

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

10 MARCH 2021

INTEGRATED CARE SYSTEMS

Summary

1. The Health Overview and Scrutiny Committee is to receive an update on the development of the Integrated Care System (ICS) for Herefordshire and Worcestershire, with an emphasis on how it will affect the planning and delivery of services in Worcestershire.
2. The Clinical Commissioning Group Chief Executive, who is also the nominated ICS Lead Chief Executive, and the Director of ICS Development will attend the meeting alongside the County Council's Strategic Director for People to describe how the Integrated Care System development is progressing locally. The Cabinet Members with Responsibility for Adult Social Care and Health and Wellbeing have also been invited.

Background

3. The NHS defines integrated care as being 'about giving people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care'.
4. The White Paper: *Integration and Innovation: working together to improve health and social care for all* was published on 11 February 2021 and sets out the direction for implementing new arrangements from 1 April 2022. These changes will affect both local NHS funded, Public Health and Social Care services.
5. The purpose of the legislation is to remove the barriers that prevent local NHS, Public Health and Social Care services from being truly integrated. It will create the opportunity to plan and deliver services that are wrapped around the needs of individuals, rather than the situation we have now, where organisational boundaries and contracting regimes can result in competition rather than collaboration.
6. There is significant evidence underpinning the case for delivering improved patient care. Not only are outcomes improved, but it has also been shown to be a more cost-effective delivery model. Care will be improved because partners in the ICS will be focused on improving the health of the whole population, not just those in need of bespoke health or social care. By focusing on the wider determinants of health such as good housing, employment, education, healthy lifestyles and good community facilities, local health and care partners will be far better equipped to help the population achieve better health outcomes.

7. The new approach will enable us to deliver integration **“because the system enables it”**, not **“despite the system”**, which has often been quoted as a barrier to improvement in the past.

8. The Integrated Care System will replace the Sustainability and Transformation Partnership (STP).

Headline Changes:

9. The national policy guidance underpinning the response to the White Paper is in development and likely to become clearer over the coming weeks and months. The main changes to highlight now, which will have a visible impact on local services are:

- Creation of a new **NHS ICS Body** that subsumes all of the Clinical Commissioning Group (CCG) statutory functions and staff, and which will also receive new delegations from NHSE to commission additional services previously commissioned by the regional team (such as primary care, dental care, specialised services and others)
- Establishment of a **Unitary Board** to govern the NHS ICS Body, that is constituted of NHS Providers, General Practice and Local Authority representatives. This will replace the CCG Governing Body and membership model
- Creation of a new **ICS Health and Care Partnership** to interact with the NHS ICS Body on system wide planning issues. This partnership is expected to include wider representation such as Healthwatch, VCS groups, social and housing care providers etc. It will be important to align this partnership's responsibilities as closely as possible to the Health and Wellbeing Board
- More opportunities to **form joint committees** and other joint working arrangements to support the delivery of integrated care
- A **change to competition legislation** to reduce the amount of unnecessary procurement when there is an obvious choice of provider for health care services, whilst not dampening the importance of **patient choice**
- Specific targets for **system wide financial performance** and an obligation on all NHS bodies to have regard to that target in delivering their own organisation's finance plans
- A **duty to collaborate** on health and care bodies operating in the ICS to support integrated care
- **New powers for the Secretary of State** to directly intervene in the running of local health and care services where there is a perceived need
- A new approach to **social care assurance**, involving the Care Quality Commission, and other changes to the hospital/social care interface when managing discharges of people with ongoing support needs

- New requirements on organisations **to collect and share data** against specified standards more proactively to support integrated care
- Direct action on addressing a number of **key health and well-being risks**, such as by addressing pre-watershed food advertising issues, improving food labelling standards, mandating calorie-labelling on alcohol and the strengthening the approach to water fluoridation.

10. There are many other changes which will be less visible to front line services and the experience of the population, but these can be outlined on the day if HOSC Members wish for further details.

Legal, Financial, and HR Implications

11. There will be implications associated with this development, resulting from the cessation of old, and establishment of new, NHS bodies. These can be reported in due course when the nature of the implications are more clearly defined.

Equality and Diversity Implications

12. A key strategic aim of the Integrated Care System will be to take stronger action to address unequal access to health services and unequal health outcomes – regardless of the cause of those inequalities.

13. The COVID-19 pandemic has magnified the issue of health inequalities, both in terms of mortality rates associated with the illness and in take-up of vaccine amongst different communities. Learning from this situation will form the backbone of our ongoing work in the ICS to reduce those inequalities.

14. Therefore, development of the ICS should have a positive impact on Equality and Diversity in the provision of services.

Purpose of the Meeting

15. Members are invited to consider and comment on the information discussed and agree:

- whether any further information is required at this time
- the frequency of further updates required as this review progresses
- whether there are any comments to highlight to the relevant Cabinet Member

Contact Points

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