Harrow Integrated Care Partnership

Next steps on integrating care

Consultation and progress on future development of Integrated Care Systems in England

18th March 2021

Harrow Council LONDON

NHS Harrow Clinical Commissioning Group

Harrow Community Action

NHS London North West University Healthcare NHS Trust

St Luke's Hospice

NHS Central London Community Healthcare NHS Trust

HarrowHealth CIC

NHS Central and North West London NHS Foundation Trust

‘Next steps to building strong and effective integrated care systems across England’: Principles

Integrating Care published by NHS England in November 2020 invited discussion on the next steps in the development of Integrated Care Systems in England.

It reflects a number of principles which are strongly supported by and reflected in arrangements in NW London and Harrow ICP including:

- **Stronger partnerships at a place level** between the NHS, local government and the voluntary and community sector (p2).
- **A focus on improving population health and tackling inequalities** (p4) including a “Triple Aim” duty for all NHS providers (p11).
- **The central role for primary care** in providing joined-up care (p2).
- **The role of mutual aid** development of relationships and support during the pandemic (p4) and opportunities to pool funding (p31).
- **The importance of data sharing and digital** alongside a culture of collaboration and agile collective decision-making (p5).
- **The importance of local government and place** (p6-7) in the planning, design and delivery of care (p13).
- **The principle of subsidiarity** – the system taking responsibility only for things where there is a clear need to work on a larger footprint, as agreed with local places (p13).

The document invited feedback by 8th January 2021.

Whilst proposed legislative changes are unlikely before April 2022 and subject to parliamentary approval, the document sets out an NHS direction of travel including requests for submission of ICS development plans by April 2021 and implementation plans by September 2021.

‘Next steps to building strong and effective integrated care systems across England’: Harrow ICP Feedback

Whilst welcoming these aspects of the proposals, discussions have highlighted the importance of clarity in relation to each area:

- **There is general support for the overall direction of the document but some nervousness across our ICP** around the proposals and the extent to which they reflect the complexity of truly integrating care at a system, place and Primary Care Network level.
- **The success of Harrow as an ICP, as mirrored in experiences in other areas of the country in developing integrated care “on-the-ground”, has been based on the commitment of local leaders** from across council, CCG, acute, community, primary care, mental health, voluntary and community sector and patient / service user representatives; and the strength and the depth of the relationships which have been developed as a result.
- **There is a need to ensure that legislative change has at its core the further development of such relationships and local accountability,** and does nothing in perception or reality that could create new barriers to effective joint working at a local level.
- **Specifically, there is a need to ensure that in promoting the principle of subsidiarity, there is clarity around the role and influence of place, primary care and the voluntary and community sector in the future governance of integrated care systems** which in areas such as London cover multiple, independent, local authorities and a huge and diverse range of PCNs and VCSEs.
- **Mutual aid has been a key component of our pandemic response:** there is a need to understand how the establishment of the ICS as a statutory organisation and the parallel development of formal provider collaboratives will help support mutuality, as oppose to simply centralising planning and accountability. Specifically, local trusts have highlighted that co-terminosity with ICSs may not be the best driver for collaboration at scale.
- **Finally in addressing inequality there is a need to ensure that the distribution of resources across an ICS footprint is considered** in relation to how future plans and funding will be developed, governed and assured at a local level.

Department of Health & Social Care White Paper
'Integration and innovation: working together to improve health and social care for all'

- DHSC White Paper **published February 2021.**
- **Builds on the 'NHS Long Term Plan' (January 2019) and NHS England's consultation on integrated care (November 2020).**
- **Proposes that new arrangements should begin to be implemented in 2022.**
- **Includes a greater role for Integrated Care Systems in helping different parts of the NHS in joining up better** and in becoming statutorily accountable for overall system performance, focussed around the 'Triple Aim'.
- **Within this, the proposals suggest a 'dynamic partnership' between the NHS and local government with a focus on population health, using collective resources to improve the health of local areas:** preventing disease, protecting people from threats to health, and supporting individuals and communities to improve their health and resilience.
- **There will be increased accountability from NHS England to the Department of Health & Social Care** replacing the NHS's annual mandate with the flexibility to change the mandate in-year; and with new powers for the Secretary of State, for example to intervene at any point in reconfiguration processes.
- **There is a commitment to the 'Primacy of Place' in the joining-up of services to support people to live well** and accompanying flexibility around local arrangements, to be based 'frequently' around local authority boundaries.
- **There are further measures to establish an independent Health Services Safety Investigations Body** and remove the statutory basis for local education training boards.
- **Further proposals on Adult Social Care, Mental Health and Public Health to be brought forward** later in the year including an enhanced assurance framework for social care.

