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NCF Response to Health and Social Care Select Committee Inquiry into the autonomy and accountability of Integrated Care Systems

This submission has been written in response to a call for evidence issued by the Health and Social Care Select Committee as part of its inquiry into the autonomy and accountability of Integrated Care Systems. We have responded to some, but not all, the questions. Our responses reflect an adult social care perspective.

The National Care Forum – who we are

The National Care Forum brings together over 160 of the UK's leading social care organisations, representing large numbers of care providers, offering thousands of services across the country, which are not-for-profit and always at the heart of community provision. Collectively, these organisations deliver more than £2.3 billion of social care support to more than 222,000 people in over 8,200 settings. The NCF membership body collectively employs more than 117,000 colleagues.

NCF has been working closely with the DHSC and NHSE policy teams responsible for implementing the parts of the Health and Care Act 2022 relating to ICSs. Central to this work has been convincing DHSC and NHSE that they need to be thinking about formal structures for social care representation and guidance to encourage systems to meaningfully include social care providers which, up to this point, have felt shut out of the development of and engagement in the new systems. Alongside the work of the wider Care Provider Alliance, this approach has borne some fruit in a number of pieces of guidance published at the end of July and start of August which hopefully signals a shift:

- Adult social care principles for integrated care partnerships
- Guidance on the preparation of integrated care strategies
- Health and wellbeing boards: draft guidance for engagement
- CPA ICS Explainer for Adult Social Care

The challenge, as always, will be implementation and culture change within very NHS-dominated systems. Our submission stresses that permissiveness and autonomy can only work where there is accountability that ensures all local partners, and, in particular, social care providers are meaningfully engaged in the systems at all levels. In the words of the adult social care principles document linked above, *"adult social care providers are critical partners in planning, delivering, and improving health and wellbeing outcomes".* Without social care providers, ICSs will fail in their mission.

How best can a balance be struck between allowing ICSs the flexibility and autonomy they need to achieve their statutory duties, and holding them to account for doing so? & What does a permissive framework for ICSs look like in practice?

It is clear that a balancing act is needed between local permissiveness and autonomy for Integrated Care Systems (ICSs) and the need for some centrally set outcomes that will be important to people, communities and social care providers across the country, regardless of the geography of their local ICS.

Given the challenges that the adult social care sector continues to face in engaging with their ICSs, our view is that pure permissiveness for ICSs presents a very real risk of little actual change in culture, thinking and strategic approach. This means that there is a great chance that we will miss the opportunity that the ICSs offer to do things differently. Equally, it seems unreasonable to continue to impose large numbers of central targets on systems designed to devolve decision-making and accountability to the more local level.

There are learnings to be had from previous policy approaches in seeking this balance – for example, local area agreements offered a way to balance competing national & local priorities across local partners and stakeholders. While we are not advocating the return to that level of bureaucracy, some of the principles that underpinned that approach may offer learning here.

In order to ensure that ICSs are able to deliver better health and wellbeing outcomes and to understand which outcomes are key to their local populations, they must ensure that they engage fully and meaningfully with their adult social care provider sector.

As the recent guidance on preparing integrated care strategies says: *Integrated care partnerships should recognise that the adult social care provider landscape, in particular, contains a diverse range and type providers, many of which are small to medium-sized enterprises, that will be closely tied to the communities they serve and will have important insights to inform the integrated care strategy.*

And as the Expected ways of working between integrated care systems and adult social care providers says: *ASC providers are critical partners in planning, delivering and improving health and wellbeing outcomes. ASC providers are not just delivery partners. They should be fully engaged in the work of the ICP as strategic partners. This includes ensuring their perspectives and insights are fully represented in each ICP to achieve joined-up, person-centred and preventative care together. ASC providers can be deeply rooted in their local communities. They bring hugely valuable expertise in meeting the current and future needs of their wider communities, as well as deep insight and understanding of the people and communities they serve. Their knowledge and expertise will support the ICPs to:*

- *tackle the deep-rooted health inequalities*
- *improve the health and wellbeing of people who live and work in their area*
- *drive greater personalisation of services*

Our recommendation to the committee is to ensure that in the balance between permissiveness at a local ICS level and the inevitable need for some central targets, there needs to be clear requirements set out in guidance and regulation for adult social care involvement in their ICSs. We recognise that local systems need permissiveness in how they do this, but do it they must. This will improve the quality of the approach to understanding population health and wellbeing needs and help to bring creative and dynamic ways to seek to meet these needs/ prevent them.

Are central targets consistent with local autonomy in this context? To what extent is there a risk that ICBs become an additional layer of bureaucracy if central targets are not reduced as ICBs are set up?

It seems inevitable that there will be the need for some centrally set outcomes that will be important to people, communities and social care providers across the country, regardless of the geography of their local ICS. However, the balance between central targets and local permissiveness and autonomy for ICSs needs to be carefully struck.

It is crucial that the local permissive and autonomy does not result in a focus solely on health system metrics and targets, but allows for a focus on the broader outcomes on system and population-wide positive health and wellbeing outcomes. A key way to do this is to make sure that there are clear requirements set out in guidance and regulation for adult social care involvement in their ICSs as they bring hugely valuable expertise in meeting the current and future needs of their wider communities, as well as deep insight and understanding of the people and communities they serve.

