#### The Health and Care Bill 2021: Integrated Care Systems

#### A position statement on what we know

**Guy Kilminster** 



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## **Context and background**

- Health and Care Act 2012 introduced current system;
- Abolished Strategic Health Authorities but since 2016 'larger scale system working' has been encouraged;
- Sustainability and Transformation Partnerships, became Health and Care Partnerships and are now to become Integrated Care Systems (42 in England)



## The Cheshire and Merseyside Health and Care Partnership (as is)



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The current components of the Cheshire and Merseyside Health & Care Partnership

- Nine local authorities;
- Nine Clinical Commissioning Groups (these procure health services);
- Twenty acute, community and mental health service providers;
- GPs across Cheshire and Merseyside;
- NHS England, Public Health England.



## The current system components in each 'Place':

#### **Strategic:**

- Health and Wellbeing Board
- Overview and Scrutiny Committees

#### **Commissioners**

- NHS England / Improvement
- CCGs
- Local Authorities

#### **Provid**ers

- Acute Trusts
- Mental Health Trusts
- Primary Care GPs, Pharmacies, Dentists etc
- Local Authorities
- Private sector
- Community and Voluntary sector



## **The Health and Care Bill**

- Currently progressing through Parliament (at Committee Stage)
- New arrangements go live 1<sup>st</sup> April 2022
- Gives new powers and responsibility to the 'integrated care system' (at a Cheshire and Merseyside level)
- CCGs abolished
- New 'Provider Selection Regime' changes how health services are procured (including local authority commissioned Public Health services')



## The new components, terminology and acronyms at a System level

 Integrated Care System (ICS) – operating across the Cheshire and Merseyside geography consisting of:

The Integrated Care Board (ICB) has the function of arranging for the provision of services for the purposes of the health service (NB - CCG functions transfer to the ICB);

The Integrated Care Partnership (ICP) must prepare an integrated care strategy setting out how the assessed needs in its area (Cheshire & Merseyside) are to be met by the exercise of functions of the ICB, NHS England, or the responsible local authorities;

Provider Collaboratives – partnerships of NHS providers operating across Cheshire & Merseyside



## **The Integrated Care System**



From Hill Dickinson presentation



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## The new arrangements at a 'Place' level (as best understood)

#### Strategic

- Health and Wellbeing Board
- Local governance to oversee delegated budgets/functions (a Joint Committee / Place Partnership Board?)
- Scrutiny Committee

#### **Commissioners**

- The C&M ICB (with the option to delegate commissioning budgets/responsibilities to the Place)
- An ICB 'Place-based' commissioning team / unit in a 'commissioning hub'?
- Joint Commissioning?
- Local Authority

#### **Providers**

- Acute Trusts
- Mental Health Trusts
- Primary Care GPs, Pharmacies, Dentists etc
- Local Authorities
- Private sector
- Community and Voluntary sector

Providers increasingly working together through an integrated care place partnership, Care Communities etc.



# The unknowns (still being worked on and subject to legislation!)

- The role and function of the Health and Wellbeing Board in the Place (above and beyond it's statutory responsibilities)
- Role of Scrutiny Committee
- Level of delegation to the Place from the ICB
- Impact of the new Provider Selection Regime
- How any delegated commissioning function is organised (reference to an ICS Place Hub Director and Team, but detail not yet available)
- How joint commissioning will take place



#### **System & Place Teams – emerging thinking**



9 Place-based partnerships (ICPPs) each supported by Hub Commissioning Team. 'Place Lead' could be Hub Director or from within ICP

The ICS NHS Body will have statutory accountability for planning (commissioning) and needs to deliver transformation, performance improvement & assurance. It can discharge these functions at: system level, through Provider Collaboratives, through Place commissioning hubs / ICPPs & through Programmes.



