Portfolio Holder for Communities, Wellbeing & Community Safety

Item

17/12/2020

Report of	**Strategic Director of Customer & Relationships**	**Author**	**Scott Danielsen** ☎ **+298 22 53 82**
Title	**NHS Consultation on Integrating Care**		
Wards affected	All		

This report seeks approval for draft responses to an NHS England / NHS Improvement consultation on the future of Integrated Care Systems.

1. Executive Summary

1.1 A new report from NHS England and NHS Improvement (NHSE/I) aims to open up a discussion with the NHS and its partners about how Integrated Care Systems (ICSs) could be embedded in legislation or guidance.

1.2 The report calls for consultation on two options for the future of ICSs. NHSE/I believe there are two possible options for enshrining ICSs in legislation, triggering a distracting top-down re-organisation:

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

1.3 The consultation poses the following questions:

1. Do you agree that giving ICSs 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

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 NHSE should be either transferred or delegated to ICS bodies?

2. Recommended Decision

2.1 In addition to responses to the consultation being drafted by partners within the Suffolk and North East Essex ICS it is recommended that CBC submit our own, additional response to the four questions as follows:

2.2 Question 1: Based on our involvement as a key partner within both the North East Essex Health and Wellbeing Alliance and the wider Suffolk and North East Essex ICS,

Colchester Borough Council supports making ICSs mandatory in all areas. However, from our experience in North East Essex we suggest that support for system leaders to work collaboratively must be provided, with a focus on achieving population health outcomes, reducing place-based inequalities in health and thus devolving power and resources to place wherever appropriate.

2.3 Question 2: We disagree that Option 2 provides a model that offers greater incentive for collaboration. We are concerned that a statutory NHS body may lose the wider system perspective crucial in public health in general, and specifically prevention and reducing inequalities in health that comes from the full engagement of local authorities. We support the proposal from the Local Government Association that: "the best option to preserve and promote equal partnerships is to create system level integrated commissioning NHS bodies and also have statutory joint committees to which ICSs are accountable to ensure they deliver integration at place within the system."

2.4 Question 3: Our experience locally leads us to support the proposal to allow systems to shape their own governance arrangements, beyond the mandatory participation of NHS bodies and local authorities, to best suit population needs. We are concerned that the report does not mention the role for tier two authorities, such as ours. We are a large borough with a very active engagement and collaboration with our system partners and believe other ICS in England would benefit from the engagement of second tier authorities. This is crucial if place-based strategies that are effective in tackling inequalities in health and meeting local needs, that can vary hugely within district councils and Alliance areas, let alone in the wider ICS geographical footprint. It is therefore of the utmost importance that arrangements are put in place to retain the focus on place, with the active involvement of all tiers of local government and the voluntary sector that Alliances, such as our North East Health and Wellbeing Alliance have worked hard to develop and, in our case, is now paying dividends.

2.5 Question 4: We strongly support the move to delegate commissioning from NHSE to ICS level, but, beyond this, commissioning must be further devolved to Place-based level ensuring the application of the principle of subsidiarity highlighted in your report.

3. Reason for Recommended Decision

3.1 While the NHSE/I report authors make clear that Option 2 is their preferred option the LGA recommend Option 1. This makes sense as Option 1 risks the relegation of local authority – and other – partners within a statutory NHS body.

3.2 The reasoning behind our responses to the other three questions is self-evident in the replies to the questions above.

4. Alternative Options

4.1 To not respond to the consultation.

4.2 To provide alternative responses to the consultation.

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5. Background Information

5.1 NHSE/I is proposing that:

5.2 By April 2022, each ICS is expected to create “one workforce strategy” in line with the NHS People Plan.

5.3 ICS leaders will be “expected to use new freedoms to delegate significant budgets to ”place” level” — normally the size of a local authority. It added “new powers” will make it easier to form joint budgets with local authorities.

5.4 Small ICSs — likely those with a population less than a million — may “formally combine” after April 2022, as NHSE said they need to be “of sufficient size” to work “effectively”.

5.5 Specialised services will be increasingly organised at ICS level with NHSE/I “considering” introducing population-based specialised commissioning budgets “at a regional” level from April 2021, with adjustments made to “neutralise” any negative impact on budgets.

5.6 Each ICS partnership board must have a named senior responsible office to take charge of a three-year digital transformation plan. NHSE/I supports “legislative change” that makes sharing data across health and care systems a “key duty” of all organisations.

5.7 The NHS will “organise the finances” at ICS level, which will allow ICS leaders to allocate budgets as needed. A new “single pot” will bring together “current CCG commissioning budgets, primary care budgets, the majority of 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”. Systems will “move away” from activity-based commissioning.

5.8 ICS will manage capital budgets which will be “coordinated between different NHS providers… [and] aligned with local authorities’ management of their estates”.

5.9 “Regional improvement hubs” will offer support to ICSs with NHSE regional teams to become “thinner” as direct commissioning moves to ICS. An “intensive recovery support programme” will also be established to “support” the most challenged systems.

5.10 All NHS provider trusts will be expected to be part of a provider collaborative and trusts that operate across either a large area or are within a small ICS will likely want to be part of a collaborative that spans “multiple systems”. NHSE/I will set out guidance on how to do this in “early 2021”.

5.11 In outlining NHSE/I thinking on how they envisage ICS working there is a strong emphasis on place-based working.

5.12 The report states that the “exact division of responsibilities between system and place should be based on the principle of subsidiarity – with the system taking responsibility only for things where there is a clear need to work on a larger footprint, as agreed with local places.”

5.13 Within the “offer to local government” NHSE/I outlines an ambition to work more closely with local government, but, there are no references to the different tiers that exist in areas such as Essex.

6. Equality, Diversity and Human Rights implications

6.1 Not required for this recommended decision.

7. Strategic Plan References

7.1 Creating safe, active and healthy communities, by building on community strengths and assets. Working alongside communities to build a borough where people are more empowered, self-sufficient, healthy, active, happy and doing what they enjoy.

8. Consultation

8.1 There have been no public consultations for this decision.

9. Publicity Considerations

9.1 There are no publicity considerations identified for this decision

10. Financial implications

10.1 The financial implications are not detailed within the consultation so it is not possible to comment at this stage.

11. Health, Wellbeing and Community Safety Implications

11.1 The subject matter of this decision relates to the health and wellbeing of Colchester's population.

12. Health and Safety Implications

12.1 There are no health and safety implications identified for this decision.

13. Risk Management Implications

13.1 There are no risk management implications identified for this decision.

14. Environmental and Sustainability Implications

14.1 There are no environmental and sustainability implications for this decision.