



Integrated Care Board (ICB) Commissioning of Ambulance Services

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About this document

This brief guide sets out minimum expectations for Ambulance Trusts and Integrated Care Systems (ICSs) in England as they co-design new ICB¹ arrangements for the commissioning of ambulance services, based on feedback from national stakeholder engagement during 2021. It should be viewed as an interim document for action pending the outcome of an ongoing Urgent and Emergency Care strategy review.

Key points

- Ambulance services operate on a regional geographical footprint and will therefore, in almost every case, be required to deliver services across multiple ICS boundaries
- Having multiple-ICBs within their geography risks duplication and fragmentation in ambulance commissioning – with a need for a conscious, collaborative effort from ICBs within the ambulance service geographical boundaries to ensure that ambulance service commissioning is coherent and has appropriate and proportionate governance in place.
- Engagement with the ambulance sector during 2021 has identified a strong preference for a multi-ICB commissioning arrangement that covers the entire footprint of the respective ambulance service, taking an explicitly shared responsibility for planning and decision-making.
- With clear commissioning arrangements agreed and in place, ambulance services can best leverage their unique position and knowledge of the community and UEC system, taking a leading role in the delivery, improvement, and transformation of out of hospital services and integrated urgent care across ICSs - in support of the four core purposes of the ICS.

Action required

- All ambulance services should co-design and agree with their respective ICBs a commissioning approach that reflects, as a minimum, the expectations set out in this guidance
- We recommend therefore, as a minimum, that ambulance commissioning is brought together according to the ambulance services' current geographic boundaries, through multi-ICB governance structure, such as a joint committee (or as locally determined by those respective ICBs), to agree the commissioning of core 999 services.
- Ambulance services should work collaboratively with their ICBs to ensure any approach is consistent also with respective ICB annual and multi-year plans as they emerge
- All ambulance services, working collaboratively with ICBs and system partners should continue to progress their engagement with the emerging

¹ “The ICB will take on the NHS commissioning functions of CCGs as well as some of NHS England’s commissioning functions. It will also be accountable for NHS spend and performance within the system.” See <https://www.gov.uk/government/publications/health-and-care-bill-factsheets/health-and-care-bill-integrated-care-boards-and-local-health-and-care-systems>

provider collaborative landscape and key ICS/ICB implementation actions as required locally

Other guidance and resources

- ICS Design Framework
- ICS guidance: Working together at scale: guidance on provider collaboratives
- Interim guidance on the functions and governance of the integrated care board
- National Urgent and Emergency Ambulance Services Specification

Context

The Health and Care Act² received Royal Assent on 28 April 2022. This puts Integrated Care Systems (ICSs) on a statutory footing and creates integrated care boards (ICBs) as new NHS bodies, which were legally established as of 1 July 2022.

The legislative framework is permissive and provides for a high degree of flexibility for systems to work in a way that suits local circumstances. It also sets out the expectations for ICBs that will bring together the NHS locally to improve population health and care.

The NHS ICS Design Framework published in June 2021 set the direction of travel for system integration and provider collaboration. The Design Framework described the core purpose of an ICS is to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

The Framework recognises that further guidance may be needed during this initial period to assist commissioners and providers on more complex arrangements, which may include supra-ICS commissioning of services, such as for ambulance services.

This document should be read alongside the published and emerging NHS ICS Guidance, and should be used to guide conversations and positioning between ambulance providers and their commissioners, with a clear focus on working through these opportunities and challenges in the spirit of co-design, co-production, and collaboration across the system. The commissioning scope and process will also need to be informed by the associated National Urgent and Emergency Ambulance Services Specification.

This NHS England Guidance has been informed by key ambulance sector stakeholders such as the Association of Ambulance Chief Executives (AACE), NHS Confederation (NHS Confed), National Ambulance Commissioners Network (NACN), and ICS Leads Network, along with national NHS England ICS policy, finance and

² <https://bills.parliament.uk/bills/3022>

legal teams, who have come together to discuss and provide more detail on ambulance specific issues for commissioners and providers to consider. The outcomes of these discussions form the basis of this paper, which is not exhaustive, and with further consideration needed specifically on the implications for ambulance services in terms of system oversight, and financial flows.

A multi-ICS approach to the co-design of ambulance service delivery

ICBs and ambulance services have an equally important role to play in co-designing and collaborating to generate new commissioning arrangements that can release opportunities for patients and services presented by the emerging ICB plans.

