


The role of local authorities in Integrated Care Systems (ICS)

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ICS will become statutory bodies, taking on the role currently played by CCGs. There are currently two documents that assist with our understanding here: [the Health and Care Bill \(the Bill\)](#) and the [ICS Design Framework \(the Framework\)](#).

There will be two main components of an ICS:

1. The Integrated Care Board (ICB) – the ICB will secure the provision of health services by taking on the commissioning functions of CCGs, develop and maintain a plan to meet the health needs of its population, set out the strategic direction for the ICS and agree an annual capital resource use plan. A representative of the relevant responsible local authorities will be part of the ICB.
2. The Integrated Care Partnership (ICP) – this is effectively a joint committee between the ICB and all of the “responsible local authorities” in the area of the ICS. The Bill states that membership must be at least one member of the ICB and one member from each responsible local authority plus any other members appointed by the ICP. The ICP is to prepare an integrated care strategy for the ICS area which will then be delivered by the ICB, NHS England (NHSE) and the responsible local authorities (with each having a statutory duty to “have regard to” the strategy when making decisions). The ICP will then play an important role in holding the ICB and other parties to account in the delivery of the strategy.

What should the focus be for local authorities in the next few months?

Are you required or do you need an invite?

“Responsible local authorities” (defined in the Bill as those local authorities with social care and public health functions) are statutorily required to be a partner in the ICB and establish the ICP. However, without the involvement of the district, borough, town and parish councils a huge opportunity will be missed to truly improve the health and wellbeing of our population. The role of the lower tier local authorities should not be underestimated in delivering better health care overall, for example, through the planning system or providing social housing and welfare advice. “Place” is a concept used to describe a smaller geographic area below that of the ICS boundaries where much of the activity of the ICS will take place and this will be particularly relevant to local authorities as Place may mirror local government boundaries. So, if you are not a responsible local authority, you should get in touch with the Director of Public Health for your area and ask to be invited to discussions and onto the boards.

How will they establish the ICB?

The CCGs that will transfer into an ICB must propose the first constitution, based partly on consultation with relevant persons, to be approved by NHSE. Consider now how you would like to feed into that decision making, what can you bring to the table that is different to the health partners and who would be the most appropriate representative (Director of Public Health is mentioned in the Framework). You should also think about who will be on any shadow board?

Establishing the ICP

Consider the role of the ICP when thinking about what it should look like. The integrated care strategy should be based on data from the area in question, so how will that be collected and who needs to be at the table in order to share, analyse and decide on priorities? The Framework talks about collating data from people with “lived experience” of health and social care including patients, unpaid carers and traditionally under-represented groups. Consider the forums that are currently used to gain insight and how these could be used to engage on the content and delivery of the integrated care strategy.

Funding the ICS

Current CCG budgets will be passed to the ICB along with some funding that NHSE uses to commission directly. There are a number of ways in which the proposals anticipate local government and the NHS will fund things together. The Better Care Fund and s75 agreements are both mentioned in the Framework and the Bill also includes new wording around pooled budgets. Pooled budgets can be used when formal delegation of functions from the ICB to a joint committee formed between any one or more of a relevant body (e.g. the ICB or an NHS trust or NHS foundation trust) and a local authority or a combined authority. This formal delegation of functions has been widely welcomed as filling a gap in the current abilities to work jointly.

Which ICB do we belong to?

One of the criticisms of the ICS proposals is the lack of co-terminus boundaries for health and local government. A responsible local authority must take part in an ICS with which its area “coincides with or falls wholly or partly within”. So even the legislation is anticipating that a responsible local authority could be involved in a number of ICS. Local authorities would do well to consider now how this may impact their budgetary and resourcing plans.

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Contact



Anja Beriro

Partner

anja.beriro@brownejacobson.com

+44 (0)115 976 6589

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