Mid and South Essex Health and Care Partnership

A system in the making

Working together for better lives

Background

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All systems Nationally are **working towards new structures** the maturity of thinking and progress is varied across Regions and the NHS,

Covid19 has impacted on plans and delayed some timelines. Our attention remains on Covid support and planning on how and when we can manage our exit from the pandemic.

The current crisis has required **new ways of working** – Teams meetings, WfH, Technology focused solutions, this will all play a part in our design for the future

New thinking is emerging with the white paper which has outlined developing expectations. Mid & SE are at early stages commencing later than many.

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The White Paper: “ Integration and Innovation: working together to improve health and social care for all “

Working together for better lives

Key points

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- Following publication of the consultation document *Integrating Care: next steps to building strong and effective integrated care systems across England* , the DHSC has laid legislative proposals for a Health and Care Bill.
- The goal is to facilitate **"joined up care for everyone in England"** – ensuring all parts of the NHS, public health and social care system connect and collaborate.
- Two forms of integration will be underpinned by legislation:
  - **Integration within the NHS** to remove cumbersome boundaries to collaboration and to make working together an organizing principle; and
  - **Greater collaboration between the NHS and local government**, as well as wider delivery partners, to improve outcomes to the health and wellbeing of local people.
- NHS and local authorities will have **a duty to collaborate**, There will be a **"triple aim"** better health and wellbeing, better quality of health services and sustainable use of NHS resources
- There will be **statutory integrated care systems**, comprising:
  - An **ICS Health and Care Partnership**, bringing together the NHS, local government and wider partners.
  - An **ICS NHS Body**

Key points (continued)

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- The ICS has a key responsibility to **support place-based joint working**.
- There is no intended **"one size fits all"** and local systems will be given flexibility to find the best arrangements for them.
- The white paper recognises that **place-level commissioning within an ICS will align geographically to a local authority boundary** and the BCF would provide a tool for agreeing priorities.
- There will be further support for **improvements in data sharing** and **changes to competition law (as applied to the NHS)** and the **system of procurement**. These changes will "enable the NHS and LAs to avoid needless bureaucracy in arranging healthcare services while retaining core duties to ensure quality and value".
- NHS England and NHS Improvement will merge and be **designated as NHS England**.
- There will be enhanced **powers of direction** for government over NHSE.
- Further measures to enable **reforms to the NHS mandate** will be made to enable flexibility in timing, power to transfer functions between ALBs and removal of time limits on Special Health Authorities.
- An improved level of **accountability in social care** will be introduced, with a new assurance framework allowing greater oversight of local authority delivery of care
- and improved data collection to enable better understanding of capacity and risk.

Additional Measures

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- For public health, measures will be introduced to make it easier to **secure rapid change in public health functions** (e.g. to help tackle obesity, including restrictions on advertising and food labelling) as well as streamlining the process for fluoridation of water (moving responsibility from local authorities to central government).
- The SoS can set requirements for hospital food.
- Measures will be introduced to improve **quality and safety in the NHS**, including making the Health and Safety Investigations Body a statutory organisation, establishing a statutory medical examiner system and allowing the MHRA to set up national medicines registries.
- Legislation will also enable **reciprocal healthcare agreements** with other countries.
- **Support to staff affected by organisational change** will be given to minimize uncertainty and employment changes.
- The need for **social care reform** is recognised, and the government will bring forward separate proposals later this year.
- Subject to Parliamentary business, it is expected that the reforms will **begin to be implemented in 2022.**

Future ICS arrangements

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- The **ICS NHS Body** will be responsible for:
  - The **day to day running of the ICS**
  - Developing a **plan to meet the health needs of the population**
  - Developing a **capital plan for NHS providers**
  - **Securing the provision of health services** to meet the needs of the population
- The NHS Body will **merge some functions currently fulfilled by non-statutory ICSs with the functions of a CCG.** The allocative functions of the CCGs will be brought into the ICS NHS Body to sit alongside the strategic planning function.
- The ICS NHS Body would **delegate to place level and to provider collaboratives**.
- Each ICS will be required to establish an **ICS Health and Care Partnership**, bringing together health, social care, public health (and potentially others, such as social care providers, or housing providers).This body will be **responsible for developing a plan to address the wider health, public health and social care needs of the system**
- The ICS NHS Body and LAs will be required to have regard to this plan when taking decisions.
- There is **flexibility for the ICS** to develop processes and structures which work best.

Future ICS arrangements (continued)

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- To facilitate partnership working, **organisations can form joint committees and enter into collaborative commissioning arrangements** (e.g. section 75)
- **The ICS will work closely with Health and Wellbeing Boards** (as they have experience as place-based planners)
- **NHS Foundation Trusts will remain separate statutory bodies**, with functions kept broadly the same,
- The ICS NHS Body will not have the power to direct providers, and the provider relationship with the CQC remains unchanged.

So what does this mean for Finance?

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- To position ourselves for the changes ahead:
  - **Governance** will need to be slicker
  - We will need **Flexible** support partnering colleagues across the system
  - **Integrated working** will need to be developed – less silo more system, **'system first' approach**, system wide financial emphasis, less focus on CCG or Provider centric.
  - **Matrix methodology** – finance specialism but with broader connectivity, transition from 5 CCGs to one merged organisation. Will require
  - A **different attention to contracting** and greater attention to collective outputs and impacts
- **21/22 will be a transitional year:**
  - Still in **pandemic management** at least for Q1
  - **Developing structures** for ICS and CCGs, partnering within system.
  - **Transitional management** changes but will need stability as we transform.
  - System **financial imbalance** needs to be addressed, c£200m deficit before FRF and central support not sustainable.
  - New and **developing relationships** with LAs and the wider system.

A few final thoughts?

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The last 12 months pandemic management is creating **new challenges** – Elective backlog, RTT, Cancer waits, Mental Health, staffing pressures and new ways of working.

As soon as we return to a **'new normal'** our plan for recovery is likely to be at a similar pace to allow critical services to catch up **BUT** it will be different, covid has a long shadow.

Our immediate challenges

Return to Office
Adapt, Adopt & Abandon
Digital solutions likely to transform what we do and where we do it
System Resilience needed, and
Factoring in the Impact and proposals outlined in the White paper.