

Integration and innovation: working together to improve health and social care for all

Overview of Government White paper setting out legislative proposals
for Integrated Care Systems and what this means for NEL

Update for the ONEL JOSOC meeting, 16 March 2021

White paper - key points to note

The white paper outlines plans to build on the 2019 NHS Long Term Plan and proposes the following:

- **Improving accountability in the system.** A merged NHS England and NHS Improvement will be placed on a statutory footing and will be designated as NHS England.
- **Legislate for integrated care systems**, focusing on integration within the NHS to remove boundaries to collaboration as well as integration involving greater collaboration between the NHS and local government and wider partners
- NHS and local authorities will be given a **duty to collaborate** with each other
- **ICS's will be put on a statutory footing** comprising of an ICS health and care partnership bringing together the NHS, local government and partners alongside an ICS NHS body which will be responsible for the day to day running of the ICS
- A key responsibility for these systems will be to support **place-based joint working** between the NHS, local government, community health services, and other partners such as the voluntary and community sector.
- There are also measures around **reducing bureaucracy** (a focus on changes to competition law and procurement) and improving accountability (more powers for the Secretary of State over NHS England)

ICS legislation

- A statutory ICS will be formed from
 - NHS ICS body
 - ICS health and care partnership

| Integrated Care System | |
|---|---|
| NHS ICS body | Health and care partnership |
| <p>Will merge some of the functions currently being fulfilled by STPs with the functions of a CCG and will be responsible for:</p> <ul style="list-style-type: none">• Day to day running of the ICS• Developing a plan to meet the health needs of the population within their defined geography;• Developing a capital plan for the NHS providers within their health geography;• securing the provision of health services to meet the needs of the system population | <p>Will bring together health, social care, public health (and potentially representatives from the wider public space where appropriate, such as social care providers or housing providers) and be responsible for:</p> <ul style="list-style-type: none">• developing a plan that addresses the wider health, public health, and social care needs of the system• the ICS NHS Body and Local Authorities will have regard to that plan when making decisions. |
| <p>A key responsibility for ICSs will be to support place-based joint working between the NHS, local government, community health services, and other partners such as the voluntary and community sector as well as delegate to emerging provider collaboratives</p> | |

NHS ICS body

- Each ICS NHS body will have a unitary board, and this will be directly accountable for NHS spend and performance within the system, with its Chief Executive becoming the Accounting Officer for the NHS money allocated to the NHS ICS Body.
- The board will, as a minimum, include:
 - A chair and the CEO
 - Representatives from:
 - NHS trusts
 - general practice
 - local authorities
 - others determined locally for example non-executives.
- NHSE will publish further guidance on how Boards should be constituted, including how chairs and representatives should be appointed.

Health and care partnership

- Members of the ICS Health and Care Partnership could be drawn from a number of sources including:
 - Health and Wellbeing Boards within the system
 - partner organisations with an interest in health and care (including Healthwatch, voluntary and independent sector partners and social care providers)
 - and organisations with a wider interest in local priorities (such as housing providers).
- ICS should set up a Partnership and invite participants – local areas can appoint members and delegate functions to it as they think appropriate.
- The ICS Health and Care Partnership could also be used by NHS and Local Authority Partners as a forum for agreeing co-ordinated action and alignment of funding on key issues

Clinical leadership - ICSs will also need to ensure they have appropriate clinical advice when making decisions.

How the ICS will work

Financial remit - a duty will be placed on the ICS NHS Body to meet the system financial objectives which require financial balance to be delivered. The ICS NHS Body will not have the power to direct providers but arrangements will be supplemented by a new duty to compel providers to have regard to the system financial objectives so both providers and ICS NHS Bodies are mutually invested in achieving financial control at system level.

Duty to collaborate - placed on NHS organisations (both ICSs and providers) and local authorities with the Secretary of State for Health and Care to be able to issue guidance on what delivery of this duty means

Triple Aim duty on health bodies, including ICSs focused on: better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources.

Joint committees - proposing to create provisions relating to the formation and governance of these joint committees and the decisions that could be appropriately delegated to them; and separately, allowing NHS providers to form their own joint committees. Both types of joint committees could include representation from other bodies such as primary care networks, GP practices, community health providers, local authorities or the voluntary sector.

Collaborative commissioning – focus on working across ICS boundaries allowing services to be arranged for combined populations - allow ICSs to enter into collaborative arrangements for the exercise of functions that are delegated to them, enabling a "double-delegation".

