

The Health and Care Bill 2021: Integrated Care Systems

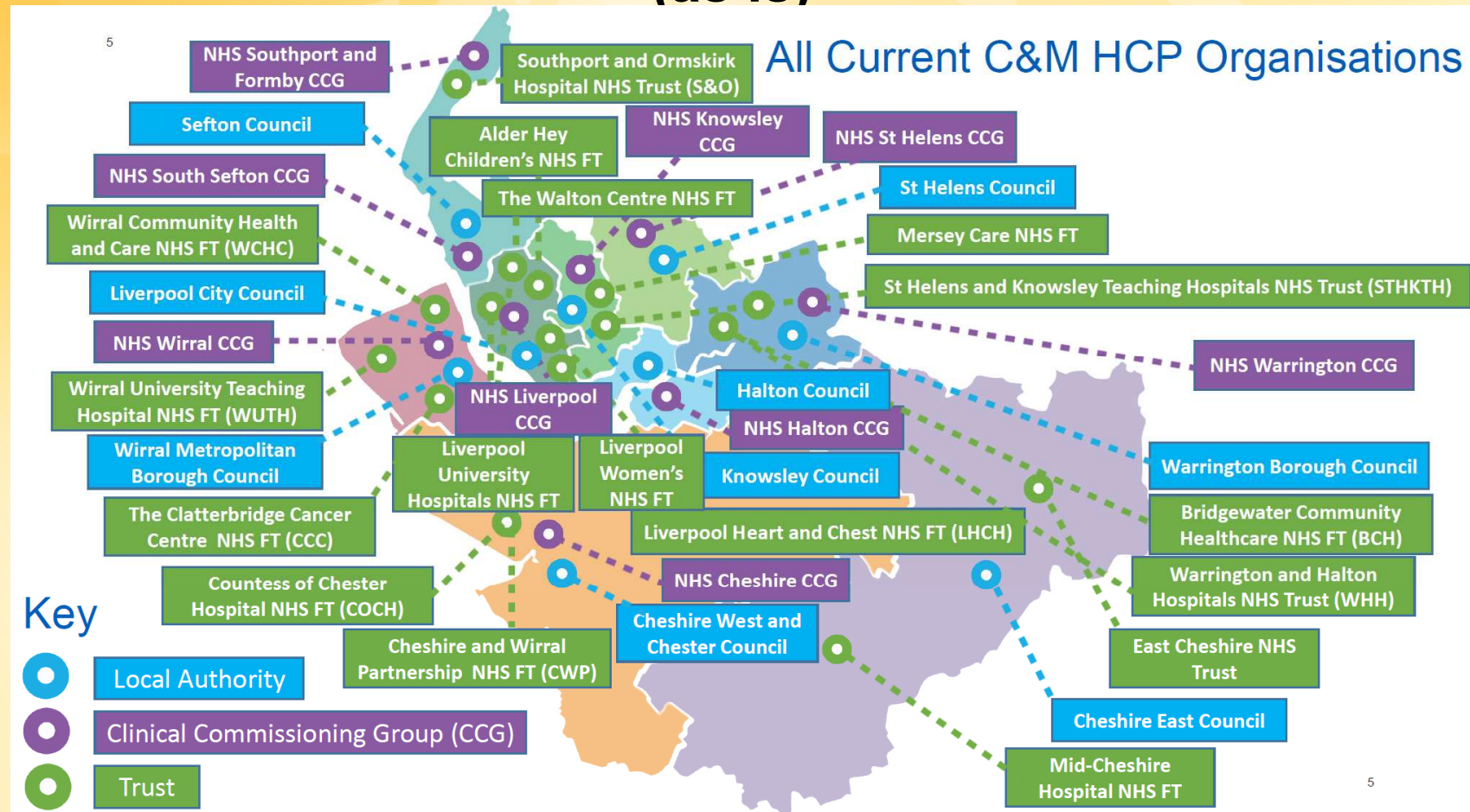
A position statement on what we know

Guy Kilminster

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)



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

Providers

- 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 1st 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

