NCF Summary Briefing – The Integration White Paper: Joining up care for people, places and populations – February 2022

Yesterday, the government published the Integration White Paper – the long-awaited, and overdue, accompaniment to the Adult Social Care White Paper and Health and Care Bill. The overarching goal is to better integrate health and social care, although, unfortunately, the paper would appear to have conflated Local Authorities with social care and other local partners. It is completely focused on making NHS and LAs work better together. As such, this is a very dense, jargon heavy white paper that is full of various policy proposals and aspirations. The paper is focused on structures, frameworks and organisations. The Integrated Care Systems (ICS), which now go live in July 2022, are the lynchpin of this white paper, with the 'Place' level being the focus of integration. We note the absence of detail on engaging at system-level. We will have a set of resources explaining the structure of ICSs and how to engage with them in due course, in the meantime see The King's Fund for more detail on the ICS structures.

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Our initial overall observations from this white paper

- There are policies we welcome in this white paper but the detail is still missing – we are left with more questions and indeed it is telling that most sections are accompanied with questions for an upcoming consultation on this white paper.
- The potential of adult social care providers as key strategic partners in integration has been completely overlooked. Instead, the white paper conflates LAs with adult social care. There is also no recognition of the contribution of wider VCSE alliances. It doesn't address how systems avoid ICSs being dominated by the NHS
- The lynchpin of the entire reform agenda has been placed on Integrated Care Systems – there seems to be a lot for them to do very quickly.
- When it comes to leadership and accountability, the definition of 'clear accountability' is anything but. The place-based partnership board model suggested in chapter 3 looks rather like a CCG with LA involvement – and it is not clear how this fits with an Integrated Care Board (ICB) at the top of the system? It is also not clear how a 'single accountable person' at place level who has powers delegated from the ICB and LA will be able to navigate such a potentially tricky, highly political role
- Integration appears to be a substitute for adequate funding for the health and care system
- The section looking at pooling NHS and LA budgets is very limited and doesn't suggest anything concrete or mandatory
- There are welcome statements about the need to join-up health and social care workforce training and development, but there is still no dedicated information or firm requirement for a joint workforce plan for social care & health. It also focuses too much on 'Place' when this is a nationwide issue, and will certainly be a system wide issue.
- There is a big focus on data and digital which is welcome but the timescales are very ambitious with relatively little resource to implement. The government aims to have a shared care records in place for everyone by 2024. Only 40% of social care providers have fully digitised records and there is no detailed plan to bridge that gap.

Below I've given a brief overview of the white paper.

Introduction: Delivering more Integrated Services for the 21st Century

This chapter sets out what the government means by successful integration through a number of case studies. They define it as:

'Successful integration is 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. Everyone should receive the right care, in the right place, at the right time. Our vision is that integration makes a significant positive impact on population health through services that shift to prevention and address people's needs promptly and effectively; but it is also about the details and the experience of care - the things that often matter most to people, carers and families.'

Shared Outcomes

This chapter outlines plans to develop shared outcomes framework with a focused set of national priorities from which places can develop additional local priorities. The aim is to support organisations and systems to work together in pursuit of the same goals which focus on individuals and population health and wellbeing. The implementation of these shared outcomes will begin from April 2023. The chapter is rather vague in what these shared outcome frameworks will be exactly.

There is a commitment to consider what can be aligned or replaced from pre-existing outcome settings exercises and frameworks. Lastly, there is an intention to develop oversight arrangements and regulatory structures that focus on the planning and delivery of shared outcomes.

