Nottinghamshire County Health Scrutiny Committee

Briefing on the Health and Care Bill 2021

Introduction

1. This paper provides Nottinghamshire County Health Scrutiny Committee with an overview of the Health and Care Bill 2021. The paper also confirms opportunities, arising from this Bill, for local citizens.

Background

2. Health and care systems need to continually develop and evolve to remain fit for purpose in an ever-changing landscape. As NHS and Social Care services in England look to recover from the Covid-19 global pandemic, national policy centres on Integrated Care Systems (ICSs) as providing the best route to improving population health and wellbeing, quality of service provision and achieving the most effective use of resources.

3. An ICS brings together citizens, NHS, Local Authority and wider partners to meet the health and care needs in a geographical area, to co-ordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

4. Integrated care is not new but rather has a long history. Over recent years, Nottinghamshire County residents have benefitted from tangible improvements brought about by an Integrated Care Pioneer programme; a Rushcliffe Vanguard; and collective endeavours across the Nottingham and Nottinghamshire ICS in responding to Covid-19.

5. To date, the NHS and Social Care system has not been fully configured to accommodate the development of ICSs. The Health and Care Bill 2021 aims to address this. Subject to the passage of the Bill through Parliament, ICSs will be established on a statutory footing across England from 1st April 2022, bringing partners together to support integration of health and social care.

6. Strengthened decision making and accountability for system performance will be embedded into the NHS accountability structure through an NHS Integrated Care Board. An Integrated Care Partnership will also come into being.

7. This dual structure recognises that there are two forms of integration which will be underpinned by legislation: integration within the NHS to remove some of the cumbersome barriers to collaboration and to make working together across the NHS an organising principle; and integration between the NHS and principally local authorities to deliver improved outcomes to health and wellbeing for local people.

The Integrated Care Partnership

8. The Integrated Care Partnership (ICP) will bring together the NHS, local government, and wider partners such as those in the voluntary sector. The ICP will operate at whole system level and will be responsible for developing an integrated care strategy to improve health and care outcomes and experiences for their populations – the NHS Integrated Care Board (ICB) will have due regard to this strategy when making decisions.

9. ICPs are expected to provide opportunity to align purpose and ambitions with plans to integrate care and improve health wellbeing outcomes for local populations. ICPs will facilitate joint action to improve health and care services and to influence the wider determinants of health and broader social and economic development. Such joined-up, inclusive working is central to ensuring that ICS partners are targeting their collective action and resources at the areas which will have the greatest impact on outcomes and inequalities as England recovers from the pandemic.

10. Integrated care strategies should be developed for the whole population using best available evidence and data, covering health and social care and addressing the wider determinants of health and wellbeing. This should be built bottom-up from local assessments of needs and assets identified at place level, based on Joint Strategic Needs Assessments (JSNAs).

11. The expectation is for the integrated care strategy to be focused on improving health and care outcomes, reducing inequalities and addressing the consequences of the pandemic for communities. The ICP will champion inclusion and transparency and will challenge all partners to demonstrate progress in reducing inequalities and improving outcomes. It should support place and neighbourhood level engagement, ensuring the system is connected to the needs of every community it includes.

12. Planning is underway locally, led by the Local Authorities and NHS, to establish an ICP by April 2022 subject to legislation. It is proposed that the local ICP forms ‘the guiding mind,’ across the Nottingham and Nottinghamshire health and care system, in creating an integrated care strategy.

13. Local stakeholders have confirmed the ICP provides opportunity to build a broader approach to planning based on population need, particularly across the NHS, putting JSNA insights front and centre. It also provides opportunity to strengthen accountability to local people; to focus on healthy life expectancy and addressing inequalities and inclusion; to build on collaborative approaches developed during Covid19; and to maximise collective endeavours including as anchor organisations and in the use of the one ‘public purse.’

14. Care is being taken with the local design to ensure that the Nottingham and Nottinghamshire ICP will complement, not duplicate, the work of the Health and Wellbeing Boards and will strengthen alignment of the ICS with Health and Wellbeing Boards. Current legislation does not change the role or duties

of Health and Wellbeing Boards nor does it change Local Authority structures or commissioning arrangements.

15. Specifically, the Nottingham and Nottinghamshire ICP will have an important role in synthesising both the Nottingham and the Nottinghamshire Health and Wellbeing Strategies into one integrated care strategy. The new NHS ICB will pay due regard to this integrated care strategy in commissioning services including from Place Based Partnerships and Neighbourhood teams (Primary Care Networks) going forward.

