Lincolnshire
COUNTY COUNCIL
Working for a better future

Open Report on behalf of Glen Garrod, **Executive Director - Adult Care and Community Wellbeing**	

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**25 May 2022**
Subject:	**The Government's Proposals for Health and Care Integration** *(White Paper - Joining Up Care for People, Places and Populations)*

Summary:

In February 2022, the Government published *Joining Up Care for People, Places and Populations* – The Government's Proposals for Health and Care Integration (White Paper - February 2022).

The Committee is requested to consider a presentation by the Executive Director, Adult Care and Community Wellbeing on the content of the white paper. The presentation is attached at Appendix A to this report.

Actions Required:

The Committee is asked to consider the presentation summarising *Joining Up Care for People, Places and Populations* – The Government's Proposals for Health and Care Integration; and to identify whether any topics need to be reflected in the content of the Committee's future work programme.

1. Background

On 9 February 2022, the Government published a white paper entitled: *Joining Up Care for People, Places and Populations* – The Government's Proposals for Health and Care Integration.

The purpose of this item is to develop the Committee's knowledge of the content of the white paper, following a summary of its contents presented by the Executive Director, Adult Care and Community Wellbeing; and to consider whether any topics need to be reflected in the content of the Committee's future work programme.

The presentation summarising the content of the white paper is set out in Appendix A to this report.

The full white paper can be found at the following link:

[Health and social care integration: joining up care for people, places and populations - GOV.UK (www.gov.uk)](www.gov.uk)

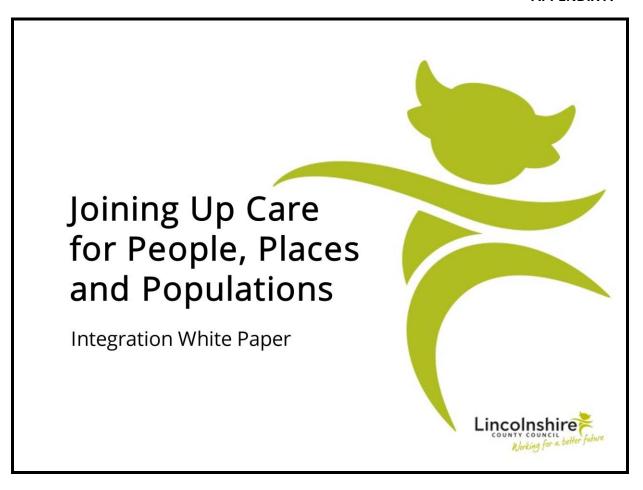## 2. Consultation

This is not a direct consultation item.

3. Appendices – These are listed below and attached to this report

| Appendix A | Presentation - *Joining Up Care for People, Places and Populations* |

4. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Glen Garrod, who can be contacted on at Glen.Garrod@lincolnshire.gov.uk.

Joining Up Care for People, Places and Populations

Integration White Paper

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Background and Context

- Is part of a whole picture incorporating the Health and Social Care Bill and Social Care Reform White Paper. These need to be seen as a package – "Mutually Reinforcing Reforms".
- Covid-19 highlighted the need for faster integration across health and social care.
- People have a range of needs which cannot be addressed by one organisation – need for holistic care that fits around people's needs.
- People often experience:
  - Lack of coordination between services
  - Organisations forced or incentivised to focus on a narrow set of organisational outcomes
  - Duplication of resources
  - Delays caused by competing budgets or care processes
  - Builds on the integration journey so far including Primary Care Networks (PCNs), the Better Care Fund (BCF) and Sustainability and Transformation Partnerships (STPs).
- Supports the Health and Care Bill – Integrated Care Systems will enable the health and care system to collaborate across boundaries, make joint decisions and tackle shared problems.

The Vision for Integrated Health and Care Services

Everyone should receive the right care, in the right place, at the right time - through the planning, commissioning and delivery of co-ordinated, joined up and seamless services to support people to live healthy, independent and dignified lives and which improves outcomes for the population as a whole.

The White Paper…

- **Seeks to deliver** this vision by introducing shared outcomes for person centred reform, agreed by all local health and care organisations and by holding local leaders to account for delivery.

- **Is focused** at 'Place' level, where local government and NHS face common challenges requiring joint action. With a single "point of responsibility" accountable for shared outcomes and effective leadership.

- **Has ambition** for better integration across primary care, community health, adult social care, acute, mental health, public health and housing services.