Leadership, accountability and finance

This is a rather complicated chapter despite its claim to set out clear accountability and structural arrangements. I have broken this down into three broad sections:

- Leadership & accountability
- Financial frameworks and incentives
- Oversight and support

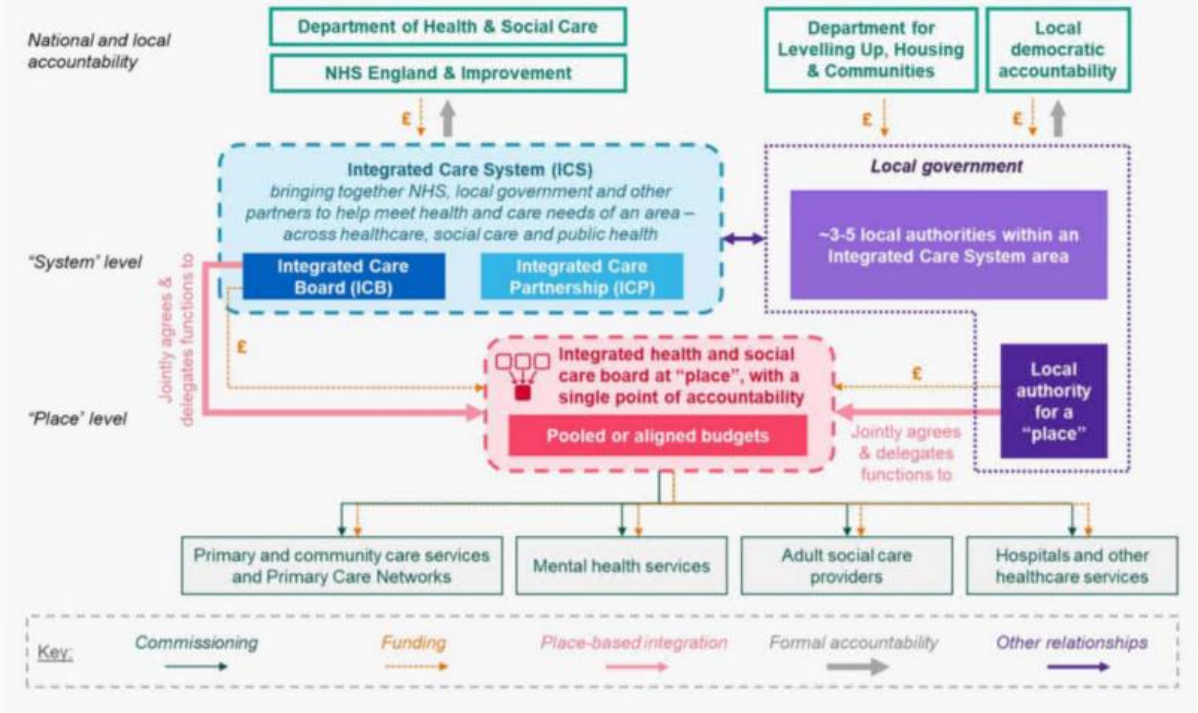
Leadership & accountability

One of the problems with the Health and Care Bill and the Integrated Care Systems, is that it isn't always entirely clear who is accountable for certain decisions. Unfortunately, this white paper doesn't really resolve that, despite setting out to.

The government expects all local areas to create place-based arrangements to bring together NHS and local authority leadership. This will include responsibility for effective commissioning and delivery of health and care services. Local health and care leaders are expected to set and agree the shared outcomes and will be held accountable for delivery of these outcomes.

The white paper proposes a model to do this using a 'Place-based board'. In this arrangement, a 'place board' brings together partner organisations to pool resources, make decisions and plan jointly – with a single person accountable for the delivery of shared outcomes and plans, working with local partners. In this system the council and ICB would delegate their functions and budgets to the board.

By 2023, all 'Places' within an ICS are expected to have adopted a model of accountability, like this one, with a clearly identifiable person responsible for delivering outcomes, working to ensure agreement between partners and providing clarity over decision making. The attempt by the government to turn this into a diagram shows that this is very far from being a clear or trouble-free line of accountability:



This is clearly a highly political model. It is very hard to see how a single individual can be accountable for an integrated 'Place-based board' that sits between the LA and the NHS. This individual and the Place Board are delegated commissioning powers by the Integrated Care Board (ICB) and LA. This raises a few questions for us - this model looks very like a CCG with LA involvement. This begs the question - what's the point of abolishing the CCGs and giving their powers to ICB if at the end of the day, these very same ICBs delegate the powers back to 'Place' level to jointly-commission services?

