

Appendix A

NHS White Paper: Integration and Innovation

Background

1. 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’.
2. 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.
3. The purpose of the legislation is to remove the barriers that prevent local NHS, Public Health, Social Care and voluntary sector 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.
4. There is significant evidence underpinning the case for delivering improved 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.
5. 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.
6. The Integrated Care System (ICS) will replace the Sustainability and Transformation Partnership (STP).

The headline changes:

7. 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 CCG statutory functions and staff, and which will also receive new delegations from NHSE to
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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. However, the opportunity to pursue competitive procurement exercises will remain an option if there is a perceived benefit and we will continue to work with existing private sector providers where they help to **improve patient choice and reduce waiting times**.
- 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.

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 scrutiny members wish for further details.

Benefits to the population in Herefordshire:

8. Integrating services will result in people experiencing care that is more joined up and digitally enabled. For example, benefits will include the following:
 - The population will experience fewer instances of having to answer the same questions multiple times about their personal information and clinical history when attending appointments.
 - There will more joined up care and treatments around person's individual needs and overall health status, rather than care and treatment being focused on individual medical conditions in isolation.
 - With more joint working between the Council and Health bodies, there will be a greater focus on improving whole population health and wellbeing, not just treating people who are poorly and need hospital care.
 - More services will be available closer to home with primary and secondary care services being able to support each other, using common information systems.
 - There will be greater joining up of health and social care services, reducing the level of duplication that people experience when they receive services from multiple local providers – such as hospital care, social care and mental health care.

How this has been, and will continue to be delivered:

- Increased investment in local services, for example since the merger of the Herefordshire and Worcestershire CCGs, an additional £1.5m has been invested in local primary care services in 2020/21 with an additional £400k to be invested in 2021/22.
- All doctors, nurses and other practitioners being able to view a single clinical record containing a person's medical history when determining the best course of treatment. Previously it was much more difficult to join up GP information with hospital records and those services provided in the community.
- Place based financial allocations will allow more local decision making on aligning to funding to local priorities. This will enable quicker decisions on service changes and improvements and will put more power to influence change in the hands of local clinical leaders.