



PARTNERSHIPS COMMITTEE

29th JUNE 2021

REPORT TITLE:	STRATEGIC DEVELOPMENTS IN THE NHS
REPORT OF:	SIMON BANKS, CHIEF OFFICER, NHS WIRRAL CLINICAL COMMISSIONING GROUP AND WIRRAL HEALTH AND CARE COMMISSIONING

REPORT SUMMARY

On 11th February 2021, the Department of Health and Social Care (DHSC) published the White Paper *Integration and innovation: working together to improve health and social care for all*, which sets out legislative proposals for a Health and Care Bill. The intention of the Government to bring forward a Health and Care Bill to implement the proposals in the White Paper was confirmed in The Queen's Speech on 11th May 2021.

On 25th March 2021 NHS England and NHS Improvement published the **NHS Operational Planning and Implementation Guidance for 2021/22**. The planning and implementation guidance anticipated that legislation would be introduced into Parliament to enact the proposals in the White Paper. The guidance asks systems to start formally preparing to establish the expected statutory arrangements during Quarter 1 2021/22.

This report sets out the changes proposed for the NHS in legislation and guidance. It should be read in conjunction with previous reports to the Partnership Committee on 9th November 2020 and 13th January 2021.

RECOMMENDATION

The Partnership Committee are recommended to note and comment as appropriate on the report.

SUPPORTING INFORMATION

1.0 REASON FOR RECOMMENDATION

- 1.1 This report is for the information of the Partnership Committee. It is therefore recommended that the Partnership Committee notes the report and decides what further action it wishes to take.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 This is a report for information and therefore does not present options for consideration or recommendation.

3.0 BACKGROUND INFORMATION

- 3.1 Given that the terminology being used in regard to strategic developments in the NHS is new and emerging a definition of the key terms is included in Appendix 1.
- 3.2 On 26th November 2020 NHS England/Improvement (NHSE/I) published ***Integrating Care: Next steps to building strong and effective integrated care systems across England***, subsequently referred to as *Integrating Care: Next steps*. This document set out proposals for legislative reform and focused on the operational direction of travel for the NHS from 2021/22 onwards. It also asked for feedback on these proposals by 8th January 2021. The Partnerships Committee meeting received a paper on *Integrating Care: Next Steps* at the meeting on 13th January 2021.
- 3.3 On 11th February 2021, the Department of Health and Social Care (DHSC) published the ***White Paper Integration and innovation: working together to improve health and social care for all***, which sets out legislative proposals for a Health and Care Bill. The White Paper brings together proposals that build on the recommendations made by NHS England and NHS Improvement in *Integrating care: next steps to building strong and effective integrated care systems across England* with additional ones relating to the Secretary of State's powers over the system and targeted changes to public health, social care, and quality and safety matters.
- 3.4 On the same day NHSE/I issued four documents including *Legislating for Integrated Care Systems: five recommendations to Government and Parliament*. The report to the JHCCEG (Joint Health and Care Commissioning Executive Group) on 2nd March 2021 set out the detail of these documents which encouraged Her Majesty's Government to introduce legislation, at the earliest opportunity, to place Integrated Care Systems (ICSs) "on a clear statutory footing, but with minimum national legislative provision and prescription, and maximum local operational flexibility".
- 3.5 NHS Wirral CCG sent a briefing paper on the White Paper and the NHSE/I response to Wirral Council for circulation to members of the Partnerships Committee on 12th February 2021.
- 3.6 On 25th March 2021 NHS England and NHS Improvement published the **NHS Operational Planning and Implementation Guidance for 2021/22**. This set out that:

- There will be one statutory ICS NHS body and one statutory ICS health and care partnership per ICS from April 2022.
- Clinical Commissioning Group (CCG) functions will be subsumed into the ICS NHS body and some NHS England and NHS Improvement direct commissioning functions will be transferred or delegated to ICSs.
- CCG staff below board level who are directly affected will have an employment commitment and local NHS administrative running costs will not be cut as a consequence of the organisational changes.
- Through strong place-based partnerships, NHS organisations will continue to forge deep relationships with local government and communities to join up health and social care and tackle the wider social and economic determinants of health. To enable this, ICS boundaries will align with upper-tier local authority boundaries by April 2022, unless otherwise agreed by exception. Joint working with local government will be further supported by the health and care partnership at ICS level.
- The development of primary and community services and implementation of population health management will be led at place level, with Primary Care Networks as the building blocks of local healthcare integration.
- Every acute (non-specialist) and mental health NHS trust and Foundation Trust (FT) will be part of at least one provider collaborative, allowing them to integrate services appropriately with local partners at place and to strengthen the resilience, efficiency and quality of services delivered at-scale, including across multiple ICSs.
- Clinical and professional leadership will be enhanced, connecting the primary care voice that has been a strong feature of Primary Care Networks (PCNs) and CCGs, to clinical and professional leadership from community, acute and mental health providers, public health and social care teams.