Integrated Care Systems (ICSs) will become statutory bodies.

e.g. NW London Integrated Care System		e.g. Harrow Integrated Care Partnership
ICS NHS Body responsible for the day to day running of the ICS.	**ICS Health & Care Partnership** with health, social care, public health and other partners.	**Place-based joint working** between the NHS, local government, community health services, and other partners such as the voluntary and community sector.
Merging of functions of STPs/ICSs with functions of a CCG to bring together strategic planning and allocation of resources.	**Supporting integration and developing a plan to address a system's health, public health and social care needs.**	**Joining up of services to support people to live well, arranging care around people, prevention and supporting people with multiple health & care needs.**
• **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.	• **Improving population health.** • **Tackling inequalities.** • **Potential forum for NHS and Local Authority partners** to agree co-ordinated action and alignment of funding on key issues.	• ***Frequently, place level commissioning within an integrated care system will align geographically*** *to a local authority boundary.* • **The Better Care Fund (BCF) plan will provide a tool** for agreeing priorities.
• **A statutory duty to meet the system financial objectives which require financial balance to be delivered.**	• **The NHS and local authorities will be given a duty to collaborate with each other.**	• **ICS legislation will complement and reinvigorate place-based structures for integration** such as Health & Wellbeing Boards, the Better Care Fund and pooled budget arrangements.
• **The ICS NHS body will have a unitary board directly accountable for NHS spend and performance**. • **The Chief Executive will be the Accounting Officer for NHS money** allocated to the NHS ICS Body. • **The board will include a chair, the CEO, and representatives from NHS trusts, general practice, and local authorities** and others determined locally e.g. community health services (CHS) trusts and Mental Health Trusts, and non-executives. • **ICSs will also need to ensure they have appropriate clinical advice** when making decisions. • **NHSE will publish further guidance on how Boards should be constituted**, including how chairs and representatives should be appointed.	• **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). • **The intention is to specify that an ICS should set up a Partnership and invite participants, but we do not intend to specify membership or detail functions for the ICS Health and Care Partnership** – local areas can appoint members and delegate functions to it as they think appropriate.	• **Place-based arrangements between local authorities, the NHS and between providers of health and care services should be left to local organisations to arrange.** 'We expect local areas to develop models to best meet their local circumstances.' • **NHS England and other bodies expected to provide support and guidance**, building on the insights already gained from the early wave ICSs. • **The statutory ICS will also work to support places** within its boundaries to integrate services and improve outcomes. • **NHSE to work with ICS NHS bodies on different models** for place-based arrangements.

'Together referred to as the ICS'

'Place'

'Joined up care for everyone in England'

The 'triple aim': better health and wellbeing for everyone; better quality of health services for all individuals; sustainable use of NHS resources.

New statutory duties

Membership

- **Defined ICS NHS Body** optional additional members.
- **Health & Care Partnership** determined by each system.
- **Place-based working** defined locally.
- **Clinical advice** to be incorporated in decision-making.

'We will implement NHS England's recommendations to remove barriers to integration through joint committees, collaborative commissioning approaches and joint appointments, as well as their recommendation to preserve and strengthen the right to patient choice within systems.'

- **The powers to remove commissioning of NHS and public health services** from the scope of Public Contracts Regulations 2015, including repealing Section 75 of the Health & Social Care Act 2012 and Procurement, Patient Choice & Competition Regulations 2013.
- **The NHS should be free to make decisions on how it organises itself** without the involvement of the Competition and Markets Authority (CMA).
- **Removes NHS Improvement's specific competition functions** and its general duty to prevent anti-competitive behaviour.
- **Where procurement processes can add value they will continue** but that will be a decision that the NHS will be able to make for itself.
- **For social care, a new legal power to make payments directly to social care providers** to remove barriers in making future payments to the sector.
- **A new standalone legal basis for the Better Care Fund** and a legal framework for a 'Discharge to Assess' model.
- **Place level commissioning will 'frequently' align geographically** to a local authority boundary.
- **The ICS will have to work closely with local Health and Wellbeing Boards (HWB)** as 'place-based' planners. The ICS NHS Body will be required to have regard to the Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies that are being produced at HWB level and vice-versa.
- **This will be further supported by other measures** including improvements in data sharing and enshrining a 'triple aim' for NHS organisations to support better health and wellbeing, quality of health services, and sustainable use of resources.