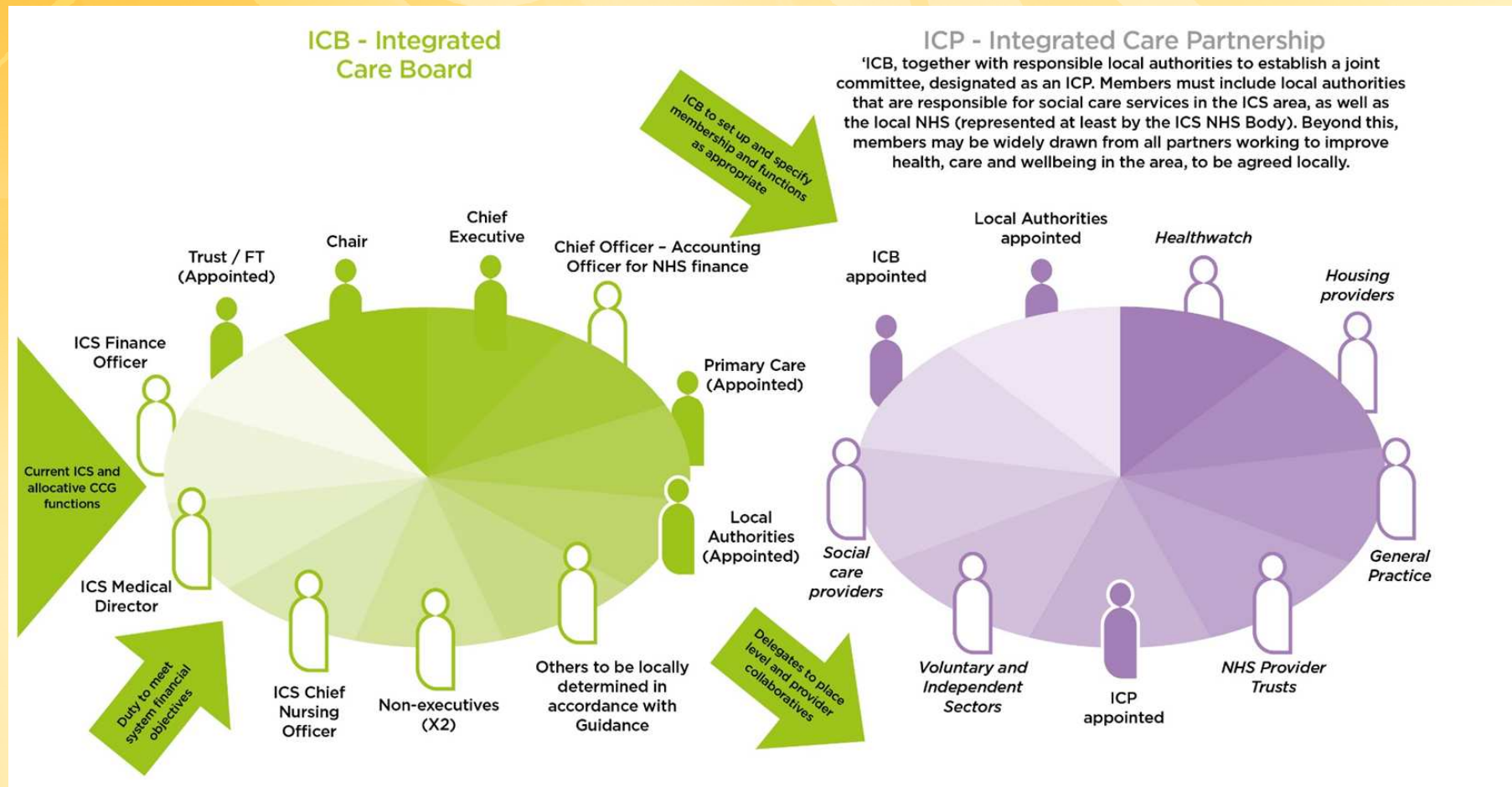
- Integrated Care System (ICS) – operating across the Cheshire and Merseyside geography consisting of:

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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Cheshire and Merseyside wide Transformation Programmes (2021/22)

NHS England and Improvement

Specialised commissioning programmes

Mental health specialised services

Women's and Children's:
Neonatal services, Paediatric surgery
and Paediatric Critical Care

Place based specialised
commissioning

Strategic Clinical Networks

Maternity & Perinatal
Mental Health

Adult and CYP Mental
Health

Maternity

Children and Young
People

Respiratory

Stroke

Diabetes

Cardiac

Not yet mobilised

Palliative and End of
Life Care

Dementia

Long Term Plan priority programmes

Mental health: Learning Disabilities
(C&M Transforming Care Partnership)