3.7 The planning and implementation guidance anticipated that legislation would be introduced into Parliament to enact the proposals in the White Paper. The guidance asks systems to start formally preparing to establish the expected statutory arrangements during Quarter 1 2021/22. Preparations, which will be informed by further guidance, may include:

- running a process to appoint an ICS chair, accountable officer and chief financial officer.
- development of an ICS NHS body constitution, involving system partners, to be agreed by NHS England and NHS Improvement (the constitution will be formally agreed by the Board of the ICS body upon establishment).
- establishing shadow arrangements for the system's ICS NHS body and health and care partnership, including related governance arrangements (such as joint committees and other arrangements for the exercise of functions) that they wish to deploy locally as and when legislation permits.
- agreeing an ICS Memorandum of Understanding (MOU) for 2022/23 and the associated regional support offer.

3.8 The indicative process to be undertaken in every ICS over the course of 2021/22 is set out below. This is being overseen by a National ICS Steering Group. The process is subject to the passing of legislation and other factors (including pending decisions on ICS boundaries in some areas) and must be viewed as indicative at this stage. Accountability for managing this process will remain with the current ICS

leadership until such time as the new leaders (designated chair, chief executive and others at Board level) may be appointed (subject to legislation). Implementation plans will need to be agreed with NHSE/I regional teams.

Date (2021/22)	Task
By end of Quarter 1 (Q1)	Update Integrated Care System (ICS) System Development Plans (SDPs) and confirm proposed boundaries, constituent partner organisations and place-based arrangements.
By end of Q2	Confirm designate appointments to ICS chair and chief executive positions (following the second reading of the Bill and in line with senior appointments guidance to be issued by NHSE/I). Confirm proposed governance arrangements for health and care partnership and NHS ICS body.
By end of Q3	Confirm designate appointments to other ICS NHS body executive leadership roles, including place-level leaders, and non-executive roles.
By end of Q4	Confirm designate appointments to any remaining senior ICS roles. Complete due diligence and preparations for staff and property (assets and liabilities) transfers from CCGs to new ICS bodies. Submit ICS NHS body Constitution for approval and agree “Memorandum of Understanding (MOU)” with NHS England and NHS Improvement
From 1 st April 2022	Establish new ICS NHS body; with staff and property (assets and liabilities) transferred and boards in place.

3.9 The intention of the Government to bring forward a **Health and Care Bill** to implement the proposals in the White Paper was announced in The Queen’s Speech on 11th May 2021. The background briefing notes to The Queen’s Speech state that the purpose of the Health and Care Bill is to:

- Lay the foundations for a more integrated, efficient and accountable health and care system - one which allows staff to get on with their jobs and provide the best possible treatment and care for their patients.
- Give the NHS and local authorities the tools they need to level up health and care outcomes across the country, enabling healthier, longer and more independent lives.

3.10 The background briefing notes articulate that main benefits of the Bill will be:

- Delivering on the proposals put forward by the NHS in its own Long Term Plan, while building on the lessons learned from the successful vaccine rollout.
- Making it easier for different parts of the health and care system, including doctors and nurses, carers, local government officials and the voluntary sector to work together to provide joined-up services.

- Removing bureaucratic and transactional processes that do not add value, thus freeing up the NHS to focus on what really matters to patients.
- Enabling the system to most effectively prevent illness, support our ageing population, tackle health inequalities, tailor support to the needs of local populations, and enhance patient safety and quality in the provision of healthcare services.
- Ensuring the NHS and the wider system can respond swiftly to emerging issues while being fully accountable to the public.

3.11 The main elements of the Bill are:

- Driving integration of health and care through the delivery of an Integrated Care System in every part of the country.
- Ensuring NHS England, in a new combined form, is accountable to Government, Parliament and taxpayers while maintaining the NHS's clinical and day-to-day operational independence.
- Banning junk food adverts pre-9pm watershed on TV and a total ban online.
- Putting the Healthcare Safety Investigation Branch on a statutory footing to deliver a fully independent national body to investigate healthcare incidents, with the right powers to investigate the most serious patient safety risks to support system learning.

3.12 The **Cheshire and Merseyside Integrated Care System (ICS)**, also known as the Cheshire and Merseyside Health and Care Partnership (HCP), is responding to the implementation timetable and guidance that is referred to above, working with a range of organisations across Cheshire and Merseyside and reporting progress through the NHSE/I regional arrangements to the National ICS Steering Group. The Cheshire and Merseyside ICS will have to ensure that there is connectivity between national policy and guidance and local implementation. Progress will also be dictated by the release of further guidance which will have particular impact on work pertaining to governance, infrastructure, workforce and resources.