Financial Frameworks and Incentives

This section outlines the difficulty that financial frameworks sometimes present in allowing for integrated working at place level between health and social care services. However, it is rather weak in its proposed solutions. It rules out mandating the pooling of budgets. Rather, it states it will review section 75 of the NHS Act 2006 to simplify it, as well as encourage more 'aligning' of budgets at local level.

An example of this is the Better Care Fund. Later this year, the government will set out the policy framework for the Better Care Fund from 2023, including how the programme will support the implementation of the new approach to integration at Place level.

The Health and Social Care Bill sees ICSs as the primary unit for the NHS' financial planning and accountability, operating with a single system funding envelope across acute, community, mental health and primary care. Other mechanisms in the Bill include Joint Committees, as well as a holistic set of statutory duties and oversight, such as the Triple Aim duty which covers the health and wellbeing of people in England, the quality of services provided or arranged by both themselves and other relevant bodies (NHS England, Trusts and Foundation Trusts, and ICBs), and the sustainable and efficient use of resources by both themselves and other relevant bodies. There are strengthened duties to cooperate, as well as clauses on system collaboration and financial management agreement in NHS standard contracts.

Note the expectation in the white paper that wherever possible, pooled or aligned budgets should be routine and grow to support more integrated models of service delivery, eventually covering much of the funding for health and social care services at place level.

Oversight and Support

Much of this isn't new. CQC will have a new duty to review ICSs as a whole, pending passage of the Health and Care Bill. CQC will also continue to develop its assessment of individual providers to ensure it includes their contribution to plans that improve outcomes at Place and ICS level are assessed as part of the overall oversight framework.

Digital and Data

This chapter is full of welcome policies but with ambitious timescales and an absence of additional funding to make reality. This includes:

- Health and adult social care providers within an ICS must reach a minimum level of digital maturity, and these providers should be connected to a shared care record**. Each ICS must have a functional and single health and adult social care record for each citizen by 2024**, with work underway to enable full access for the person, their approved caregivers and care team to view and contribute to.
- **To achieve 80% adoption of digital social care records among CQC-registered social care providers by March 2024**. Government will ensure that within six months of providers having an operational digital social care record in place, they are able to connect to their local Shared Care Record, enabling staff to appropriately access and contribute to the record
- **A suite of standards for adult social care to** enable providers across the NHS and adult social care sector to share information, starting with the consolidation of existing terminology standards by **December 2022**. A roadmap for this will be published in **April 2022.**
- **Data to support an understanding of population health, including unmet need and disparities, should be fully shared across NHS and local authority organisations**, to allow 'place boards' or equivalents, and ICSs to plan, commission and deliver shared outcomes, including public health and prevention services.
- **Each ICS will implement a population health platform with care coordination functionality** that uses joined up data to support planning, proactive population health management and precision public health by **2025.**
- **By March 2024, over 20% of care homes** will have acoustic monitoring solutions or equivalent care tech in place.
- **ICS Digital investment plans should be finalised by June 2022** which include the steps being taken locally to support digital inclusion.
- **An 'ICS first' approach**. This means encouraging organisations within an ICS to use the same digital systems, making it easier for them to interact and share information and providing care teams working across the same individual's pathway with accurate and timely data.
- **The inclusion and transparency of workforce, operational capacity, and financial data** across an ICS can also support better use of scarce resources, and improve productivity

One aim seemed odd to us:

- By 2022, one million people will be supported by digitally enabled care pathways at home

We're not entirely where this is, considering we're already in 2022.

The powers in the Health and Care Bill underpin this entire chapter, and the Data Strategy due to be published in the next couple of weeks or months. It gives the government the power to mandate standards for how information is collected and stored, so that information flows through the system in a usable way and a statutory duty for organisations within the health and care system to share anonymous data.

