December 2020

# PSNC Briefing 044/20: Integrating care – a summary of the NHSE&I guidance and consultation document

This PSNC Briefing summarises the key points in the NHS England and NHS Improvement (NHSE&I) document Integrating care - Next steps to building strong and effective integrated care systems across England published on 24th November 2020.

The document contains plans to further increase the importance of Integrated Care Systems (ICS) within the NHS, so LPC Chief Officers will want to read the NHSE&I document in full, but this PSNC Briefing provides a summary of the key points for LPC members. NHSE&I are seeking the views of stakeholders on four questions posed in the document and LPCs may wish to submit a response to these questions; responses are requested by 8th January 2021.

## Overview

This document begins a discussion between the NHS and partner organisations about how ICS could be embedded in legislation or guidance. It is the next step on from the route map set out in the NHS Long Term Plan, for health and social care joined up locally around people's needs. It highlights how the NHS can support greater collaboration between partners in health and care systems to further increase the pace of meeting some of the most critical health and care challenges, while reflecting the experiences of local NHS leaders.

From April 2021, all parts of the health and care system will need to work together as ICS, involving:

- Stronger partnerships in local places[1] and a more central role for primary care in providing joined-up care;
- Provider organisations (NHS Trusts) being asked to step forward in formal collaborative arrangements that allow them to operate at scale;
- Developing strategic commissioning with a focus on population health outcomes; and
- Using digital systems and data to drive system working, connect health and care providers, improve outcomes and put the public at the heart of their own care.

The document identifies options for giving ICS a firmer footing in legislation (likely from April 2022, subject to Parliamentary decisions).

## Purpose

The proposals made in the document will serve four purposes:

- improving population health and healthcare;
- tackling unequal outcomes and access to services;
- enhancing productivity and value for money; and
- helping the NHS to support broader social and economic development.

[1] For most areas, this will mean long-established local authority boundaries, at which Joint Strategic Needs Assessments and Health and Wellbeing Strategies are made.

With the continuing development of ICS, one focus will be developing effective models for joined up working at a 'place' level with a stronger relationship between the NHS and local authorities, including on health improvement and wellbeing.

This approach is reflected in three of the key observations from the vision of health and care in the NHS Long Term Plan: ***decisions taken closer to the communities***, ***collaboration between partners in a place*** and ***collaboration between providers*** *all increase the ability to provide better outcomes, reduce competing objectives, provided joined-up efficient services to support tackling health inequalities and are better than competition to address unequal access to services thereby enhancing productivity*.

ICS will therefore need to work across their partner organisations to consider:

- distribution of financial resources;
- improvement and transformation resource;
- operational delivery;
- workforce planning, commissioning and development;
- emergency planning and response; and
- the use of digital and data.

**Place** becomes an important building block for future health and care, with **Primary Care Networks (PCNs) being the neighbourhood where services are joined up**. However, complex or acute care services such as hospital, specialist mental health and ambulance services, need to be organised through **provider collaboration** that operates at a whole-ICS footprint or more widely, where required.

The NHS Place leader will be expected to work with partners such as the local authority and voluntary sector in an inclusive, transparent and collaborative way. They will have four main roles:

1. to support and develop PCNs;
2. to simplify, modernise and join up health and care (including through technology and by joining up primary and secondary care, where appropriate);
3. to understand and identify – using population health management techniques and other intelligence – people and families at risk of being left behind and to organise proactive support for them; and
4. to coordinate the local contribution to health, social and economic development to prevent future risks to ill-health within different population groups.

## Putting it into practice

With a focus on acting in the interests of the population served by their respective systems, provider organisations will have an **active and strong leadership role** and will **join up services across systems**. All NHS provider trusts will be expected to be part of a **provider collaborative**.

Systems will continue to play an increasingly important role in developing multidisciplinary leadership and talent, coordinating approaches to recruiting, retaining and looking after staff, developing an agile workforce and making best use of individual staff skills, experience and contribution. From April 2022, this will include developing and supporting a 'one workforce' strategy for their system and contributing to a vibrant local labour market.

### Clinical and professional leadership

NHSE&I says ICS should embed **system-wide clinical and professional leadership** through their partnership board and other governance arrangements, including **PCN** representation. The document says there should be **wider clinical and professional leadership** to ensure a strong voice for the wide range of skills and experience across systems. All health professionals, including community pharmacy, who are involved in patient services should be involved in the design and organisation of these to reflect the expertise of these professionals.

## Financial framework

The document notes that NHS finances will increasingly be organised at ICS level with allocation of those finances being in the hands of local leaders and ICS being the key body for financial accountability and governance.

A **single funding pot will be created** bringing together CCG commissioning budgets, primary care budgets, most of the specialised commissioning spend, the budgets for certain other directly commissioned services, central support or sustainability funding and nationally held transformation funding that is allocated to systems.

NHSE&I state that ICS leaders will have the freedom and a duty to distribute these resources to ensure service provision, sustainability and fair share to maintain the required population health and care.