3.13 Figure 1 describes the approach that the Cheshire and Merseyside ICS is taking in regard to developing a system response to national policy and guidance. The ICS is applying this approach in a number of areas developing commissioning arrangements, establishing provider collaboratives and developing an Integrated Care Partnership (ICP) in each place including Wirral. Figure 2 sets out the development timeline in Cheshire and Merseyside, which follows that described in 3.5 above.

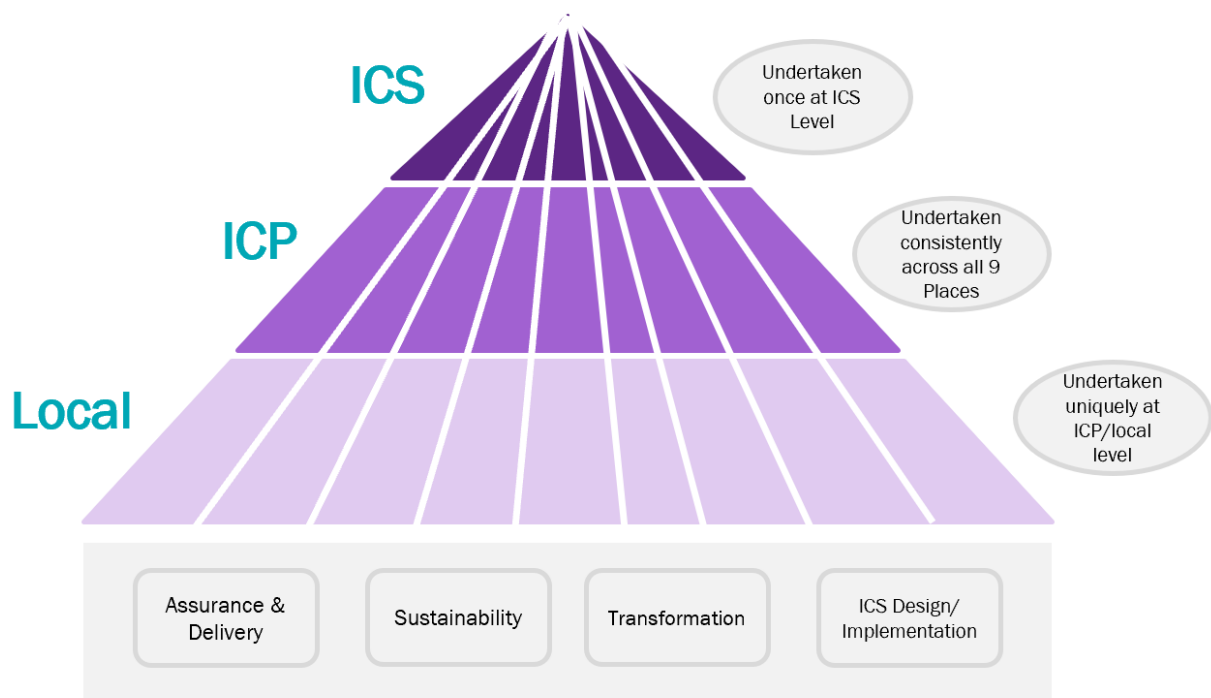


Figure 1: Cheshire and Merseyside ICS Strategic Framework

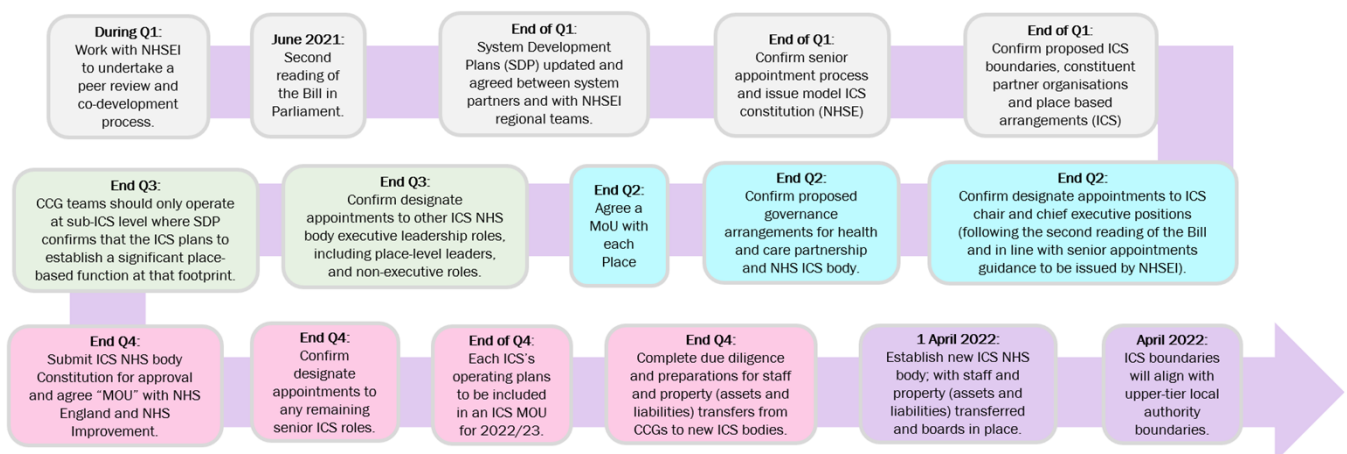


Figure 2: Cheshire and Merseyside ICS Development Timeline

3.14 In regard to **developing Integrated Care Partnerships** (ICPs) in each place, the ICS has set out seven expected core features of an ICP:

- *ICP Governance* – clearly defined formal arrangements for place partners to meet and work together to deliver outcomes set by the Health and Wellbeing Board (HWB) and ICS.
- *ICP nominated 'Place Lead'* with remit for integrated working who will connect with the ICS.
- *Shared vision and plan for reducing inequalities and improving outcomes* of local people approved by the HWB (underpinned by local population health and socio-economic intelligence).
- *Agreed ICP development plan*
- *Defined footprints (e.g. neighbourhoods) for delivery of integrated care*, clinically led by PCNs working with social care, community, mental health, public health and other community groups.
- *Programme of ongoing public and wider stakeholder engagement at place*
- *Integrated approach to commissioning between health and local authority* (such as shared posts, joint teams and pooled budgets) to underpin and support the work of the ICP.

3.15 The seven expected core features are described in more detail in Appendix 2.

4.0 FINANCIAL IMPLICATIONS

4.1 None as a result of this report but the financial implications of developing an Integrated Care Partnership for Wirral within the Cheshire and Merseyside ICS are being considered as part of the planning for these changes.

5.0 LEGAL IMPLICATIONS

5.1 The Health and Care Bill, subject to Parliamentary process, will further support the implementation of the NHS Long Term Plan and give ICSs statutory roles. Further guidance will be forthcoming from NHSE/I to support the transition to the new arrangements from April 2022. Work to develop an Integrated Care Partnership for Wirral will need to consider the legal implications around workforce, resources, governance and legal accountabilities.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There is a direct impact of these changes on staff employed by NHS Wirral CCG. It is anticipated that there will be a national human resources framework within which these proposed changes will be managed. Work to develop an Integrated Care Partnership for Wirral will need to consider the opportunities that may exist in regard to staffing, ICT and assets in the future.