The health and care workforce and carers

This chapter has some welcome statements on the need to join-up health and social care workforce training and development, but there is still no dedicated information or requirement for a workforce plan for social care and health. It is also concerning to see workforce concerns relegated to 'Place' level when the crisis in the social care workforce is a nationwide issue, and will certainly be a system wide issue. Again, ICSs are the lynchpin for health and care workforce joint-working and training. This chapter borrows quite a lot from the adult social care white paper on workforce. We also note that the issue of pay, terms and conditions is missing.

The key proposals are laid out at the beginning of the chapter:

- strengthen the role of workforce planning at ICS and local levels
- review the regulatory and statutory requirements that prevent the flexible deployment of health and social care staff across sectors
- increase the number of appropriate clinical interventions that social care workers can safely carry out by developing a national delegation framework of healthcare interventions
- introduction of an Integrated Skills Passport to enable health and care staff to transfer their skills and knowledge between the NHS, public health and social care
- increase the number of learning experiences in social care, including health undergraduate degree programmes and for those undertaking apprenticeships
- explore opportunities for cross-sector training and learning, joint roles for ASC and health staff in both regulated and unregulated roles
- promote the importance of the roles of link workers, care navigators and care coordinators to ensure consistent access to these roles across the country

The remaining proposals have simply been lifted from the adult social care white paper.

While this is far from a plan, the commitments to encouraging more learning experiences of NHS staff in social care, the desire for more joined-up training and development and the recognition that the NHS and social care are competing for the same staff, are welcome. Nevertheless, there is no detail on how the workforce crisis will be resolved, nor any resources to do this. Integration alone won't fix the problem.

Conclusion: Impact on People and Next Steps

This chapter is made up of a series of case studies. The Next Steps list of actions is a very useful summary and I've copied below.

- On shared outcomes, consult stakeholders and set out a framework with a concise number of national priorities and approach for developing additional local shared outcomes, by Spring 2023
- will review alignment with other priority setting exercises and outcomes frameworks across health and social care system and those related to local government delivery
- Ensure implementation of shared outcomes will begin from April 2023
- On leadership, accountability and oversight, set an expectation that by Spring 2023, all places should adopt a model of accountability and provide clear responsibilities for decision making including over how services should be shaped to best meet the needs of people in their local area
- Review section 75 of the 2006 Act which underpins pooled budgets, to simplify and update the regulations
- Work with partners to develop guidance for local authorities and the NHS to support going further and faster on financial alignment and pooling.
- Publish guidance on the scope of pooled budgets Spring 2023
- Work with the CQC and others to ensure the inspection and regulation regime supports and promotes the new shared outcomes and accountability arrangements at Place
- Develop a national leadership programme, addressing the skills required to deliver effective system transformation and place-based partnerships, subject to the outcomes of the upcoming leadership review
- Publish a final version of the Data Strategy for Health and Care will be published (Winter 2021/22)
- Ensure every health and adult social care provider within an ICS to reaches a minimum level of digital maturity
- Ensure all professionals have access to a functionally single health and adult social care record for each citizen (by 2024) with work underway to put these in the hands of citizens to view and contribute to
- Ensure each ICS will implement a population health platform with care coordination functionality, that uses joined up data to support planning, proactive population health management and precision public health (by 2025)
- Develop a standards roadmap (2022) and co-designed suite of standards for adult social care (Autumn 2023)
- Ensure 1 million people to be supported by digitally enabled care at home (by 2022)
- On workforce, strengthen the role of workforce planning at ICS and place levels
- Review barriers (including regulatory and statutory) to flexible movement and deployment of health and care staff at place level
- Develop a national delegation framework of appropriate clinical interventions to be used in care settings
- Increase the number of clinical practice placements in social care during training for other health professionals

- improve opportunities for cross-sector training and joint roles for ASC and NHS staff in both regulated and unregulated roles
- Appoint a set of front-runner areas in Spring 2023. These will trial the outcomes, accountability, regulatory and financial reforms discussed in this document