- Children's social care is out of scope (though Nb. Transitions)

The plans support the development of a health and care system which:

- Is levelled up in terms of outcomes and reduced disparities.
- Ensures people have access to services which meet their needs.
- Transforms where care is delivered, according to people's preferences.
- Enables people to access personalised information to give them more control.
- Enables data and information sharing to support joined up decision making.
- Is delivered by a capable, confident, multidisciplinary workforce which wraps services around individuals.
- Allow innovation and digitisation to ensure we have the right tools to meet needs.
- Incentivises organisations to:
  o prioritise the same shared outcomes rather than a narrow focus on their own organisational targets;
  o collectively prioritise upstream interventions and allocate resources to improve population health and address disparities.
- Is driven by decisive leadership, who listen and understand the needs of their local people and have clear accountability for delivering outcomes.

Shared Outcomes

- Introduction of a new approach to shared outcomes focused on people and populations rather than systems and institutions.

- **A national set of priorities and a broader framework for local outcome prioritisation from April 2023.**

- Principles for a shared outcomes framework:
  - '**Places**' are best means to prioritise outcomes that matter most to local people. **ICSs** will provide support and challenge to assessment of needs and local outcome selection (Gov expect to see high levels of ambition)
  - **National bodies** with a regulatory or oversight role will consider the setting and delivery of outcomes.
  - Designed by **partners across the system** grounded in shared insight and understanding of the needs of the population;
  - Small number of national priorities will still remain but will need to work and sit coherently with local priorities;
  - Need to **focus on outcomes** rather than outputs – the end goal is better person centred health and care, improving population health and addressing disparities rather than the process of integration *per se*;
  - **Not** intended to add further reporting burdens.

Leadership

- Health and Social Care Leadership Review – to improve processes and strengthen leadership across health and social care – will report early 2022.

- Effective local leaders should:
  - Bring partners together around a common agenda with decisive action in the interest of local people, even when it runs counter to organisational interests
  - Be able to judge when it is right to remove or challenge organisational boundaries and when it's better to make connections between distinct organisations
  - Be responsible for delivering outcomes
  - Focus decisions on what happens at the point of care and on what is of most benefit from a population perspective
  - Listen to the views of local people when designing and improving services, and in defining which outcomes matter to individuals and populations.

- National Leadership Programme will be set up focused on developing the skills required to deliver effective system transformation and local partnerships

Accountability

- All places within an ICS to adopt a 'place based' governance or equivalent by Autumn 2022 which:
  - has a shared resource plan across the partner organisations for delivery of services with scope to deliver shared local outcomes;
  - over time, has a track record of delivery against the shared outcomes;
  - oversees a significant/growing proportion of health and care activity and spend;
  - provides clarity of decision making.
- These arrangements should use existing structures and processes where appropriate e.g. HWB and BCF.
- Places will be able to decide which model they adopt – an example of a Place Based Model is provided in the White Paper. *But In areas where the LA and ICS are coterminous, the Government does not expect place based arrangements to be established in addition to the ICS – this would be 'bureaucratic and unhelpful*
- Places will be supported by their ICSs and by an NHS England/local government support offer. There are no national plans to change ICS boundaries.
- From **April 2023 arrangements for national and local shared outcomes go live** and from **2026 all local areas should work towards comprehensive inclusion of services and spend**
- Health and Care Bill places a new duty on the CQC to review the ICS as a whole – including considering how local outcomes are agreed and assessing how local authority delivers their adult social care duties.

Finance

- Existing arrangements to pool budgets are complex and limitations prevent the most ambitious models of integration.

- The legislation covering pooled budgets (Section 75a of the 2006 Act) will be reviewed and new guidance issued.

- The ambition is: Wherever possible, pooled or aligned budgets should be routine and grow to support more integrated models of service delivery, eventually covering most of the funding for health and social care services at a place level.

- As processes accelerate, consideration will also be given to the implications for existing pooling mechanisms e.g. Better Care Fund.

- Programme for personalised care, notably roll-out of Personal Health Budgets – circa 200,000 PHBs by 2023/24.