7.0 RELEVANT RISKS

7.1 The system changes outlined in this report will have risk management frameworks as part of their implementation.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Engagement will need to take place in regard to the system changes outlined in this report.

9.0 EQUALITY IMPLICATIONS

- 9.1 NHS Wirral CCG and Wirral Council have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help public services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity. Once action plans are developed and actions clarified, equality will be at the heart of it and a suitable EIA will be written.

This report is for information and no EIA is required.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 None as a result of this report.

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APPENDICES

Appendix 1 Terminology Definitions

Appendix 2 Seven Core Features of an Integrated Care Partnership

BACKGROUND PAPERS

- NHS Five Year Forward View (2014), <https://www.england.nhs.uk/five-year-forward-view/>
- NHS Planning Guidance (2017), <https://www.england.nhs.uk/publication/delivering-the-forward-view-nhs-planning-guidance-201617-202021/>
- NHS Long Term Plan (2019), <https://www.longtermplan.nhs.uk/>
- Designing Integrated Care Systems (ICSs) in England (2019), <https://www.england.nhs.uk/wp-content/uploads/2019/06/designing-integrated-care-systems-in-england.pdf>
- Integrating Care: Next steps to building strong and effective integrated care systems across England (2020), <https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf>
- *Integration and Innovation: working together to improve health and social care for all*, White Paper (2021), <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all>.

- *Legislating for Integrated Care Systems: five recommendations to Government and Parliament* (2021), <https://www.england.nhs.uk/publication/legislating-for-integrated-care-systems-five-recommendations-to-government-and-parliament/>
- NHS Planning Guidance (2021), <https://www.england.nhs.uk/operational-planning-and-contracting/>
- The Queen's Speech 2021 – Background Briefing Notes, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/985029/Queen_s_Speech_2021 - Background Briefing Notes..pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/985029/Queen_s_Speech_2021_-_Background_Briefing_Notes..pdf)
- NHS Wirral CCG also sent a briefing paper on the White Paper *Integration and innovation: working together to improve health and social care for all* to Wirral Council for circulation to members of the Partnerships Committee on 12th February 2021.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Partnerships Committee	9th November 2020 13th January 2021