparities (OHID); Health Education England (HEE)
 - Local enterprise
 - Academic Health Science Networks (AHSNs) and research
-

What does this mean for research?

- Due to excellent work by colleagues in the research community, the Act included a commitment for Integrated Care Boards to facilitate and promote research, and report on research through:
 - Joint Forward Plans
 - Annual reports
- How this works in practice is yet to be seen.

*I want to start this conversation with
you all!*

Contact

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