

# ICS update

Luton Borough Council  
Health Overview & Scrutiny  
Committee

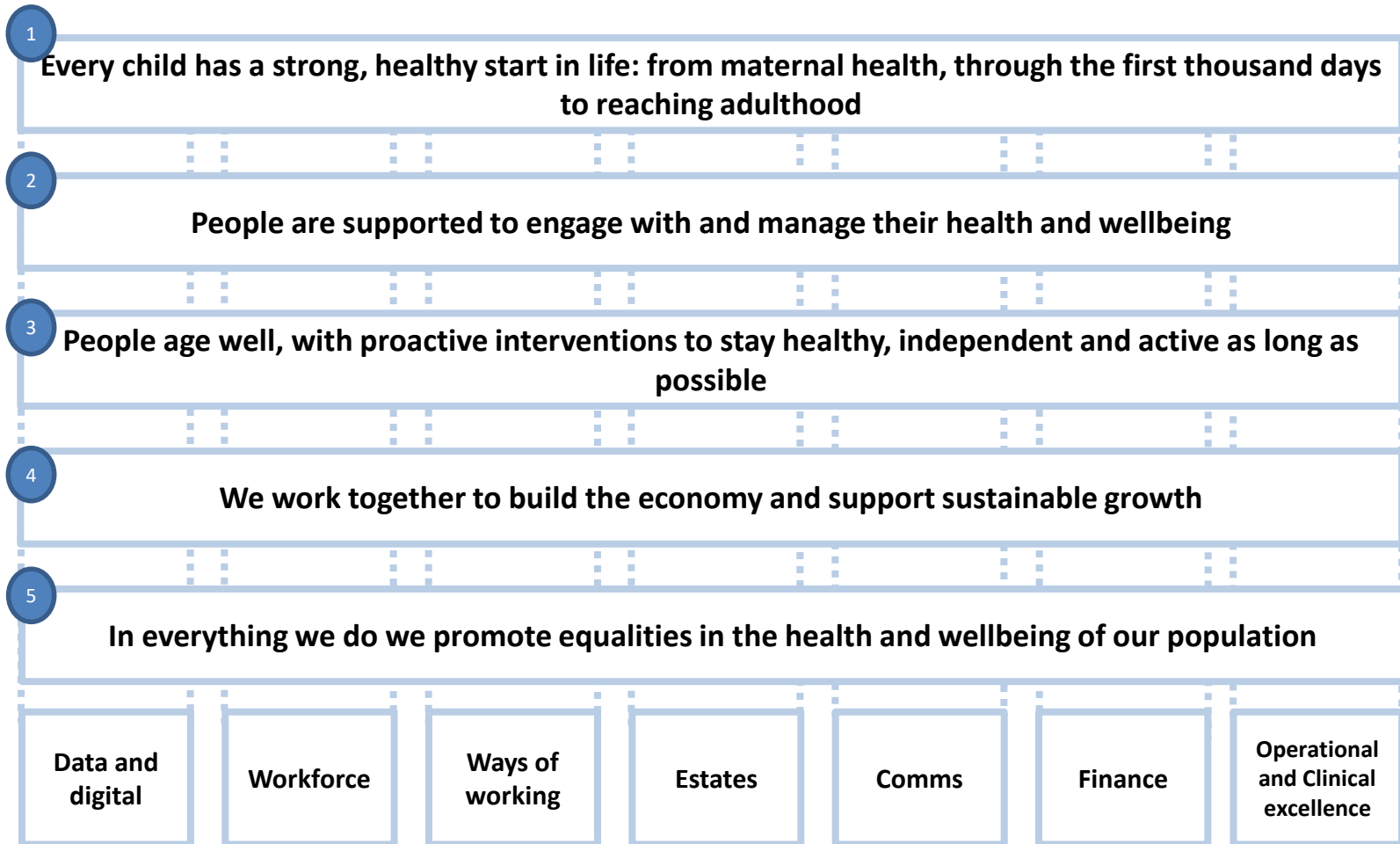


# Strategic priorities: Context

- About **what** we want to achieve for our population in the medium and longer term
- Framed around **population health** outcomes and reducing inequalities
- Builds on long term plan
- Taking into account the **challenges** from Covid-19 and **opportunities** to work in different ways to address them
- Taking a **single system** approach, with flexibility at **place and care alliance** level to meet local population needs
- Wide **co-production** to develop the priorities with all BLMK partners and stakeholders



# Strategic Priorities



# Role of Place in Delivery



**Individuals** – People stay well for longer in their own homes and with personalised budgets. Citizen engagement may commission or shape the commissioning of care

**Neighbourhood/ Primary Care Networks (PCN)** – working with local groups, faith groups, small voluntary sector, LA ward teams, patient groups, community police, leisure trusts... May commission for groups of people with common needs across a small area, e.g. targeted self-care support, social prescribing or services where they have a cluster of need

**Place** – usually Local Authority footprint, convening PCNs, social care, authority-wide voluntary sector, Healthwatch, housing assocs, police, fire & rescue. Local delivery engines of agreed strategic priorities.

**Care Alliance (CA)** – actions to target the health and care services for the population which can be taken either by NHS or a range of partners. This will include looking at allocative efficiency and pathway change

**System** – ICS leads on strategic commissioning, setting population health goals for the system, planning and allocating spend to PCN, Place or CA to improve the health outcomes and population health, commissioning areas best done at scale or only once, such as specialised services, primary care. ICS will also lead on enablers (e.g. digital, strategic estates) or development areas such as R&D.



## Sign-off and next steps

- Outcomes of workshops have been reported to NHS Boards and Health and Wellbeing Boards of BLMK partner organisations
- Boards have signed up to the priorities, final endorsement at Partnership Board in June
- Will be embedding in our communications, streamlining reporting against them and further developing place-based plans

# Ways of working

- Health and Care White Paper has been published
- BLMK ICS Establishment Programme has been set up to deliver the requirements of the Health and Social Care Integration Bill
- From April 2022, the ICS will be accountable for outcomes of the health of the population. There will be an ICS NHS Body, responsible for the day to day running of the ICS, and an ICS Health and Care Partnership which brings together systems to support integration
- Establishing an effective ICS which enables the Care Alliances, places and PCNs to flourish will provide the system architecture to support work to address inequalities at all levels across the system
- A Steering Group is being set up to oversee delivery of the programme