'There are, then, 2 forms of integration which will be underpinned by the legislation: integration within the NHS to remove some of the cumbersome boundaries to collaboration and to make working together an organising principle; and greater collaboration between the NHS and local government, as well as wider delivery partners, to deliver improved outcomes to health and wellbeing for local people.'

Department for Health & Social Care

Ensure the Secretary of State for Health and Social Care has appropriate intervention powers with respect to relevant functions of NHS England

NHS England

Giving NHS England the ability to joint commission its direct commissioning functions with one or more ICS Board: allowing services to be arranged for their combined populations; to delegate or transfer the commissioning of certain specialised services to ICSs, singly or jointly; and allowing ICSs to enter into collaborative arrangements for the exercise of functions that are delegated to them, enabling a 'double-delegation'.

Measures that will enable ICSs to apply to the Secretary of State to create a new trust for example for the purposes of providing integrated care.

Increasing the ease with which providers and commissioners could establish joint working arrangements and support the effective implementation of integrated care (including establishing joint ICS provider committees).

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.

ICS NHS Body

NHS Trusts

- **NHS Trusts and Foundation Trusts (FTs) will remain separate statutory bodies** with their functions and duties broadly as they are in the current legislation.
- **NHS providers within the ICS will retain their current organisational financial statutory duties.** The ICS NHS Body will not have the power to direct providers, and providers' relationships with the Care Quality Commission will remain.

A reserve power to set a capital spending limit on Foundation Trusts.

A new duty 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.

'A statutory ICS will be formed in each ICS area. These will be made up of a statutory ICS NHS body and a separate statutory ICS Health and Care Partnership, bringing together the NHS, local Government and partners – for example, community health providers.'

NHS England

NHS England and other bodies are expected to provide support and guidance, building on the insights already gained from the early wave ICSs.

Health & Wellbeing Board

Health and Wellbeing Boards will remain in place and will continue to have an important responsibility at place level to bring local partners together, as well as developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy which both HWBs and ICSs will have to have regard to.

ICS NHS Body

The ICS NHS Body will be allowed to delegate significantly to place level and to provider collaboratives.

ICS Health & Care Partnership

The statutory ICS will work to support places within its boundaries to integrate services and improve outcomes.

Place-Based Partnership

Place-based arrangements between local authorities, the NHS and providers of health and care services.

Provider Collaboratives

ICSs will want to think about how they can align their allocation functions with Place for example through joint committees, though this is being left to local determination.

Primary Care Networks

Joint committees including primary care networks, GP practices, community health providers, local authorities or the voluntary sector, enabled by a greater range of delegation options for section 7A public health services and the ability for delegation for example via section 75 partnership arrangements.

Joint appointments of executive directors will be used to foster joint decision making, enhance local leadership and improve the delivery of integrated care.

Next steps for Harrow

- **Further formal guidance is expected in relation to the proposals in the White Paper** including from NHS England.
- **Final proposals are unlikely until the Bill has been published** and the legislation passes through all parliamentary stages.
- **Even once the proposals are finalised there is likely to be significant flexibility** in relation to local place-based arrangements.
- **The overall direction of travel is consistent** with developments in NW London and nationally.
- **The role of the Health & Wellbeing Board, NHS Foundation Trusts, and arrangements such as the Better Care Fund are broadly preserved** even whilst many of the changes introduced in the last major Health & Social Care Act (2012) are amended.
- **It is therefore critical that partners in Harrow continue to build local structures and responses** to the immediate and future needs of the local population, and the priorities in areas such as health inequalities both highlighted and, in many cases exacerbated, by the pandemic.
- **Further proposals are promised on Adult Social Care, Mental Health and Public Health** later this year.