



1 July 2021

ICS oversight - good governance arrangements will be key

The new NHS system oversight framework sets out NHSE/I's approach to the oversight of ICSs - we start to unpick the detail.

Last Thursday (24 June) the NHS system oversight framework for 2021/22 was issued. The framework sets out NHS England and NHS Improvement's (NHSE/I) approach to the oversight of integrated care systems, CCGs and trusts, with a focus on system-led delivery of care.

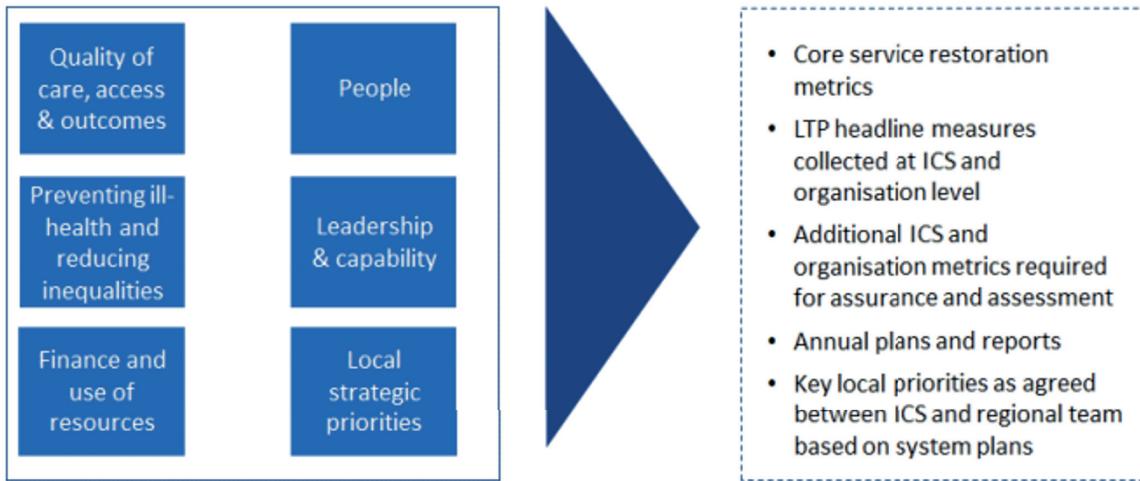
Hot on the heels of the recently published ICS design framework, which we wrote about last week, ICS leadership, partner organisations and providers have another document to absorb. So what are the key takeaways?

Lots to digest - capability and capacity will be key

The framework defines how ICS performance will be measured and the level of support and oversight they will need within the current statutory framework but also accounting for the local flexibility of ICSs with defined parameters for tailoring to local circumstances.



Figure 1: Scope of the NHS System Oversight Framework for 2021/22



It is the latest addition to a suite of essential guiding documents for ICSs alongside:

- the NHS Long Term Plan (vision)
- ICS white paper (aims)
- the 2021/22 operational planning guidance (priorities)
- the ICS design framework (structures).

It's been said that start-ups struggle more with digestion than starvation. In their infancy, ICSs, much like start-ups, have a lot to take on board. The emphasis on local determination and control puts considerable pressure on ICS leaders. To succeed they need to be well-supported by practical tools and resources. Capability and capacity will be essential.

Oversight and governance development - good governance arrangements matter

The oversight approach set out in the framework is driven by a number of key principles that ICS leaders will need to be mindful of:

- working with and through ICSs, where possible, to tackle problems
- a greater emphasis on system performance and care quality outcomes
- matching accountability for results with improvement support
- greater autonomy for ICSs and NHS organisations with evidence of collective working and a track record of successful delivery against NHS priorities, tackling inequality and health outcomes
- compassionate leadership behaviours.

The framework is what will guide NHSE/I's regional teams' oversight of ICSs at system, place-based and organisation level as well as decisions about the level and nature of delivery support they need.

The following table, taken from the framework, explains this oversight approach to ICSs relative to their development.



