

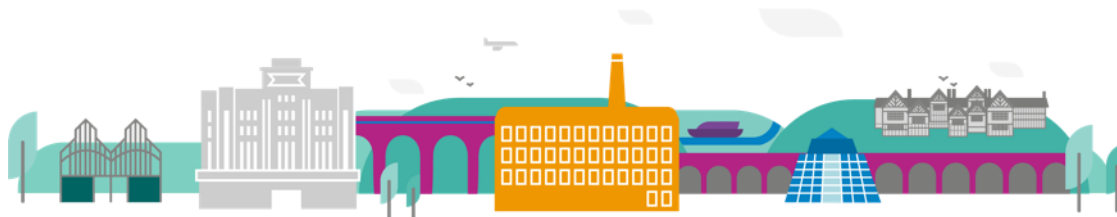
Integration and Innovation: working together to improve health and social care for all

- Health & Care White Paper - published on 11th February
<https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all>
- Detailed proposals for NHS and local government partnerships in integrated care systems (ICS), capture learning from and response to Covid.
- Dual arrangements for ICS NHS body and ICS Health and Care Partnership – with mainstream role for councils.
- Potential for ensuring that health and care systems can take a broad view of integration, prevention and tackling the social determinants of health, in addition to sound governance.
- Emphasis on the “primacy of place”...but also increased power for SoS.
- Proposals will be set out in a Health and Care Bill, with legislation in place for implementation in 2022.
- Questions remain about the ongoing relationship between health and social care.
- Still waiting for proposals on future funding and reform of social care (due this year).



Key themes from the White Paper

- **Working together to integrate care – statutory ICSs with “dual structure” governance arrangements**
- Reducing bureaucracy – removing requirements on competition and procurement in the NHS.
- Improving accountability and enhancing public confidence – the formal merger of NHS England and NHS Improvement and new powers for the Secretary of State (SoS).
- Additional proposals – many related to public health and adult social care.



Working together to integrate care

Two forms of integration proposed;

- 1. Removing barriers** within the NHS and making “working together an organising principle”.
 - NHS bodies (NHSE, ICSs and providers) will have a “triple-aim” duty of better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources.
 - Alignment of NHS bodies around common set of objectives
 - Strong engagement with local communities.
- 2. Greater collaboration** between the NHS and local government (and wider delivery partners) to improve health and wellbeing outcomes for local people.
 - Broad “duty to collaborate” across the healthcare, public health and social care system.
 - Re-balance individual duties and interests – councils and NHS bodies will work together in the ICS under one system.
 - Secretary of State to have powers to issue guidance on how the duty may work in practice.

Governance

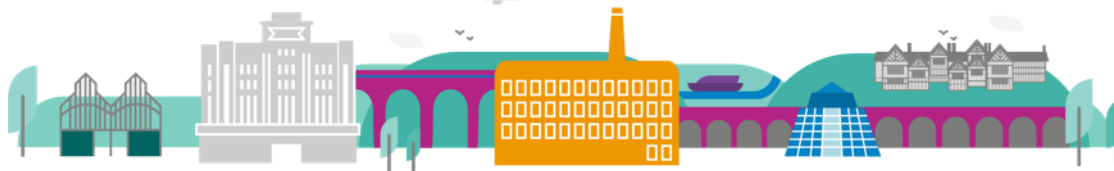
- Statutory footing for stronger and streamlined decision-making and accountability.
- “Dual structure” arrangements to reflect the two forms of integration;
 - ICS NHS body (board) – take on role of CCGs but Foundation Trusts remain separate
 - **ICS Health and Care Partnership.**



ICS Health and Care Partnership

Bring together NHS, local government and wider partners (incl VCSE and Healthwatch) to “develop a plan to address the system’s health, public health and social care needs” and to promote partnership arrangements.

- NHS and councils must have regard to the plan when making decisions, but Partnership can’t impose binding arrangements.
- Membership and functions determined locally - forum for agreeing on priorities, coordinated action and aligned funding on key issues (further guidance to be published)
- Joint committees between ICSs and NHS providers, including representation from other bodies such as primary care networks, GP practices, community health providers, local authorities and the voluntary sector.
- “Primacy of place” – must support place based joint working as key to integration. Geographical alignment of place-based commissioning, with BCF used to agree priorities, work closely with existing health and wellbeing boards, and have regard to JSNAs and HWB strategies (and vice-versa).
- Enhanced role for Care Quality Commission in reviewing system working, and stronger patient voice at all levels to create “genuine coproduction”.
- Other legislative proposals include:
 - Reserve power to set capital spending limit on FTs to ensure sustainable use of NHS resources.
 - Collaborative commissioning – eg NHSE delegating to more than one ICS board to pool funding,
 - Joint appointments – including between NHS and combined authorities
 - More effective data sharing to support integration and digital transformation of care pathways
 - Protect, promote and facilitate patient choice on services or treatment.



Additional measures – adult social care and public health

Proposals for social care reform to be brought forward this year include;

- “Enhanced assurance framework” for greater oversight over delivery of care.
- Improved data collection to better understand capacity and risk eg on self-funders
- New duty for CQC to assess delivery of adult social care duties, with powers for SoS to intervene.
- New legal basis for better care fund (BCF) separate from NHS mandate.
- New Discharge to Assess model for hospital discharge – patients can continue to receive NHS continuing health care (CHC) and NHS funded nursing care (FNC) assessments and Care Act assessments after they have been discharged – more person-centred approach, removing need for discharge notices and financial penalties.
- New legal power for SoS to make payments directly to social care providers in exceptional circumstances, such as in maintaining the stability of the market

Proposals to be published around future of public health system at national and local levels:

- Legislative framework including PH power of direction of NHSE from SoS and delegated functions, support for rollout of national obesity strategy and power to propose and consult on new water fluoridation schemes.
- Other additional proposals relate to safety and quality, such as changes to regulatory bodies.