Digital and Data

- "An electronic, shared health and care record….. will become standard across the Country"
- Every health and care provider in the ICS must reach a minimum level of digital maturity by March 2025.
- The 'What Good Looks Like' Framework will be extended to cover nursing, community services and social care.
- Final version of the Data Strategy for Health and Social Care published early 2022 – sets out vision for data that moves seamlessly across health and care and has transparency at its core.
- Need to ensure shared care records cover 'cradle to grave'.
- Standards to be put in place:
  - standards roadmap underpinned by a new end-to-end process and governance model for standards development **by April 2022**
  - standards for social care, co-designed with sector **by Autumn 2023**
- Health and Care Bill introducing powers to:
  - mandate standards for how information is collected and stored, so information flows through the system in a useable way.
  - create a statutory duty for organisations within the health and care system to share anonymous data.

Digital Transformation

- 'ICS first' approach to support integration – encouraging organisations within an ICS to use the **same digital platforms**.
- Every ICS will need all constituent organisations to have a base level of digital capabilities and connected to a shared care record **by 2024** enabling full read and write access for the person, their carers and care team
- ICSs have been asked to identify priorities to support the delivery of out-of-hospital models of care by developing **system digital investment plans**, ensuring community health service providers are supported to develop robust digital strategies to improve care delivery – where appropriate digital investment should be purchased and deployed **at ICS level**
- 80% adoption of social care records among CQC registered social care providers **by March 2024**
- Need to build on experience of C-19 to accelerate adoption of digital interventions ensuring public and frontline staff are confident of the services being offered – to increase confidence:
  - The NHS App will offer a personalised experience for users and encourage them to engage in tailored preventative activity (screening, vaccinations, health check)
  - Develop new clinically led pathways for MSK, dermatology, ophthalmology and cardiovascular used by approx. 20m people
  - Support people, carers and families to understand what technologies are effective for helping maintain independence and quality of life – smart home technologies or sensor based tech
  - Clinical decision support tools with an electronic health record.

Health and Care Workforce

- Health and Care Bill creates a **legislative framework for partnership working** bringing together NHS, LA and social care closer together to ensure everyone receives outcome focused services – the workforce will be key.
- Tackling the barriers to workforce integration – at a national level – **removing barriers to collaborative planning / working** by reviewing regulatory and statutory requirements that can prevent flexible deployment of health and care staff across sectors.
- At Place level, work across the system with NHSE to identify opportunities to **strengthen guidance for ICBs and increase co-production** with social care stakeholders. Government will incorporate this into the guidance for ICPs, so the ICS is clear on its role in developing an integrated workforce plan – an ICSs 'people operating model' and 'one workforce' approach
- Training key in developing an integrated workforce. The government will:
  - Work with national and local partners to identify ways to improve initial training for staff in roles at the interface between health and social care;
  - Identify opportunities for joint continuous professional development across sectors;
  - Develop a collective approach to promoting careers in health and social care.
- In addition to the measures to improve career pathways in the Adult Social Care Reform White Paper:
  - develop and test joint roles in Health and Social Care;
  - introduction of an Integrated Skills Passport to enable staff to transfer skills and knowledge between NHS, Public Health and Social Care;
  - Increase the number of clinical practice placements in Social Care for relevant degree and apprentice routes.

Summary and Next Steps

- All places to adopt a model of accountability and provide clear responsibilities for decision making by **Autumn 2022**.
- Implement the shared outcomes from **April 2023**.
- Review, simplify and update Section 75 arrangements for pooled budgets.
- Develop guidance for LAs and NHS to support further and faster financial alignment and pooling.
- Publish guidance on the scope of pooled budgets **Spring 2023**.
- Work with CQC to produce an inspection and regulation regime which supports and promotes the new shared outcomes and accountability arrangements.
- Develop a national leadership programme to promote the skills needed to deliver system transformation and place based leadership.
- Publish the final version of the Data Strategy for Health and Care.
- Ensure all health and care providers within an ICS reaches a minimum level of digital maturity by March 2025.

Summary and Next Steps

- Strengthen the role of workforce planning at ICS and place levels.
- Review barriers to flexible movement and deployment of health and social care staff at place level.
- Develop a national delegation framework of nursing interventions to be used in care settings.
- Increase the number of clinical practice placements in social care and improve opportunities for cross sector training, and joint roles for ASC and NHS staff in regulated and unregulated roles.
- Ensure 1 million people supported by digitally enabled care at home **by 2022**.
- Appoint a set of front runner areas **in Spring 2023**.
- Develop a standards roadmap (2022) and co-designed suite of standards for social care **by Autumn 2023**.
- All professionals will have access to a single health and care record for each citizen **by 2024**.
- Each ICS to have a population health platform/care coordination centre to support the joining up of data for planning, proactive population health management and precision public health **by 2025**.

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