Table 1: ICS development and oversight approach

Relative level of ICS development and governance arrangements			
	By exception	Typical oversight arrangement*	
ICS	<p>ICS leadership will work in partnership with the regional team, attending and contributing to discussions relating to place-based[†] systems and individual organisations within the ICS</p> <p>Provide advice and guidance on place-based systems[†] and individual organisations within the ICS</p>	<p>Jointly conduct oversight and drive improved performance for place-based[†] systems and individual organisations within the ICS alongside regional teams</p> <p>Participate in any place-based system or organisational support and intervention carried out by NHS England and NHS Improvement, other than in exceptional circumstances</p>	<p>Lead the oversight of place-based[†] systems and individual organisations in line with the principles of this document</p> <p>Co-ordinate any support and intervention carried out by NHS England and NHS Improvement, other than in exceptional circumstances</p>
NHS England and NHS Improvement	<p>Lead the oversight of the ICS, and work in partnership on the oversight of place-based systems[†] and individual organisations in line with the principles of this document</p> <p>Engage with the ICS before any escalation action/intervention is finalised and enacted through a single identified system lead</p>	<p>Lead the oversight of the ICS and contribute to the oversight of all place-based systems[†] and individual organisations alongside the ICS</p> <p>Only engage with organisations with the knowledge and participation of the ICS through a single identified lead (other than in exceptional circumstances)</p>	<p>Gain assurance of place-based systems[†] and individual organisations through the ICS, other than in exceptional circumstances⁺⁺</p> <p>Undertake the least number of formal assurance meetings possible with individual organisations</p>

ICCs are expected to agree a memorandum of understanding with regional teams setting out delivery and governance arrangements across the ICS, including:

- financial governance arrangements that support the effective management of resources
- quality governance arrangements (the National Quality Board's A shared commitment to quality and Position statement on quality in integrated care systems set out specific requirements that ICCs are expected to have in place)
- oversight mechanisms and structures that reflect delivery and governance arrangements
- local strategic priorities that the ICS has committed to for 2021/22.



ICS leaders will also need to be aware of the oversight cycle set out in the framework and the ongoing monitoring process:

Table 2: Ongoing monitoring process – review meetings

	ICS	Place*	Individual organisations/collaboratives
Scope	<ul style="list-style-type: none"> Performance against national requirements including the NHS Long Term Plan deliverables at ICS level across the five national themes of the NHS System Oversight Framework Delivery against ICS 'local priorities' set out in ICS strategic plans and its local people plan Extent to which system partners are working effectively together to deliver and improve 	<ul style="list-style-type: none"> Performance against national requirements including the NHS Long Term Plan deliverables at place and organisation level across the themes of the NHS System Oversight Framework Delivery against place and organisation level priorities set out in ICS plans including primary/community care and population health Any emerging organisational health issues that may need addressing Extent to which place-based partners are working effectively together to deliver and improve 	<ul style="list-style-type: none"> Oversight of and support to: <ul style="list-style-type: none"> individual organisations that span multiple ICSs, or have significant funding flows from outside an ICS, eg ambulance trusts and specialist trusts collaboratives that span multiple places, including for the delivery of specialised services Linked to NHS England statutory duty to annually assess CCGs Occur by exception only for other organisations, with scope determined by the specific issues identified in discussion between the NHS England and NHS Improvement regional team and ICS leadership
Roles and participation	<ul style="list-style-type: none"> Led by NHS England and NHS Improvement regional team with: <ul style="list-style-type: none"> - ICS leadership team - CEOs and AO(s) from system providers and commissioner(s) 	<ul style="list-style-type: none"> Typically led by ICS (with NHS England and NHS Improvement role linked to ICS maturity) with: <ul style="list-style-type: none"> - provider and commissioner leadership team - place-based system leaders as appropriate 	<ul style="list-style-type: none"> NHS England and NHS Improvement, ICS and organisational teams as relevant for cross ICS, provider collaborative and exceptional meetings CCG leadership team, chair and governing body members for CCG assessment-related meetings
Frequency of review meetings	<ul style="list-style-type: none"> The default frequency for these meetings will vary according to the governance arrangements agreed between the regional team and ICS, but should be at least quarterly Regional team will engage more frequently where there are material concerns 	<ul style="list-style-type: none"> Determined in discussion between the regional teams and ICS based on local system architecture and governance arrangements Regional and/or system team will engage more frequently where necessary, including focused meetings around specific themes (eg quality, finance) and/or with a subset of organisations 	<ul style="list-style-type: none"> Frequency determined based on need through discussion between NHS England and NHS Improvement regional team and ICS and organisational leadership Annual meeting linked to CCG assessment process. CCGs are also expected to complete a mid-year self-assessment

* Including integrated care provider or other relevant local system level. For smaller ICSs built on a single overall place this may form part of the overall ICS review meetings.

Alongside this the existing statutory roles and responsibilities of NHS England and NHS Improvement in relation to trusts and commissioners remain unchanged, as do the accountabilities of individual NHS organisations.