The document also says that ICS leaders will also be expected to use new freedoms to delegate significant budgets to place level, which might include resources for general practice, other primary care, community services, and continuing healthcare. Decisions about the use of all of these budgets will usually be made at the lowest possible level, closest to the communities being served and in partnership with the local authority. New powers will make it easier to form joint budgets with the local authority, including for public health functions.

## Data and Digital

NHSE&I say ICS will need to improve the consistency of digital maturity and data quality. This will require a system-wide **digital transformation plan**, a focus on building the **digital and data literacy** of the whole workforce and investments in the **infrastructure** including **shared contracts and platforms**. Connecting health and care services will require a **shared care record**, **collaborative working** and **nationally defined standards** that will need to be followed.

To put the citizen at the centre of their care, ICS will need to develop a road map for **citizen-centred digital channels and services** and roll out remote monitoring to allow citizens to stay safe at home for longer.

## Governance and public accountability

As ICS mature, they need to put in place firmer governance and decision-making arrangements for 2021/22, to reflect their growing roles and responsibilities. This will involve building a framework around **'place' leadership, provider collaborative leadership** and **individual organisations**, which are flexible to match local needs.

ICS governance currently operates via voluntary arrangements and relies on goodwill and mutual co-operation. While organisations have legal constraints that may impede taking joint decisions with an ICS, within the document, NHSE&I have made further recommendations for legislative change, building on those already made to Government.

NHSE&I's previous recommendations to Government for new NHS legislation, included rebalancing the focus on competition between NHS organisations by reducing the Competition and Market Authority's role in the NHS and abolishing Monitor's role and functions in relation to enforcing competition. The proposals also included the formal merger of NHS England and NHS Improvement.

In addition to those proposals, NHSE&I is now seeking to achieve clarity and establish a future-proofed legislative basis for ICS that accelerates their ability to deliver their vision for integrated care. They propose two options within the document to encapsulate ICS in legislation:

> **Option 1:** a **statutory committee model with an Accountable Officer** that binds together current statutory organisations.
>
> **Option 2:** a **statutory corporate NHS body model that additionally brings CCG statutory functions into the ICS**.

Option 2 is believed by NHSE&I to be the model that offers the greater long-term clarity of system leadership and accountability. They pose the following questions and are seeking the views of stakeholders **by 8th January 2021**:

1. Do you agree that giving ICS a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade?
2. Do you agree that option 2 offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to Parliament and most importantly, to patients?
3. Do you agree that other than mandatory participation of NHS bodies and Local Authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their populations needs?
4. Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHS England should be either transferred or delegated to ICS bodies?

## Next steps

There is an expectation that every system will be operating as an ICS from April 2021 and all systems will need to agree development plans with their NHSE&I Regional Director that clearly set out:

- **By April 2021**: how they continue to meet the current consistent operating arrangements for ICS and further planning requirements for the next phase of the COVID-19 response; and
- **By September 2021**: implementation plans for their future roles that will need to adapt to consider legislative developments.

## The potential implications for community pharmacy

The broad plans for the further development of ICS have been clear since the publication of NHSE&I's legislative proposals last year. ICS will be central to the operation of the NHS across England and community pharmacy will need to ensure its voice is heard, as a key part of local systems and a provider at a place level.

In August 2018, NHSE&I announced the launch of a new programme, supported by the Pharmacy Integration Fund, to test how NHS pharmacy and medicines optimisation/safety could be integrated into Sustainability and Transformation Partnerships (STP) and ICS. The **Integrating NHS Pharmacy and Medicines Optimisation (IPMO)** programme set out to develop a framework which describes how to systematically tackle the medicines optimisation priorities for the local population in an ICS and best use the expertise of pharmacy professionals in the strategic transformation of systems to deliver the best patient outcomes from medicines and value to the taxpayer.

In September 2020, NHSE&I published *Leading integrated pharmacy and medicines optimisation – Guidance for ICSs and STPs on transformation and improvement opportunities to benefit patients through integrated pharmacy and medicines optimisation* via the Future NHS platform (login required).

This document sets the future direction for ICS leadership for pharmacy and it summarises the learning from the IPMO pilots. PSNC Briefing 034/20 IPMO guidance and the development of system leadership, aimed at LPC members and officers, highlights the key points in the NHSE&I document relevant to community pharmacy and suggests actions which LPCs may want to take. Ensuring community pharmacy is represented in system-level discussions is of critical importance to the sector and LPCs have been actively working to ensure the sector is fully engaged in all ICS.

The proposals for combining budgets at ICS level and the shifting of commissioning of some primary care services from NHSE&I to ICS would have implications for pharmacy contractors, if that applies to the NHS Community Pharmacy Contractual Framework. PSNC is seeking further information from NHSE&I on their thinking in relation to the commissioning of community pharmacy services and we will provide further information on this as soon as we are able.

If you have queries on this PSNC Briefing or you require more information, please email the Services Team.