

NHS ENGLAND NEXT STEPS FOR INTEGRATED CARE SYSTEMS

1. DETAIL

- 1.1. The development of Integrated Care Systems (ICSs) since 2018 has enabled NHS organisations, local councils, frontline professionals and others to join forces to plan and provide around residents' needs as locally as possible.
- 1.2. The NHS Long Term Plan (2019) set out a widely supported route map to tackle the greatest health challenges, with the development of ICSs integral to this ambition. This was further supported through practical guidance to ICSs in *Breaking Down Barriers to Better Health and Care (2019)* and *Designing ICSs in England (2019)*.
- 1.3. In September 2019, NHSEI made a number of recommendations for an NHS Bill that included a firmer foundation for system working than the existing legislation (the National Health Service Act 2006 and the Health and Social Care Act 2012). These recommendations to Government and Parliament for legislative change (2019) aimed to remove current legislative barriers to integration across health and social care bodies, foster collaboration, and more formally join up national leadership in support of the Long-term Plan ambitions.
- 1.4. NHS Bodies (NHS England, ICS's and Providers) will have a duty to achieve the triple aims of the NHS Long Term Plan:
 - 1) Better health and Well Being for Everyone
 - 2) Better quality of health services for all individuals, and
 - 3) Sustainable use of NHS Resources
- 1.5. The ambition for how all parts of the health and care system can work together was laid out and the following key areas highlighted:
 - Stronger partnerships in local places between the NHS, Local Government and others with a more central role for primary care in joined-up care.
 - Provider organisations being asked to step forward in more formal arrangements to enable them to work at scale.
 - Developing strategic commissioning through systems with a focus on population health outcomes.
- 1.6. On 26th November 2020 "Next Steps Towards Integrated Care" was launched with a consultation / engagement period open until the 8th January 2021. A copy of the report can be found at **Appendix A**.

- **Local Government Association (LGA)**

- 1.7. The LGA response to the White Paper states that it provides a promising base on which to build a more collaborative culture. It sets out a clear direction of travel for enabling NHS Organisations to work more effectively together, and for the NHS to work as an equal partner with Local Government. The critical role of Local Government to the Health and Well Being of our communities has been fundamental to the LGA Lobbying and influencing message.
- 1.8. The LGA note that they are pleased that the Government has acted on Local Government's call for collaboration to achieve two linked but distinct objectives: integration within the NHS to join up care and support; and equal partnership between the NHS, Local Government and other partners to both address the wider determinants of health and deliver better and more coordinated health and care services for people.
- 1.9. The LGA will continue to work with Government to ensure there us clarity regarding the respective roles and responsibilities of the proposed ICS NHS Statutory Bodies and the ICS Health and Care Partnerships, including how they:
 - Relate to Health and Well Being Boards and Integrated activity at a local level; and
 - Support Local Leaders in developing arrangements that works best for local areas.
- 1.10. The LGA welcome the renewed focus on the importance of the Local Government Footprint, particularly:
 - Recognition that this is the place at which real change happens
 - The commitment that existing local partnerships and democratic structures should be based on local government place
 - The expectation that Integrated Care Systems (ICS's) will delegate functions to place-level partnerships.
- 1.11. The LGA highlight some concerns in relation to Public Health, Since the transfer of Public Health to Councils in 20`3, Local Government has proved that Public Heath is more effective and appropriate to local health challenges which it is locally led. Locally led Public Health Teams have play a vital role in responding to the pandemic. Furthermore, local Public Health Leaders have a crucial role to play in ensuring that local strategies for Health and Wellbeing have the promotion of Health, Wellbeing, Independence and resilience at the core.
- 1.12. The White Paper includes a range of proposals to improve Social Care, Public Health and Quality and Safety. The document emphasizes that the additional proposals are intended to address specific issues identified during the pandemic, and which require primary legislation. It also notes that the reforms to Social Care and Public Health will be dealt with separately to the White Paper with the introduction of a Health and Social Care Bill to Parliament in 2021 so that the measures can be implemented in 2022.

2. CONCLUSION

- 2.1. The Proposals in the White Paper will boost efforts to integrate patient/citizen care to build a more collaborative culture. It sets out a clear direction of travel for enabling NHS organisations to work more effectively together, and for the NHS to work as an equal partner with Local Government.

3. RECOMMENDATIONS

3.1. Members of the Health and Well Being Board to note the report and further updates will be shared when available.

4. CONSIDERATIONS

4.1. In **Appendix B** there is a link to the full document which outlines five specific recommendations following the end of the consultation on 8th January 2021. The recommendations are as follows:

- 1) The Government should set out at the earliest opportunity how it intends to progress the NHS's own proposals for Legislative change.
- 2) ICS's should have a clear statutory footing, but with minimum national legislative provision and prescription and maximise local operational flexibility, legislation should not dictate place-based arrangements.
- 3) ICS's should be underpinned by an ICS Statutory Body and a wider Statutory Health and Care Partnership. Explicit provision should also be made for requirements about transparency.
- 4) There should be more local flexibility as to how an ICS Health and Care Partnership is constituted, for example using existing arrangements such as existing ICS Partnership Boards or Health and Well Being Boards where these work well.
- 5) Enable the transfer of primary medical, dental, ophthalmology and pharmaceutical services from NHS England to the ICS Body. Provision should also enable the transfer or delegation by NHS England of appropriate or specialized Public Health Services currently commissioned. NHS England should also retain the ability to specify national standards or requirements for NHS ICS's in relation to any of these existing direct commissioning functions.

5. FINANCIAL IMPLICATIONS

None identified at this stage.

6. LEGAL IMPLICATIONS

There is an assumption that once the proposal has been finalized an equality impact would be undertaken by NHS England at a national level and a subsequent assessment at borough level.

7. RISK ASSESSMENT

It is too early to highlight any potential risks, ongoing monitoring as ICS Legislation moves forward.

8. CONSULTATION

No detailed information or timeline regarding next steps in ICS's become law in April 2022

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APPENDIX A



integrating-care-next
-steps-to-building-str

APPENDIX B



5 Recommendations
ICS