Patient voice – role of Healthwatch and others in strengthening patient voice at place and system levels – focus on genuine co-production

What this means for North east London

- These proposals are broadly in line with our direction of travel. We have a strong history of partnership working in NEL and our collective response to the Covid-19 pandemic, across health and care has demonstrated the strength of this approach
- We have established strong borough based working and integrated care partnership working across boroughs where it makes sense and place based working will be at the core of our ICS and the proposed legislation supports us to continue to do this
- We have also already been establishing strong provider collaboratives between our acute providers and we have a community based out of hospital collaborative which brings together mental and community health services, as well as a reducing health inequalities collaborative and a primary care collaborative to and these form a key part of our ICS approach
- In April 2021 our seven CCGs will become one single CCG for NEL, we will still be establishing our ICS board and reviewing our clinical leadership and focusing on reducing health inequalities. We are expecting further guidance and will continue to work with our partners to shape the emerging governance structures and priorities

A locally focused approach

- The borough based partnerships are the building block of local decision-making and will each have a local partnership board.
- Where there is benefit in working across larger footprints, especially around transformation of acute pathways, our Integrated Care Partnerships bring all partners together to improve services.
- The vast majority of responsibility will be delegated down to the local level, but NEL ICS will maintain some functions where it is appropriate to operate at scale.

People at the heart of everything we do

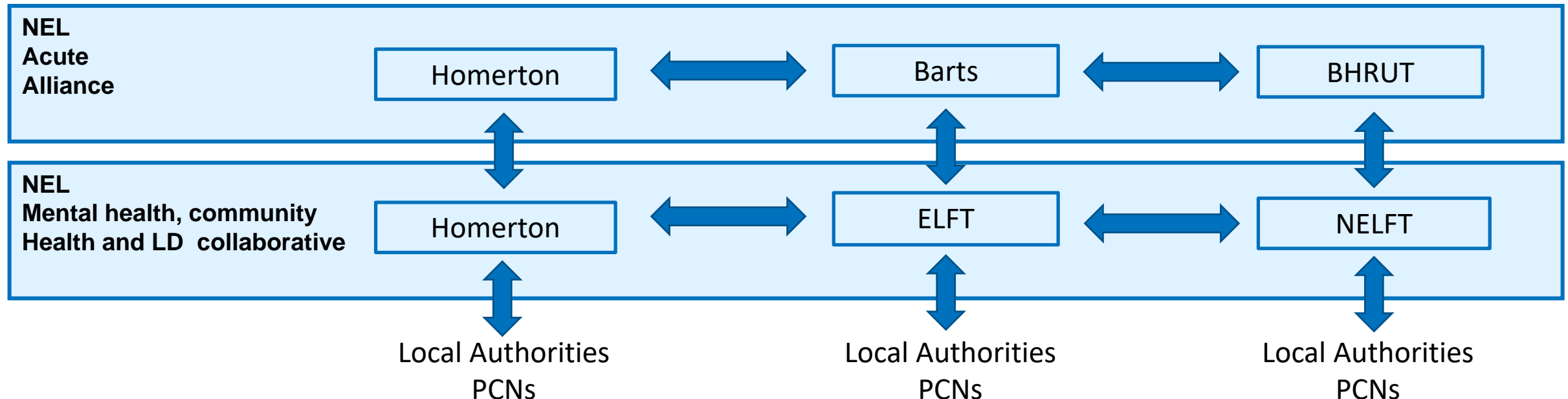
We are committed to:

- Exploring opportunities for co-design and co-production
- Establishing an oversight group of experts to support change programmes
- Looking at how we can involve local people with lived experience in the transformation of health and care services
- Involving community and voluntary services and look at how we involve and inform critical friends
- Where significant change is required, a public consultation process would ensure further engagement opportunities for local people.

Provider collaboration

NHS provider trusts will be expected to be part of provider collaboratives, in order to:

- deliver relevant programmes on behalf of all system partners;
- agree proposals developed by clinical and operational networks, and implement resulting changes (from standard operating procedures to wider service reconfigurations);
- challenge and hold each other to account through agreed systems, processes and ways of working, e.g. an open-book approach to finances/planning;
- enact mutual aid arrangements to enhance resilience, for example by collectively managing waiting lists across the system.



Expected timeline

- The Bill is likely to go through Parliament in the summer, with Royal Assent expected by January 2022.
- We will be aiming to move in to a transition phase in NEL from September 2021.