South East London Integrated Care System

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Engagement to support strategic commissioning role of ICBs

Engagement Assurance Committee

July 2026

Policy directions

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- March 2025 – requirement for ICBs to make 50% savings announced
- May 2025 – Model ICB Blueprint published
- July 2025 – Fit for the Futures: 10 year health plan for England published
- July 2025 – Review of patient safety across the health and care landscape (the Dash review) published
- November 2025 – Strategic commissioning framework published

Model ICB blue print

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- Delivery of 10 year plan will require a leaner and simpler way of working - reshape the focus, role and functions of ICB to lay foundations for delivery of the plan
- Critical role of ICBs as strategic commissioners
  - Improve population health
  - Reduce inequalities
  - Ensure access to consistently high-quality services
  - Accountable for ensuring best use of budget to do this
- 3 strategic shifts that form the foundation of the ICB's approach to transformation and redesign:
  - Treatment to prevention
  - Hospital to community
  - Analogue to digital
- Need strong commissioners who can … 'work with users and wider communities'

Model ICB blueprint - engagement to support strategic commissioning

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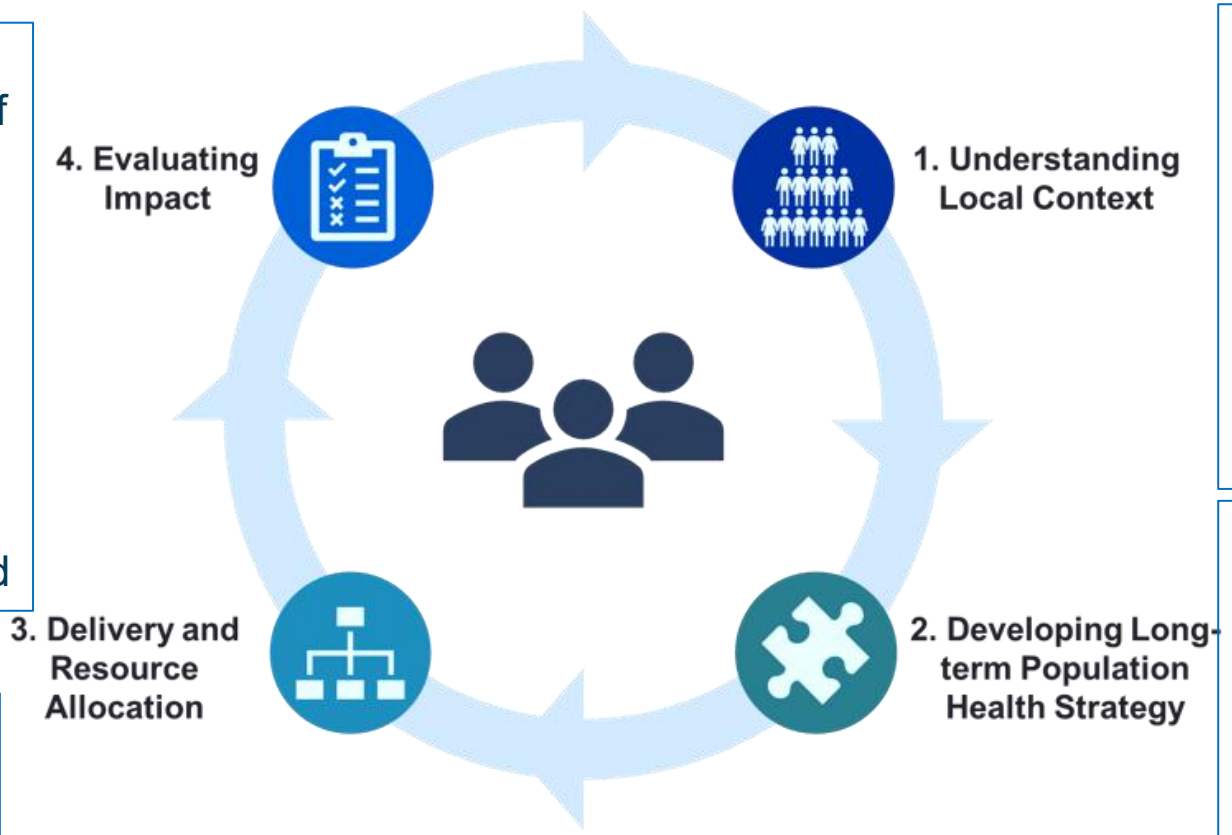
- Embedding feedback from people & communities, staff & partners into evaluation approaches
- Evaluation, co-design and deliberative dialogue with people & communities using design thinking methodologies
- Ensuring user feedback mechanisms are embedded



- Date & intelligence incl. user feedback & partner insight
- Convening people, communities and partners to challenge & critique
- Review current provision using data & input from stakeholders, people & communities

- Using a range of inputs incl. user priorities to develop strategic options for testing & engagement with partners, people & communities
- Develop & agree best practice care pathways with partners, people & communities
- Co-produce strategies with communities, reflecting unmet needs & targeting inequalities

- Defining outcomes linked service specifications
- Prioritising interventions to address health inequalities
- Oversight on whether it delivers required outcomes

User involvement and co-design

Engaging users and communities ensures services meet real needs throughout commissioning

ICB blue print - enablers

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- **User involvement and co-design:** for services to truly meet communities' needs, people must be involved from the very start of planning through to implementation and review. Each ICB should have a systematic approach to co-production – meaningfully involving patients, service users, carers, and community groups in designing solutions. This goes beyond formal consultation and means working with people as partners. ICBs will need to ensure that focused effort and resources are deployed to reach seldom heard and underserved people and communities, working with trusted community partners to achieve this. Ultimately, this enabler is about shifting the relationship with the public from passive recipient to active shaper of health and care, with a particular focus on underserved communities.
- **System leadership for population health:** ICBs should develop and foster strategic partnerships across their footprints with a range of partners (incl. academia, VCSE, innovation), alongside working together with providers and local government as they develop and implement their strategies.
- **Partnership working with local government:** recognising the critical and statutory role of LAs in ICSs and as partner members of ICBs, engagement and co-design with local government will be critical … linked to this is the need for ICBs to continue to foster strong relations with the places … building a shared understanding of their population and working together to support improved outcomes, tackle inequalities and develop neighbourhood health.