C&M Cancer Alliance
(Prevention, Faster Diagnosis, High quality modern
services, Personalised Care, Patient experience)

Ageing Well

Adopt and Adapt

C&M Health and Care Partnership

Transformation Programmes

1. Mental Health
Programme

2. C&M Local
Maternity System
Board

3. C&M Children's
Transformation /
Starting Well Board

4. Cardio-vascular
Disease Board
*Brings together relevant
NHSE networks*

5. Population Health
Management
Programme Board

6. Urgent and
Emergency Care
Programme Board

7. Neurosciences
Programme Board

8. Digital
Programme Board

Collaboration at Scale programmes

9. Corporate
Programme Board

10. Medicine &
Pharmacy
Optimisation
Programme

11. Diagnostics
Programme

12. Elective
Recovery

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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

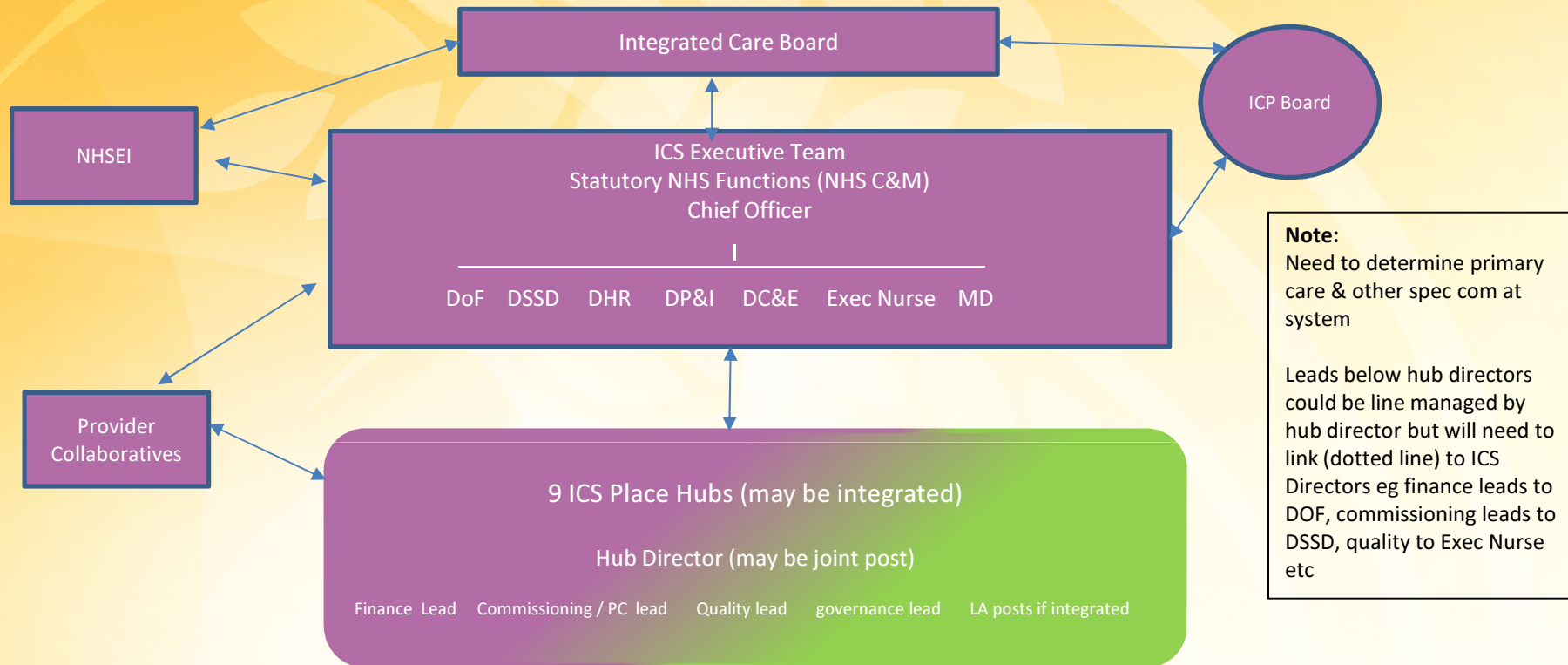
- Acute Trusts
- Mental Health Trusts
- Primary Care – GPs, Pharmacies, Dentists etc
- Local Authorities
- Private sector
- Community and Voluntary sector

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.

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 1st 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.

[illegible]

Thank you

Questions?