

# **Integrated care system White paper Briefing**

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# White paper : integration and innovation

On 11 February 2021, the government published a [white paper](#) setting out proposed reforms to health and care. Many of the measures introduced under David Cameron's government through the Health and Social Care Act 2012 are set to be abolished, with a broad move away from competition and internal markets; towards integration and collaboration.

The Bill is set to be brought forward in the next, rather than current, parliamentary session. This means the timing is unclear at this stage, but is likely to be in early summer.

The **White paper** proposed that, subject to legislation, integrated care systems (**ICS**) will:

- Become statutory NHS organisations
- Incorporate the functions of current CCGs and some of NHS England
- Have two boards –an **NHS ICS Board**; and a **Health and Care Partnership Board**
- Take effect from 1 April 2022 (subject to legislation being passed) with shadow operation likely to be from October 2021

**Future focus of Health and Care, working in partnership to:**

- Improve population health and healthcare;
- Tackle unequal outcomes and access;
- Enhance productivity and value for money; and
- Help the NHS to support broader social and economic development.

# Social care

- The government says that reforms to social care and public health will be dealt with later in 2021 outside the Health and Care Bill addressed in the white paper, with some minor exceptions. These reforms have been long promised and are long overdue.
- There will be oversight of the provision and commissioning of social care, including embedding local authorities in ICSs, through health and care partnerships and a formal duty for ICS NHS boards to have regard to health and wellbeing board plans.
- There will be a new duty for the CQC to assess local authorities' delivery of adult social care and empowering the Secretary of State to intervene where there is a risk of local authorities failing to meet social care duties.
- A new social care payment power for DHSC will be introduced, overturning statutory limitations preventing the Secretary of State from making payments to all social care providers.
- There will be greater flexibility when discharging patients from a hospital to a care setting for assessment, putting in place a legal framework for 'discharge to assess', allowing NHS continuing healthcare and Care Act assessments to take place after discharge from acute care.
- A standalone power for the Better Care Fund will be created, separating it from the NHS mandate setting process.

# Public Health- including the proposed changes

- There will be a new Secretary of State power to direct NHS England to take on specific public health functions (complementing the enhanced general power to direct NHS England on its functions).
- Further restrictions on the advertising of high fat, salt and sugar foods will be introduced, as well as a new power for ministers to alter certain food labelling requirements to help tackle obesity.
- The responsibilities for the fluoridation of water in England, including consultation responsibilities, will be moved from local authorities to central government.
- A consultation has just finished about the relationship of the newly established UK Health Security Agency – which has many of PHE health protection functions – and local and regional systems and the wellbeing function of Public Health England, much of it will be located in a new Department reporting into the Chief Medical Officer in DHSC and some into NHS England. ( later in the year)

# ICS Health and Care Partnerships

- ICS Partnerships will be responsible for **developing a plan that addresses the wider health, public health and social care needs** of the system.
- Members of the ICS Health and Care **Partnership can be drawn from Health and Wellbeing Boards within the system, partner organisations** with an interest in health and care (including Healthwatch, voluntary and independent sector partners, social care providers and for example housing providers).
- **Each system will set up** its Health and Care Partnership and membership
- **Guidance to support the establishment of these partnerships** will be developed with NHSEI and the Local Government Association
- **All NHS and LA's will have a duty to collaborate** across the healthcare, public health and social care system.
- **The ICS will work closely with local Health and Wellbeing Boards-** as 'place-based' planners, -, the ICS NHS Body will be required to have regard to the Joint Strategic Needs Assessments (JSNAs)/Joint Health and Wellbeing Strategies

# The role of ICS NHS body

- The ICS NHS body will be responsible for:
  - **Strategic planning** to meet the health needs of the population and being accountable for the health outcomes of the population
  - The commissioning functions of CCG's and some of those of NHS England
  - Developing a **capital plan for NHS providers**
  - **Securing the provision of health services** to meet the needs of the system population
- Each **ICS NHS body will be directly accountable for NHS spend and performance** within the system allocative functions will be held by the NHS Body. **It will be able to delegation place and provider collaboratives**
- The ICS NHS body will be **responsible for the day to day running of the ICS**
- **The ICS NHS board will, as a minimum**, include a chair, the chief executive and representatives from NHS trusts, general practice and local authorities, with others determined locally.
- **Place-based arrangements will be left to local organisations to arrange.**

# Place will have four main roles

1. To **support and develop primary care networks** (PCNs) which join up primary and community services across local neighbourhoods.
2. To **simplify, modernise and join up health and care** (including through technology and by joining up primary and secondary care where appropriate).
3. To understand and identify – using population health management techniques and other intelligence – **people and families at risk of being left behind and to organise proactive support for them**; and
4. To **coordinate the local contribution to health, social and economic development** to prevent future risks to ill-health within different population groups.

## **In addition, places are responsible for:**

- **Ensuring the full involvement of all partners** who contribute to health and care in place.
- Putting in place **important links with other public or voluntary services** that have a big impact on residents' day-to-day health, such as by improving local skills and employment or by ensuring high-quality housing.
- **Delivery of place plans** in partnership with NHS providers, local government, primary care and the voluntary sector working together in each place in ICSs, built around primary care networks (PCNs) in neighbourhoods.