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#### Focus on health outcomes

- The next six months will see a lot of work underway around governance, organisational restructures, staffing changes, strategy drafting and demonstrating a 'readiness to operate' from 1<sup>st</sup> April 2022;
- At the front line across health and care demand is increasing;
- Capacity to do all that is required will be very stretched;
- Need to try and retain a focus on improving health outcomes and reducing health inequalities.



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25 Binge drinking (adults)	%	20.6	10.8	0.6 2		1 20.4	6 23	10 21	2 19.5	5 201	28.5	262	23.1	23.0	21.8	28.2	21	21.8	26.5	9.1	21.2	21.8	19.2	233 1	15 22	20.0	21.4	20.9	20.8	22.6	20.1	20.7	227	21.9 21	19 20.3	19.4	16.6	17.9	19.2		3.4 E	s 113	21.0	142	21.8	211	21.1 20.	- 24	22.9	20	atyle
26 Admissions for alcohol	SAR	-	-	14 1	1.6 97	1.7 1 11	0 11		-		1487	10.1	100	100.0	101	76.1	1112	100.6-	\$5.4	90.2	101.5	94.2	ns.	15.2 ]	15 17	5 94.5		71.4	75.0	74.5	76.4	-	70.1	112.5 8	1 11	714	57.8	41	78.1 #	5.6 1		114	10.1	1611	15.4	86.0	74.8 70		90.4	100	5
17 Self-reported bad health	5	4.4	4.0	4 4	2 6	5 44	1 1	4 1.1	4.6	50	- 11	67	71	6.2	6.0	23	4.9	42	м	5.3	44	51	14	1.0	3 1	8 5.0	17	4.4	47	- 54	н	10	4.0	43 4	a 13	5.0	ц	141	42 4	14	11 11	47	41	14	ы	46	43 41	4.4	4.9	3.5	4
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29 Hospital stays for self-harm	SAR	-	4.0	64 B	J . 11	81 444	9 72	U 14			1111	182.5	- 142±	107.5	111.6	72.8	41.1	\$2,5	75.8	78.0	116.9	103.0	50.7	1913 1	1.6 11	13 181	61.4	69.0	72.8	145	71	42.9	50.7	1005. 54	18 10.	41.1	11.2	72.1	93.2 9	7.2	115 175	1 111			85.3	34,7		575			-
30 Emergency admissions heart attai	SAR	11.5	8.1 1	1.5 10		14 111	1 10				I MA		C IIIA	199.0		97.7	81.1	101.5	95.7	83.6	79.0	111.8	16.5	14.5 1	1.1 - 201	102.0	114	30.9	100.4	93.1	nj	61.1	¥7.A	92.3 10	0.1 011	I COM	I STALLS	72,4	84.7 9	9.7 9	9.3	3 100.1	_		76.4	106.5	90.0 111	A 117,7	94.9	100	+
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32 Emergency admissions respirator	SAR	41	10,0 ×	8.9 81	2 73	1.5 49.1	2 4		50,4	4 0110.7			101.5	110.3	91.1	87.9	67.8	54.1	57.A	89.2	81.3	116.2	57.5	36.5 2	2.9 12	.7 88.8		57,5	41.5	44	25	413	47.8	104.7		110		42,4	55.0 0	0.0		1 129.5		ALC: NO.	58.7	114	58.0 52	11	80,2	100	۲.
<ul> <li>Emergency admissions hip fracture</li> <li>Emergency admissions all causes</li> </ul>	SAR	16.7	10.3	1.9 OR		18 96.0	0 n	07 14					101.1	Line .	10.1	22.4	64.2	25.5	101.2	308.4	110.5	10.1	87.1	94.8 1	12 10		1000	SHA	94.8	81.6	26.5	14.1		11.1	10.	11.3		H.L.	91.5			94.1	100.1	101.2	97.8	11.5	16.5 H	94.9	97.5	100	