For those commissioning ambulance and wider urgent and emergency care services, and the providers themselves, this means a clear understanding of how they can support the delivery of the four core ICS purposes of:

- **Improving outcomes** in population health and healthcare e.g. ambulance services have a significant contribution to make out as set out by PHE and AACE in ['Developing a public health approach in ambulance services'](#).
- **Tackling inequalities** in outcomes, experience and access e.g. achieving a consistent clinical offer across the footprint, with equitable access to services
- **Enhancing productivity** and value for money e.g. reducing unwarranted variation; reducing avoidable conveyance
- Help the NHS support broader **social and economic development** e.g. share data at regional and ICS levels to support system developments to reduce health inequalities and target specific areas of deprivation / health concerns

Ambulance services are well placed to contribute to each of these outcomes, and their current 'system wide' approach is already an intrinsic way of working for ambulance services, who are already typically operating at scale across CCGs. In the emerging ICS landscape, the benefits of retaining this 'commissioning at scale' approach includes:

- Ensuring patients are directed to the right service, first time, regardless of ICB operational and financial 'boundaries', leading to patient-centric services and outcomes
- Ensuring that each of the constituent ICBs are able to be actively and visibly part of the commissioning governance arrangements and associated contract(s) for 'at scale' services, along with bespoke commissioning if required relative to a specific ICB or place-level service (e.g. to support health services or pathways in a specific geographical area of social or health deprivation not relevant for other parts of the ambulance service footprint).
- Cross-system ownership of ambulance service performance and factors which may impact upon this, such as hospital handover delays

- Reduction of unwarranted variation in ambulance service operational delivery and national critical infrastructure resilience and interoperability.
- Benefitting from the ambulance services' knowledge of cross-cutting ICB opportunities including local, place-based service provision and sharing of successful care models and pathways,
- The ability to ensure capital allocation decisions pertinent to ambulance services are made on an ambulance service footprint with agreed ICB owners
- National and regional oversight of system resilience within ICSs e.g. in terms of service provision; workforce planning

A more consistent commissioning approach for ambulance services will enable services to balance delivery of ICS and place-based priorities for urgent & emergency care with the critical national responsibilities of services including:

- The delivery of national ambulance requirements and standards i.e. ambulance quality indicators, interoperability with other 'blue light' emergency services
- The delivery of core performance KPIs as required by the nationally mandated ARP delivery standards which are delivered at a regional, not ICS level
- National minimum EPRR and resilience standards, national capabilities (HART) and emergency preparedness level, including the provision of mutual aid to other ambulance services when necessary
- Fulfilling ongoing ambulance improvement work such as the operational productivity recommendations from the Lord Carter review; NHS Long Term Plan Commitments e.g. on stroke / mental health; and reducing avoidable conveyance
- Delivering on the ambulance data set (ADS) as it emerges during 22/23 and digital programmes such as telemedicine
- To ensure, as with all NHS providers, that ambulance services are exercising their functions effectively, efficiently, and economically.

Balancing multi-ICS and place-based response

An inherent challenge for ambulance services working over such large geographies is how to deliver a consistent emergency response at scale, alongside the place-based requirements of local systems. For example, a critical ambulance service role is to effectively deploy its highly skilled frontline staff across broad geographies who can treat on scene, supported, when necessary, by clinicians in Emergency Operations Centres and Clinical Assessment Services. Where conveyance to ED is required, ambulance crews must also navigate across potentially variable UEC offers across the region to deliver effective patient outcomes.

In addition to this, beyond the ED, services are reliant on consistent access to local and place-based pathways to refer patients into as an alternative to conveyance (e.g. falls services, SDEC, urgent community response or virtual wards). Whilst there will be a degree of local variation to address local geography and demographics, increasing consistency in pathways across ICSs will improve system efficiency and operational response.

Minimum expectations: co-designing the delivery of ambulance services through ICSs

Historically ambulance services have been, in general, commissioned on a lead or 'co-ordinating commissioner' model. Whilst the model has worked well for some ambulance trusts when commissioning was on behalf of 20-30 CCGs, feedback from stakeholders has indicated that this approach can lead, in some cases, to a lack of ownership from those commissioners who do not take the lead role. There are reported problems with accessing system capital allocation at CCG level, however noting the benefits of capital investment may be realised elsewhere in the ambulance service geography. As we move away from CCG commissioning to the new ICS framework, with ICB-led commissioning, there is the opportunity to rethink how systems engage with their ambulance trusts to get the optimum contribution through co-design and co-production from their services as part of a holistic strategy for population health management and UEC.

Engagement with the ambulance sector during 2021 has identified a strong preference for a multi-ICB commissioning arrangement that covers the entire footprint of the respective ambulance service, taking an explicitly shared responsibility for planning and decision-making. For some geographies this represent a step-change in system ownership from the lead or co-ordinating commissioner model. We recommend therefore, as a minimum, that ambulance commissioning is brought together according to the ambulance services' current geographic boundaries, through multi-ICB governance structure, such as a joint

committee (or as locally determined by those respective ICBs), to agree the commissioning of core 999 services. These commissioning arrangements should also allow for individual ICB's requirements to be negotiated in parallel, where local needs make this preferable.