16. The ICP will be established by Nottingham City Council, Nottinghamshire County Council and the Nottingham and Nottinghamshire NHS ICB. In keeping with the Health and Care Bill it will take the form of a joint committee between these three statutory bodies (i.e. it is a partnership not a corporate body). Beyond this members' may be from a wide range of partners working to improve health and care in their communities and may change overtime as the ICP matures and to take account of the areas of priority focus. Chairing is for local determination and a range of options are being considered.

17. Thought is being given to how the full range of stakeholders, particularly local communities and those who rely on care and support are engaged in the work of the local ICP and, specifically, the co-production of the integrated care strategy. The ambition is for all stakeholders to have a point of influence with the ICP. It is expected that, in part, the ICP will build on the expertise, relationships and engagement forums that already exist across local areas, building priorities from the bottom up and ensuring that these priorities resonate with people across the ICS.

18. The recommended arrangements for the ICP will be presented, for approval, to Local Authority and NHS governance structures in early 2022. It is expected that these recommendations will enable the ICP to be flexible, able to develop and evolve to take account of best practice.

19. The transition path focuses on:

    - Approving the ICP scope, purpose and operating arrangements.
    - Establishing the ICP in shadow/interim form by April 2022.
    - Aligning JSNA development across our health and care system and embedding into planning processes across health and care.
    - Operationalising mechanisms for the integrated care strategy to be developed with, and reflective of, all the communities served.
    - Aligning public health and ICB data and intelligence to determine health needs, population health management and inform system priority setting processes.
    - Developing and agreeing the first integrated care strategy by September 2022, enabling operational planning to have due regard for overall population health needs and priorities.

The NHS Integrated Care Board (ICB)

20. Subject to legislation, NHS ICBs will be established on 1st April 2022 as a new statutory organisation. This will include a Nottingham and Nottinghamshire ICB covering the whole Nottingham and Nottinghamshire population, including Bassetlaw following an ICS boundary change.

21. ICBs will allow NHS England to have an explicit power to set a financial allocation or other financial objectives at a system level. There will be a duty placed on the ICB to meet system financial objectives supplemented by a new duty to compel providers to have regard to the system financial objectives. The ICB will not have the power to direct providers, and providers' relationships with the Care Quality Commission will remain unchanged.

22. The allocative functions of CCGs will be held by the ICB. The ICB will take on the commissioning functions of the CCGs and some of those of NHS England within its boundaries, as well as CCGs' responsibilities in relation to Oversight and Scrutiny Committees. The Chief Executive will become the Accounting Officer for the NHS money allocated to the ICB. New functions and duties and new ways of working through integration, collaboration and shared responsibility will come into being.

23. There will be increasing collaboration between ICBs and with NHS England on commissioning to make decisions, pool funds and facilitate services to be arranged for their combined populations. This will include primary care services (e.g. dentistry, community optometry, pharmaceutical services) as well as public health and specialised services.

24. The ICB will, as a minimum, include a chair, a chief executive officer, and representatives from NHS Trusts, General Practice, and Local Authorities, non-executives and others determined locally. ICSs will also need to ensure they have appropriate clinical advice when making decisions.

25. Locally, work is underway to agree the Nottingham and Nottinghamshire ICB Constitution through a range of engagement activities including with Local Authorities and HealthWatch. The ICB will be a unitary board where all board members are collectively and corporately accountable for the performance of the organisation, making decisions as a single group and sharing the same responsibility and corporate liability for the delivery of functions and duties.

26. In addition to the Chair, independent Non-Executives, the Chief Executive, and Executive Directors with portfolios covering the entirety of the duties and functions of the ICB, locally it is proposed that Partner Members are drawn from both Local Authorities (i.e. two members), one GP and one NHS Provider member. A number of advisors, to the ICB board, are also proposed including Public Health.

Additional Measures

27. A duty to collaborate will be introduced for NHS and Local Authorities to support collaboration across the health and care system and a triple aim duty placed on health bodies, including ICSs covering: better health and wellbeing for everyone; better quality of health services for all individuals; and sustainable use of NHS resources.

28. Barriers to integration will be removed through making provisions for joint committees, collaborative commissioning approaches and guidance on joint appointments. The legislation will also ensure more effective data sharing across the health and care system, which is critical to effective integration, and will enable the digital transformation of care pathways.

29. Requirements for Place will not be set in legislation with the recognition that Places vary by population and geography. However, there is an expectation that the statutory ICSs' will also work to support places within its boundaries to integrate services and improve outcomes – recognising that different places will be at different stages of development and face different issues. Health and Wellbeing Boards will remain in place and will continue to have a role at Place level. From April 2022, Bassetlaw will become a Place within the Nottingham and Nottinghamshire ICS. Work is underway to integrate Bassetlaw into local arrangements whilst patient pathways/flows will remain unchanged.