# Croydon context

Each of SWL's six boroughs have been asked to identify a 'Transition Team'. In Croydon, the new Senior Executive Group (reporting to the Shadow Health and Care Board) will carry out this function alongside its other duties. The specific representative roles in that group are:



Place	NHS Primary Care Lead	NHS Acute Care Lead	NHS Community Lead	Local Authority Lead	NHS Mental Health Lead	NHS Transition Place based lead
<b>Croydon</b>	Agnelo Fernandez/ Bill Jasper	Mathew Kershaw	Mathew Kershaw	Annette McPartland	James Lowell (Chief Operating Officer, SLAM)	<b>Mathew Kershaw</b>

- In Croydon Place-based working is already well-advanced through the One Croydon Alliance.
- The message from SWL colleagues is that we should press on with:
  - Transformation of health and care on the ground
  - Refreshing/clarifying the outcomes we want to achieve, as these will form the basis of our contract with the ICS in the future.
- We are continuing to evolve our structures, including consideration of the place of GPs and the voluntary sector, and testing a health and care pooled budget in shadow form.

# Croydon focus

Each local transition team have been asked to begin to meet a focus on a number of key development areas:

1. Begin work across each local placed based partnership to **identify and develop a 6,12-and 18-month programme** to deliver place requirements outlined in the White paper.
2. Reviewing and developing **revised Local Health and Care Plans** built on locally identified priorities and linked to expected national planning guidance.
3. Set **clear expected outcomes** for place priorities and actions so that their impact may be tracked.
4. Engaging in the **Strengthening Communities Programme Group** to think through in more detail the approach to place-based development, share learning and support the system wide development of place-based arrangements.

# How we are implementing the tasks

One Croydon is in a very strong position to implement the developments required. **The One Croydon Alliance** has been operating for over three years and its strong partnership is underpinned by a robust integrated whole system Governance Structure. In April 2020 Croydon implemented a joint governance structure for the **aligned CHS and Local CCG**.

The One Croydon **Senior Executive Group** will undertake the function of the **Croydon Transition Group** and oversee the implementation of the four tasks, to be undertaken by the **System Design Group**; this group builds on the success of the Shadow Health and Care Budget Group.

## 1. Develop a 6,12,18 month programme

- A Place Partnership exists through the One Croydon Alliance
- The Workplan for the System Design Group will be completed by Q1 to include milestones:
  - Oct 21 – Shadow ICS (identified and commence testing delegations)
  - April 22 – go live (any variations to governance/Alliance Agreement)
- There will be a focus on PCN Development
- The Shadow Health and Care Budget for 21/22 and will test joint decision making including
  - Shift resources for improved outcomes
  - Whole system budget management
  - Model risk share scenarios

## 2. Review and revise the Health and Care Plan

- The current plan was developed jointly across the whole health and care system
- Resources currently being sourced to support the refresh
- The plan to refresh will be jointly undertaken & includes how we will:
  - Review progress
  - Review Performance
  - Refresh the ambitions
  - Meet the 1<sup>st</sup> October deadline
- There will be a focus on engagement with patients and people
- A greater focus on how we reduce inequalities and improving our ability to measure impact on these

## 3. Set clear expected outcomes

- Performance against Outcomes for the current Health and Care plan will be reviewed
- The One Croydon Outcomes Framework will be reviewed by the Quality and Performance Group to reflect new methods for monitoring outcomes
- One Croydon is developing better outcomes monitoring for social prescribing
- The Healthy Communities Together programme will strengthen the ability to monitor outcomes
- The Community Led support approach enables monitoring of impact on people's personal outcomes

## 4. Engage in Strengthening Communities

- Croydon will be actively involved with the programme board and share experiences of what is happening at Croydon place

# Further reading

- This [report](#) by The King's Fund considers the potential of place-based partnerships to improve population health and support truly integrated care, and highlights principles to guide their development and the support they might need from national and regional leaders. The report also explores the implications of these ways of working for the development of ICSs and for national bodies and regional teams as they approach the next stages of policy development and support for integrated care.
- A recent report by NHS Confed, [Legislating on the future of health and care in England](#), outlines the views of healthcare leaders on the [white paper](#), the implications for the forthcoming health and care bill and a set of recommendations to government as it develops the the legislation.
- One of the lessons learned from the COVID-19 pandemic is that people need support joined up across local councils, the NHS and voluntary and community organisations. This [video](#) explains how ICSs embed this collaboration, helping local services respond to the challenges of the pandemic and beyond.
- In this [report](#), The Department of Health and Social Care (DHSC) sets out reforms to the public health system in England, focusing on structural reforms and inviting opinions to help shape its future. DHSC will publish a further update later in 2021 with final details on design, structure and implementation, and will also set out plans for the policies, delivery and outcomes for the reformed system to drive and deliver.
- This [webinar](#) looked at the role of ICSs in enabling people who use services to gain more control over their own health and care – ensuring people are at the heart of health and care services. The webinar explored what needs to happen at place and system level, with discussion on the importance and impact of giving service users more choice and how ICSs can create the right partnerships to support an increase in personalised care, social prescribing and community-based support.
- As part of NHSE/I development of integrated care systems, in partnership with the King's Fund, Stephen Rosenthal, Senior Vice President for Population Health Management at Montefiore, New York, talks about improving the health of deprived communities as part of a [series of interviews](#) with health and care leaders around the world.