10 year plan (1/2)

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The plan sets out how the NHS in England is expected to change over the next 10 years to meet future needs. Its main focus is on making services more sustainable, more preventive and easier for people to use.

1. **Shifting from treatment to prevention**

- The plan aims to reduce illness by acting earlier.
- It focuses on preventing poor health rather than mainly treating people when they are already unwell.
- This includes tackling wider causes of ill health, such as deprivation and long-term conditions.

2. **Care closer to home**

- More care is expected to move out of hospitals.
- The plan supports delivering services in communities, neighbourhoods and people's homes.
- Primary care, community services and local partnerships play a bigger role.

3. **Using digital and data better**

- Digital tools are seen as key to improving access and efficiency.
- This includes better use of patient records, digital appointments and data sharing.
- Technology is framed as supporting staff and patients, not replacing face-to-face care.

10 year plan (2/2)

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Better joined-up care

- Services are expected to work together more closely.
- The plan supports integrated care systems working across NHS, councils and the voluntary, community and social enterprise sector.
- The aim is for people to experience care as one joined-up service, not separate organisations.

A stronger focus on equality

- Reducing health inequalities is a core aim.
- The plan recognises that some groups experience worse health and poorer access to services.
- Services are expected to adapt to meet different needs and reduce unfair differences in outcomes.

Supporting the workforce

- The plan links service change to workforce planning.
- It recognises the need to support staff wellbeing, skills and retention.
- New ways of working are expected alongside service redesign.

Financial and system sustainability

- The plan acknowledges long-term financial pressures.
- It focuses on making the NHS more efficient and sustainable over time.
- Prevention, integration and better use of resources are presented as key to this.

Review of patient safety across the health and care landscape (Dash review) - findings and conclusions

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Review commissioned to look at 6 organisations, including Healthwatch England and Local Healthwatch and consider overlaps and gaps and make recommendations

Finding:

- multiple (national & local) organisations look at user experience or advocate on behalf of the 'voice of the user', (via surveys, feedback, supporting complaints, advocating, co-design, outreach & public meetings), causing confusion for patients and results in 'inefficiencies, sub-scale inputs and a failure to ensure representativeness' and can lead to a lack of change
- few boards in the NHS have an executive director for user or customer experience

1 of 5 conclusions:

- need to streamline simplify and consolidate functions where considerable duplication and overlap currently exist – specifically when it comes to:
  - user, patient or community engagement
  - capturing and learning from user or patient experience, or the 'voice of the user'
  - investigations

Review of patient safety across the health and care landscape (Dash review) – recommendations

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- Bring together the work of Local Healthwatch, and the engagement functions of ICBs and providers, to ensure patient and wider community input into the planning and design of services
- The statutory functions of Local Healthwatch relating to healthcare should be combined with the involvement and engagement functions of ICBs to listen to and promote the needs of service users.
- The statutory functions of Local HW relating to social care should be transferred to LAs in order to improve the commissioning of social care.
- Local patient and user engagement teams would be supported by the new patient experience directorate within DHSC. Strategic function of HW England (e.g. to provide advice to SoS) should be transferred to this.
- CQC should assess whether every ICB and provider is listening to patients and users effectively (rather than Local HW raise concerns with CQC).
- 'The rationalised and simplified structure should enable [the listening to the voice of users] to happen in a more meaningful way.'

Strategic commissioning framework

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- Strategic commissioning is a continuous evidence based process to plan, purchase, monitor and evaluate services over the longer term and with this improve population health, reduce health inequalities and improve equitable access to consistently high quality care.
- ICBs will use ‘a clear understanding from people with lived experience’ to contribute to a strong evidence base for commissioning decisions.
- To be successful, ICBs will need:
  - capability in … working with … service users to co-design services
  - sustained and meaningful engagement with people
  - an ability to involve people and diverse communities and understand their experiences through asset-based approaches that facilitate co-production and empower community driven solutions

Strategic commissioning framework

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1. **Understanding context:** including user feedback, partner insight and proactively identify underserved communities
   - Integrated needs assessment with annual updates setting out understanding of population
   - Annual base line mapping exercise to risk assess commissioned services which will prioritise services to be reviewed.
2. **Developing long term population health strategy**: and planning and care pathway redesign describing vision
   - Outlines case for change based on mapping and integrated needs assessment
   - Transparent approach to identifying commissioning intentions, taking account of neighbourhood health plans and 3 shifts
   - Residents, communities, staff and stakeholders should be involved in a meaningful and sustained way.
   - Consultation requirements apply to any service reconfiguration

Strategic commissioning framework

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3. **Delivery:**
   - Focus on outcomes, shaping the market and creating value for the tax player
   - Need to look at how to incentivise partnership work with VCSE & other partners, noting need for long term investment
   - Notes value of community assets in reducing health inequalities in line with move to neighbourhood health service and therefore the need to shift resource to prevention
4. **Evaluating impact:** including tracking patient and staff reported outcomes and wider feedback and intelligence
   - Need to establish clear ways of capturing feedback and experience from people, diverse communities, staff, partners and teams
   - ICBs will use evaluation and co-design deliberative and inclusive dialogue with people and communities, to ensure user feedback mechanisms are embedded in how commissioning decisions are made

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Questions and discussion