We know that in some NHS England regions planning for such multi-ICB arrangements has been underway prior to 1 July 2022, for example focussed on specialised commissioning in addition to ambulance services and integrated urgent care. Where local arrangements make it preferable for ambulance commissioning to be considered alongside other 'at scale' services, such as specialised services, then this would also be supported, provided that ambulance commissioning is given sufficient attention within these governance approaches, and is not 'lost in the noise' of other service commissioning. Systems will want to also consider the potential benefits in shared decision-making across multiple ICBs for ambulance and IUC services, reflective of the benefits of aligned planning and decision-making.

It is for each ICB to determine if the governance arrangements put in place for ambulance services is extended to cover commissioning of other multi ICB providers e.g. mental health and/ or community.

What this could mean in practice is a 'minimum' model for multi-ICB ambulance commissioning with the high-level principles of:

- The creation of a multi-ICB ambulance strategic commissioning arrangement, such as a joint committee, with active participation of all ICBs across the ambulance service footprint, which may include:
 - All ICBs pertinent to a particular ambulance service's footprint represented on a dedicated or multi-issue commissioning governance arrangement – such as a joint committee - with each ICB represented (this may be ambulance specific, wider UEC or specialised commissioning committee), - with each part of the ambulance commissioning 'patch' having an equal voice and enabling a 'single conversation' with ambulance services wherever feasible
 - A host ICB nominated by ICBs within the ambulance service's geography for statutory purposes only (i.e. as Accountable Officer with powers to contract services, coordinate financial resources, and to coordinate any system balance/deficit issues) and to administer the relevant governance on behalf of all relevant commissioners
 - To ensure Scheme of Reservation and Delegation are clear, and in place, as appropriate
 - To determine amongst ICBs how the committee (or other arrangement) can best be chaired and represent the interests of all respective ICBs
 - Ensuring any ambulance commissioning multi-ICB arrangements are ratified in each individual ICB Board meeting as required
 - Regional NHS England membership to provide a regional perspective and challenge on a 'critical friend' basis

- Flexibility on the system or local place level engagement and commissioning of specific additional services (outside of the core 999 service delivery model) that are specific to one ICB only

In addition to 999 core services, as integrated Urgent & Emergency Care continues to develop, ICBs and ambulance providers should continue to support locally driven solutions to support system wide integrated response models. These models should seek to satisfy the longer-term benefits of continuing to transform the operating models at place and system level, to achieve the most effective use of resources across the ICSs. It is recognised that there is no ‘one size fits all’ model from a specification perspective and therefore systems should have the flexibility to develop local solutions as required.

Where an ambulance service footprint is covered by a single ICB, such as in the North East Ambulance Service, the multi-ICB strategic commissioning model is less relevant, however the principles outlined above, and the application of the National Ambulance Urgent & Emergency specification are still applicable.

Commissioners of ambulance services should also consider where the national and regional NHSE teams can add value in service transformation. For example, the NHSE Regional Team role could present significant opportunities to provide a critical friend role to Boards and committees, whilst national NHS England could inform discussions (in collaboration with regions, ICBs, and ambulance sector stakeholders) on annual and longer term investment opportunities.

Ambulance services and engagement with provider collaboratives

NHS Confederation research indicated that ambulance service footprints could put them in the frame for engagement with 15 or more provider collaboratives. There is a practical balance to be found in terms of ambulance leaders having a ‘seat at the table’ and the time demands of engaging with numerous and potentially overlapping ICS sub-groups.

Building on the NHS England guidance from August 2021 “Working together at scale: guidance on provider collaboratives”¹ ICSs and ambulance services, collaborating with key partners, should start to prioritise where their contributions can have greatest impact for patients and system delivery, for example:

- where provider collaboratives would be most effective if e.g. co-chaired or otherwise receiving substantial contributions from ambulance services e.g. on out of hospital issues, aligned with primary care and community service leaders
- at each level of local, regional, and national - where ambulance service engagement is required, perhaps to a lesser degree, but where ambulance services should be ‘at the table’ to help with co-design and co-production of service delivery

Next steps

System partners are encouraged to develop arrangements in line with this guidance to support effective commissioning of ambulance services.

To assist with this NHS England will continue to work with the ambulance sector and ICS/ambulance commissioners, providing support and guidance where this is necessary. Our next priorities will be:

- Refreshing ambulance service commissioning guidance as relevant
- Further work with the sector and NHS England strategic finance colleagues the financial underpinnings of the new ICB commissioning approach as it applies to ambulance trusts e.g. in terms of achieving system balance.
- Facilitating, as needed, national engagement with the ambulance sector on system oversight considerations following the introduction of ICSs

ⁱ <https://www.england.nhs.uk/wp-content/uploads/2021/06/B0754-working-together-at-scale-guidance-on-provider-collaboratives.pdf>