Measuring performance - oversight metrics and mandated support

Accompanying the main oversight framework is an additional document setting out oversight metrics. A single set of metrics will be used to evaluate the performance of ICSs, with performance resulting in differing levels of support and scrutiny.

These oversight metrics are aligned to the five national themes that reflect the ambitions of the NHS Long Term Plan set out in the oversight framework: quality of care access and outcomes; preventing ill health and reducing health inequalities; people, finance and use of resources; and leadership and capability.

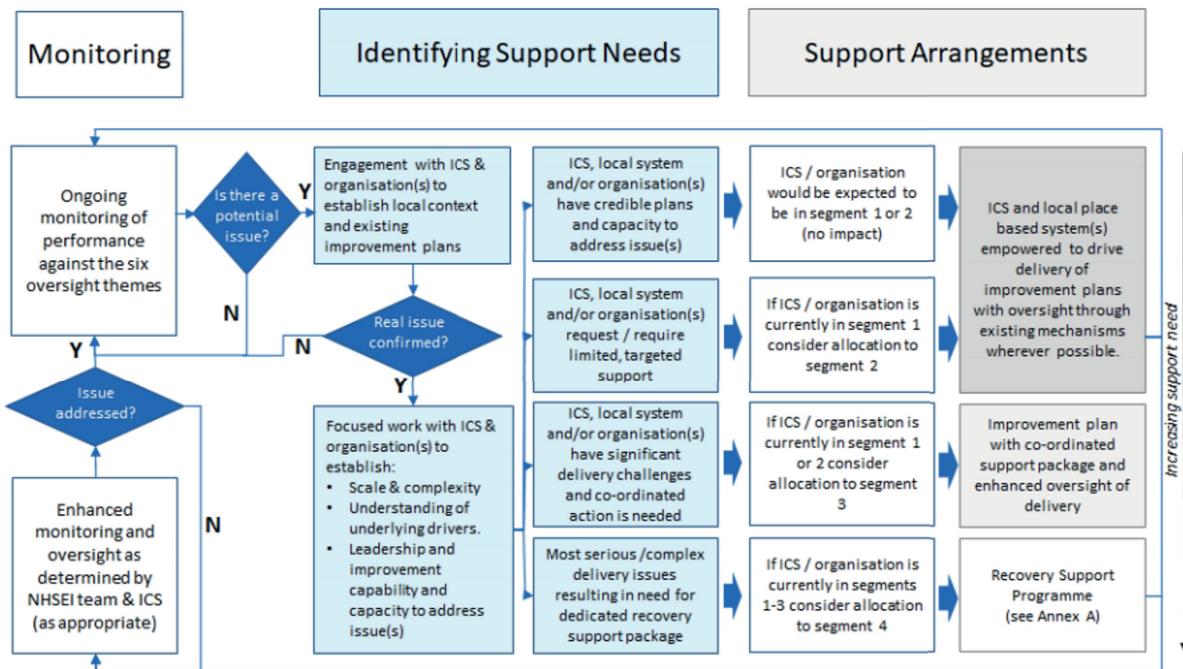
These metrics will be key for establishing when mandated support is needed. Mandated support will apply when ICSs, NHS or FT trusts or CCGs have serious problems and concerns exist about whether leadership can make the required improvements. A trust of ICS in mandated support will be subject to enforcement action.

The Care Quality Commission (CQC) will play an active role in recommending trusts for mandated support. The CQC, through the Chief Inspector of Hospitals, will recommend to NHSE/I that a trust is mandated to receive intensive support when it is rated 'Inadequate' in the well-led key question and provide the reasons for the recommendation and the specific areas of improvement required.



Once an ICS, trust or CCG is mandated for support, NHSE/I regional teams will agree criteria with them that must be met in order for them to exit it. The support will be delivered through the nationally coordinated Regional Support Programme (RSP), a new integrated and system-focused recovery that replaces the previously separate quality and finance ‘special measures’ regimes for provider trusts.

Figure 2: Oversight, diagnosis and support and intervention process



Illuminations

- Now is the time for ICS leaders to consider the nature of the support they need and what they might need to do differently to drive improvement using that support.
 - ICS leaders should familiarise themselves with the metrics they will be judged on and put in place effective performance management and governance.
 - ICS leaders should already be thinking about the memorandum of understanding they will need to agree with regional NHSE/I teams to set out delivery and governance arrangements.

The timescales are challenging and there is much to be done. GGI is here to help navigate this important journey towards integrated care. No one is better placed to advise you. Find out more about how we can help.

If you have any questions or comments about this briefing, please call us on 07732 681120 or email advice@good-governance.org.uk.