Where there are centrally set targets/ programmes, they need to be co-created with the adult social care providers sector where the provider sector is essential to local achievement of these targets/ programmes. A good example is the recent 1000-day challenge which was issued a few days after ICSs went live – there seemed to be no discussion with the adult social care providers sector who are critical partners in helping systems to achieve it.

It is also essential that local system targets and priorities do enable a shared, steady and efficient use of resources to achieve them, including understanding how resources can be devoted to supporting the social care part of the system to support the health part of the system. The interdependencies need clear recognition and commitment and guaranteed resource and funding, not short-term emergency funding and resource solutions – an example would be recognising that winter pressures are actually year-long pressures and social care providers need clear planning, implementation and contractual and funding guarantees if they are to be able to ensure their capacity to respond.

What can be learned from examples of existing good practice in established ICSs?

From our perspective, it is too early to offer examples of good practice in ICSs, especially in terms of involving adult social care providers beyond place level. We can point to the Expected ways of working between integrated care systems and adult social care providers which sets out the importance of creating engagement and participation structures that will keep ICS permissiveness accountable to the need to involve both social care providers and the people who use those services.

Helpful learning can also be found in the ICS guidance for partnership with the VSCE sector which aims to ensure that ICBs have a formal agreement for engaging and embedding the VCSE sector in system-level governance and decision making.

How can it be ensured that quality and safety of care are at the heart of ICB priorities? How best can this be done in a way that is consistent with how providers are inspected for safety and quality of care

All partners in the ICSs have a responsibility to ensure that quality and safety are at the heart of how the ICS operates, plans and delivers. From the perspective of adult social care providers, they have a

huge amount of regular, often daily, contact with the people they support and their network of family and friends, with relationships that are often deeper and more long-term than those relationships with the health part of the system. This makes them invaluable partners in the drive for better quality and choice for people using their services, as well as offering the opportunity to think differently with the system about how future care and support might work. It also means that they have a comprehensive understanding of and insight on the broader health inequalities experienced by many of the people they support (and their family/ friends).

At the National Care Forum, we have long campaigned for investment in the social care workforce - social care employers need to be able to pay social care workers better, at levels which properly reflect their skills, competencies and expertise and at levels which improve staff retention, reduce staff turnover and support recruitment.

ICSs have the opportunity to work together, with the support from national government, to drive plans for a joined-up health & care workforce. This includes ICSs supporting calls from their local authority partners to be funded to pay providers sufficiently well and supporting pay, terms and conditions that are comparable to the NHS (as well as comparable pay, comparable pension, holiday entitlement, sickness pay policies and other benefits, such as maternity support).

Providing care to people is a skilled role with high levels of responsibility and regulation, which should be reflected in peoples' pay. If local systems are to work towards a more integrated health and care workforce then this parity in pay, terms & conditions will be essential. And one key way to drive better quality, improve recruitment and retention, reduce staff turnover and improve the capacity of social care providers to deliver more care and support to an increasingly ageing and frail population with increasingly complex needs, is to ensure investment in workforce by local systems.

We are aware of a number of pieces of work looking at metrics and success measures for ICSs. In our view, the voice and the experience of the customer – the people living in the ICS area, using the health and care services delivered across that locality – need to be at the heart of this work. The committee may want to look more closely at proposed metrics for ICSs, the integration index work and measures for success to ensure they are outcome focussed and do not focus on process, with perverse unintended consequences across the whole system.

Moving to the topic of regulation, we in social care welcome the new powers for the CQC in terms of oversight and assurance of ICSs and LAs. For us, this is an essential part of ensuring that we are all working together effectively to serve the needs and expectations of the people using our services in our local communities. It provides real opportunity for the first time in many years to ensure a sound objective understanding of the interdependencies of the whole health & care system, making sure that plans and actions by one part do not inadvertently undermine the effectiveness of another. Regulation of the entire system is the only way to put everything into context and judge how our population health and wellbeing is being served.

We have been working with the CQC to ensure that their new approach to regulation, including their single assessment framework, supports and champions the voice of adult social care providers in the oversight and assurance of LAs and ICSs. Social care providers often have a strong advocacy role in supporting the voice of the people who use their care & support services as well as a more distinct provider voice in the experience of commissioning, joint planning, strategic thinking and future-proofing.

How can a focus on prevention within ICSs be ensured and maintained alongside wider pressures, such as workforce challenges and the electives backlog?

A focus on prevention in the work of ICSs is absolutely essential and is key to relieving some of the urgent pressures affecting the whole system and impacting people's lives at the moment. Social care providers, alongside community health providers, are key to delivering the prevention agenda across ICSs. The issue of workforce challenges, be that better pay, terms & conditions or recruitment and retention, are key to being able to deliver effective preventive services. The ICS strategy guidance is very clear that a focus on prevention is an integral part of the integrated care strategy:

In preparing their integrated care strategy, integrated care partnerships should consider how to improve health and wellbeing and how to support prevention of physical and mental ill-health, future care and support needs, the loss of independence and premature mortality

Social care has an essential role to play in supporting people to remain independent as well as helping people to regain their independence. This makes it even more essential that ICSs must ensure that they engage fully and meaningfully with the adult social care provider sector.