

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

**Scrutiny Committee, 3 March 2021**

# Integrating care – a case for change

- In many instances across the country, health and care services remain too fragmented to meet the needs of our population, with historic divides between organisations and sectors. Learning from Covid-19 has further highlighted the importance of collaboration.
- Building on the NHS Long Term Plan, in November NHS England and Improvement published '***Integrating care – next steps to build strong and effective integrated care systems across England***', to which we submitted a response on behalf of Somerset.
- Based on feedback to the '*integrating care*' paper, on 11 February 2021 the Department of Health and Social Care released a [White Paper](#), '***Integration and innovation: working together to improve health and social care for all, setting out plans for a Health and Care Bill***' with the stated aims of making integrated care the default, reducing legal bureaucracy, and better supporting social care, public health and the NHS.
- It is thought that a Bill will be brought forward in the next parliamentary session (likely early summer) with possible implementation by April 2022.

# Integration and innovation: working together to improve health and social care for all – summary of White Paper

In summary the key proposals are:

- The creation of statutory Integrated Care Systems (ICS), made up of an NHS Body and a Health and Care Partnership.
- To introduce a duty to collaborate across health, public health and social care.
- To scrap mandatory competitive procurements. Under the proposals, the NHS will only need to tender services when it is thought this will lead to better outcomes for patients.
- The Competition & Markets Authority no longer involved in NHS significant transactions.
- Formally merging NHS Improvement into NHS England.
- A package of social care measures; assurance and data sharing, powers for Secretary of State to directly make payments to adult social care providers, and creating a standalone Better Care Fund.
- A range of public health measures; the introduction of new requirements about calorie labelling on food and drink packaging and the advertising of junk food before the 9pm watershed and streamlining the process for the fluoridation of water.
- There are other pieces of related legislation in the pipeline. These include specific proposals on social care and public health.

# Configuration and key functions

The **ICS NHS Body** will be responsible for:

- 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.

The ICS NHS Body will incorporate functions currently held by clinical commissioning groups (CCGs) and several of NHS England's specialised commissioning, primary care and other directly commissioned services functions.

## **ICS Health and Care Partnership**

This Partnership will be tasked with promoting partnership arrangements, and developing a plan to address the health, social care and public health needs of their system to improve population health outcomes and tackle health inequalities.

# The journey – vision, strategy and the STP

In Somerset we are well prepared for these changes. We started our journey four years ago with creation of our Sustainability and Transformation Partnership (STP), founded on our Fit for my Future Strategy:

## Vision

We want people to live healthy independent lives, supported by thriving communities with timely and easy access to high quality and efficient public services when they need them.

## Objectives

1. Enable people to live healthy independent lives, to prevent the onset of avoidable illness and support active self management.
2. Ensure safe, sustainable, effective, high quality, person-centred support in the most appropriate setting.
3. Provide support in neighbourhood areas with an emphasis on self management and prevention.
4. Value all people alike, addressing inequalities and giving equal priority to physical and mental health.
5. Improve outcomes for people through personalised, co-ordinated support.

# The journey – designation as an ICS

In December 2020, the Somerset STP was formally designated as an ICS.

In awarding ICS status, NHS England and Improvement recognised the strength of the Somerset partnership and the shared vision for people of Somerset to be able to live healthy and independent lives, within thriving communities.

Being designated as an ICS signals a commitment across health, care and the voluntary sector to work together to achieve our strategic aims. Currently, it does not change existing statutory accountabilities or individual organisations' governance.

We have developed excellent relationships with our partners at all levels and across all sectors – thank you for your role in this work. Just some of the many examples are captured on the next slide.

# The journey - progress so far

- Shared strategic vision, and joined-up priorities around responding to Covid-19, meeting winter demand, addressing inequalities, delivering the vaccination programme etc.
- Good examples of partnership working as part of the Covid-19 response and beyond, e.g., intermediate care services and rapid response, shared staffing arrangements etc.
- Strong relationships between system partners, including health, local authority, primary care and the voluntary, community and social enterprise sector (VCSE).
- Local collaborative working arrangements with health and care neighbourhood teams working together with primary care networks.
- Good system relationships / engagement and a culture of openness, support and constructive challenge.
- Skilled system leadership (ICS Leader and Chair in post substantively).
- Established an ICS Board, which is functioning well, and emerging supporting governance.
- Somerset wide plans developed to address workforce, estates and digital infrastructure.
- Collective approach to operational and financial planning; focusing on doing the right thing for the people of Somerset.
- Simple ICS configuration, e.g., co-terminus CCG/Local Authority boundaries.

# Discussion points

- We have made good progress over the past few years to improve services and provide more joined-up care and this puts us in a good position. As we move forward, we will look to build on the best of what we have achieved so far in the context of the legislative measures and in the best interests of the people we serve.
- We welcome the ambition set out in the White Paper to create a flexible, permissive legislative framework that aims to remove barriers to collaboration and enable more joined-up care. The emphasis of the White Paper on collaboration and moving away from a competitive model of working will better support partnership working across health and care.
- The move to amend the legislative framework will result in a significant structural, and cultural shift in ways of working within the health and care sector – at a time of unprecedented operational pressure.
- The new proposal for ICSs to be made up of a wider health and care partnership and a statutory ICS NHS body, is helpful in ensuring ICSs are comprised of partners across the system rather than being entirely NHS focused in scope. However, this dual arrangement raises new questions about how the two bodies will work effectively together in practice and the accountability arrangements.
- As this proposal around the configuration of ICSs is a combination of the two options in the '*integrating care*' paper, and has not been subject to engagement itself, clearly we now need to spend time reflecting on these proposals in the context of our own relatively simple system to ensure we develop the best model for Somerset.



Discussion and questions?