30. A key responsibility for an ICS will be to support place-based joint working between the NHS, local government, community health services, and other partners such as the voluntary and community sector. Place level commissioning within an integrated care system will most likely align geographically to a local authority boundary, and the Better Care Fund (BCF) plan will provide a tool for agreeing priorities.

31. To support patient choice, section 75 of the Health and Social Care Act 2012 (including the Procurement, Patient Choice and Competition Regulations 2013) will be repealed and replaced with a new procurement regime, alongside a bolstered process for Any Qualified Provider (AQP).

32. The Health and Care Bill also sets out plans:

    - To merge Monitor and the Trust Development Authority (NHS Improvement) and NHS England. Complemented by enhanced powers of direction for the government to support greater collaboration, information sharing and aligned responsibility and accountability.
    - Provide new powers for the Secretary of State for Health and Social Care over the NHS and other arm's-length bodies (ALBs). Under the proposals, the Secretary of State will be able to intervene in service reconfiguration changes at any point without need for a referral from a local authority. The Department of Health and Social Care will also be able to reconfigure and transfer the functions of arm's-length bodies (including closing them down) without primary legislation.

- For additional new duties on the Secretary of State to be introduced. This will include a statutory duty to publish a report in each parliament on workforce planning responsibilities across primary, secondary and community care, as well as sections of the workforce shared between health and social care.
- Strengthen quality and safety including through enshrining the Healthcare Safety Investigations Branch (HSSIB) into law as a statutory Body to reduce risk and improve safety.

33. Reforms to social care, public health and mental health are being dealt with outside the Health and Care Bill, with some minor exceptions.

Citizen Involvement in the ICS

34. National guidance has been received on how people and communities should be involved in the work of the ICS going forward. Nottingham and Nottinghamshire plans to deliver in line with national requirements but also aims to be a beacon of best practice in this area. The proposed local approach has been co-designed with key stakeholders and centres on:

a) Governance and structures: This includes establishing an Advisory Group to champion working with people and communities in all locations and levels of the ICS; and agreeing that the ICP should receive regular reports summarising the Citizen Intelligence and Insights gathered over the preceding period in order to inform the ICP's role as the 'guiding mind' of the system.

b) Embedding Community Engagement: This includes refreshing the ICS Outcomes Framework to reflect how community engagement will feature in the metrics used.

c) Generating and Utilising Intelligence from Communities: This includes continuing and strengthening work with elected members in generating meaningful insights; establishing a Citizens Panel to complement other engagement activities ensuring the work is representative and has a broad base that can be drilled-down into Places and Neighbourhoods; and continuing to deepen work with Healthwatch and the VCSE, including agreeing specific roles within our governance structures (at both Place and System) and transformation programmes.

d) Integrating Community Involvement Work and Resources: This includes establishing an Engagement Practitioners Forum to bring together and coordinate all the work being delivered across the system – ensuring that it is complementary and maximises resources.

e) Culture Development: This includes developing a community engagement training and development programme for all relevant staff across the system including supporting Places to grow and develop their expertise in this work area; ensuring that there is a championing of the importance of listening and involving citizens and communities at the ICB.

Opportunities for Local Citizens

35. The Nottingham and Nottinghamshire ICS is working to the shared purpose of every citizen enjoying their best possible health and wellbeing.

36. The ICS creates the conditions in which health and care professionals – working at neighbourhood, place and whole system level – are able to come together maximising the use of our energies and resources; seeking out and implementing the types of change that deliver enduring improvements in population health and wellbeing across:

    - Primary and secondary care.
    - Physical and mental health services.
    - Health, social care and wider public and community services.

37. To date, the NHS and Social Care system has not been fully configured to accommodate the development of ICSs. Policy, delivery and assurance mechanisms have not been fully aligned, which has resulted in barriers to improvement.

38. The removal of many barriers, as set out in the Health and Care Bill 2022, provides renewed impetus for collaborative working. Whilst the move to put ICSs onto a statutory footing from April 2022, subject to legislation, is a step forward, recognition is given to the fact that structural change alone is no guarantee of success in bringing about a high performing system that is agile, adaptive and therefore best able to serve its population needs.

39. The local health and care system therefore continues to build on work to date, including learning from joint working in response to Covid19, to ensure maximum benefit for the population served from integrated care.

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