35 New cases -breast cancer	SIR		104.7 1	02.6 10	0.1	102.	1 10	a 95		7	99.3	75.8	91.1	74.0	105.9	-	302.9	-131.2	-100.1	110.5	18.7	25.5	108.7	72.9 2	1.2 10	0.4 84.3	105.4		96.6	98.3	101.7	98.2	98.5		2.4 101	0 106.4	15.3	122.4			17.8 94.	112.1	101.6	100.2	97.5	96.4		2 108.9	101.1	100	-
36 New cases -bowel cancer	SIR					LI 90.1			7 104				86.1			1633		74.1	99.1		95,9				19 100	-			108.5					INV SI	1.1 34.5			100.8	99.5 9		00.0 92.						97.9 114				
37 New cases -lung cancer	SIR	70.3	12.6	4.5 74		10 70.1	1 101		1 71.1		Como		1.0418	-154.7	18.7	76.5	75.6		12.5	102.1	13.2		10.8	76.6 3	0.0 300	IT NJ	-414	. 12.4	75.8	14.1	413	111	17.0	MIR: 11			41.2	46.6	M.1 7	14 1	110 114	A 11.7		811	18.7	107.2	112 58		87.0		
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39 All new cancer cases		57.2					2	1. 105		104.8			97,1		111.0		25.0	106.7		1173		10.3	12.8	97.6 9	22 99	5 16.5			97.3				943				18.2				15.9 101					54.8		1 21.6			1
to Cancer deaths under 75		12.5													183			104.7	714	1913	104.6																										85 70				
41 Heart deaths under 75						104					117.5		124.1	1000	-1444	n2			94.2		18.2				0.1 10						11.0			me a			88.0				1.8 1.15						17.4 Nb				
42 All deaths under 75		56.7								142.6	127.8	18.7	2543	193		122	6.1				1113	110.7		714 1				75.9		97.0			110.1		() W	71.8	124	-	N.0 10	8.7 3	07.9 116	2 1061				75.8	332 44		83.9		
43 Deaths from respiratory disease	SMR	<b>%</b> 3	91.7 1	22.3 BK	.4 10	1.5 99.5	s n	(A   BL	9 763	117.9	1173	200	183.8	119.5	100	82.4	111.1	117.5	1167	88.3	93.1	108,4	55.0	17.4 1	1.1 10	5.4 115.0		75.8	367	15.4	44	76.0	10.1	94.4 10	16 40	96,1	31.7	623	13.4 1	7.6 8	4.9 120	5 114.	53.6	119.7	89.5	103.5	92.5 83.	121	95.8	100	1
44 Ali deaths all ages	SMR	94.0		14.1 94	14 95	18 940	0 83	10 16	1 11	1 1541	1	101.1	1124	106.8	115.8	102.8	101.7	-	100.0		91,3					L 193		71.5	102	109.8	70.6	78.5	100	12.3 91	2 55	95.1	817	-	15.6 11	16.5	14 10	108.	1 127	90.8	81	90.8	88.4 97.	1 71	91.9	100	1
as Female Life Expectancy	years.		6.1	-		14 814		u u		_		m	-	82.0	-	.918	81.9	-		83.9	80	11.6			IC	IAI			82.7	100	83.6	174	114	10.5 E		83.7	10.1	-	M.1 4	14	A1 16			94.1	85.1	34.8	15.0 13	M.0	815	8.5	ę
46 Male Life Expectancy	vears	81.6	10.1	6.5 E	1 75	5 81.6	6 80	1 0	4 80.4	4 78.2	-751	22.8	184	113	163	82.0	81.5	\$1.1	755	81.8	INT	21.3	\$2.3	80.4	11 11	19 80.4	15.4	82.1	81.7	18.4	153	124	78.8	79.8 83	4 16	12.1	141	84.9	80.7 7	9.8 7	99 M	79.4	60.5	78.3	\$2.5	81.5	81.7 80.	-	80.3	75.4	Des



## **Questions?**



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