INTEGRATED CARE SYSTEMS

CB-NSG Summary

The Challenging Behaviour Foundation
INFO@THECBF.ORG.UK

Introduction

The government's new Health and Care bill reportedly offers 'new proposals to build a modern health and care system that delivers better care for our communities'. It 'builds on the proposals for legislative change set out by NHS England in its Long-Term Plan, while also incorporating valuable lessons learnt from the pandemic that will benefit both staff and patients.' (Gov.uk, 2021)

The NHS Long-Term Plan has been set out to address concerns about 'funding, staffing, increasing inequalities and pressures from a growing and ageing population' in the UK.' (NHS, 2021) The plan relies heavily on the implementation of Integrated Care Systems. Therefore, the Health and Care Bill details how these new healthcare structures (Integrated Care Systems (ICS)) will be implemented into the law.

The Bill was debated at second reading on Wednesday 14 July 2021. It is now due to have its report stage and third reading over two days on Monday 22 and Tuesday 23 November 2021, before going to the House of Lords. The expected date for the full implementation of ICS is April 2022. (Health and Care Bill publications - Parliamentary Bills - UK Parliament)

This summary paper covers current healthcare structures, how they operate and work together, and how they will be changed and expanded to form the new ICS.

Current Healthcare Structures:

Below is an outline of current NHS and social care structures which shape and commission health and social care services for people with learning disabilities.

What are Clinical Commissioning Groups?

Clinical Commissioning Groups (CCGs) commission most of the hospital and community NHS services in the local areas for which they are responsible. Commissioning involves deciding what services are needed for diverse local populations, and ensuring that they are provided. CCGs are assured by NHS England, which retains responsibility for commissioning primary care services such as GP and dental services, as well as some specialised hospital services. Many GP services are now co-commissioned with CCGs. All GP practices now belong to a CCG, but CCGs also include other health professionals, such as nurses. NHS England » Clinical Commissioning Groups (CCGs)

What are Transforming Care Partnerships (TCPs)?

TCPs are made up of clinical commissioning groups, NHS England's specialised commissioners and local authorities. They work with people with a learning disability, autism or both and their families and carers to agree and deliver local plans for the programme.

In England there are 48 TCPs who are changing services in a way that is making a real difference to the lives of local people. This includes making community services better so that people can live near their family and friends, and making sure that the right staff with the right skills are supporting people.

NHS England » Transforming Care Partnerships

What are Primary Care Networks?

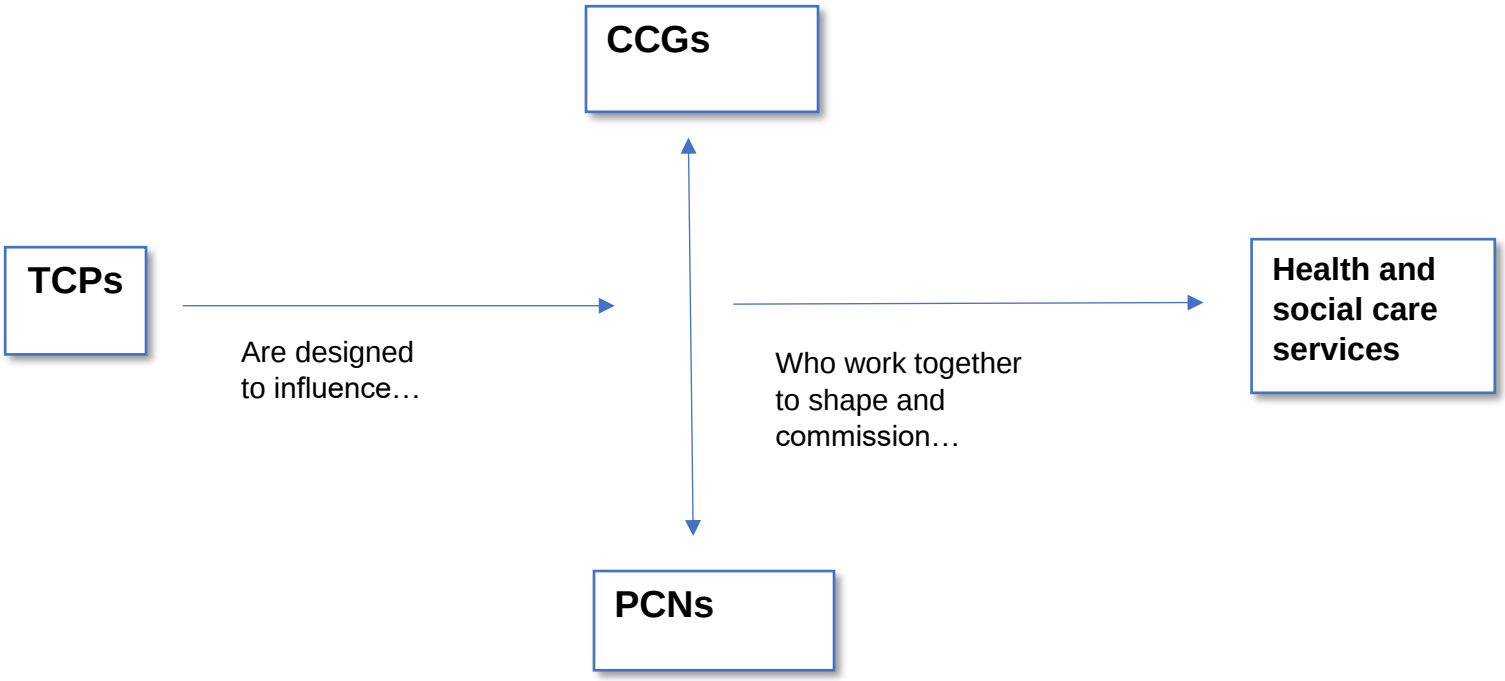
Primary Care Networks (PCNs) are led by clinical directors who may be a GP, general practice nurse, clinical pharmacist or other clinical profession working in general practice. PCNs work together '*with a range of local providers, including across primary care, community services, social care [such as CCGs]*

and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations.' [Primary Care Networks (PCNs) : PSNC Main site]

How CCGs, TCPs and PCNs work together currently:

PCNs were designed to work together with CCGs to commission health and social care services in a 'joined up manner', taking account of reasonable adjustments so that the delivery of health and social care for people with learning disabilities is more efficient and accessible.

TCPs exist to influence the commissioning of health and care services for people with learning disabilities and autistic people in the direction of Transforming Care (2011) and Building the Right Support (2015) targets. This includes the aim to accelerate discharges from mental health hospitals and provide support in the community, and to avoid admission and re-admissions to long-term facilities.



What are the new healthcare structures, Integrated Care Systems (ICS)?

ICS combine all the health and care services for a geographical area into one group, including Clinical Commissioning Groups (CCGs), health providers, local councils, and NHS trusts. There will be 42 different Integrated Care Systems across England.

How will current bodies and systems change?

The CCG network will undergo wholesale change. All CCGs will be merged into a single CCG per ICS, which commissions for a much larger area. Transforming Care Partnerships will also be absorbed within the new ICS and will no longer exist. PCNs will exist in ICS at 'neighborhood' level but will connect with broader services at the 'place' level.

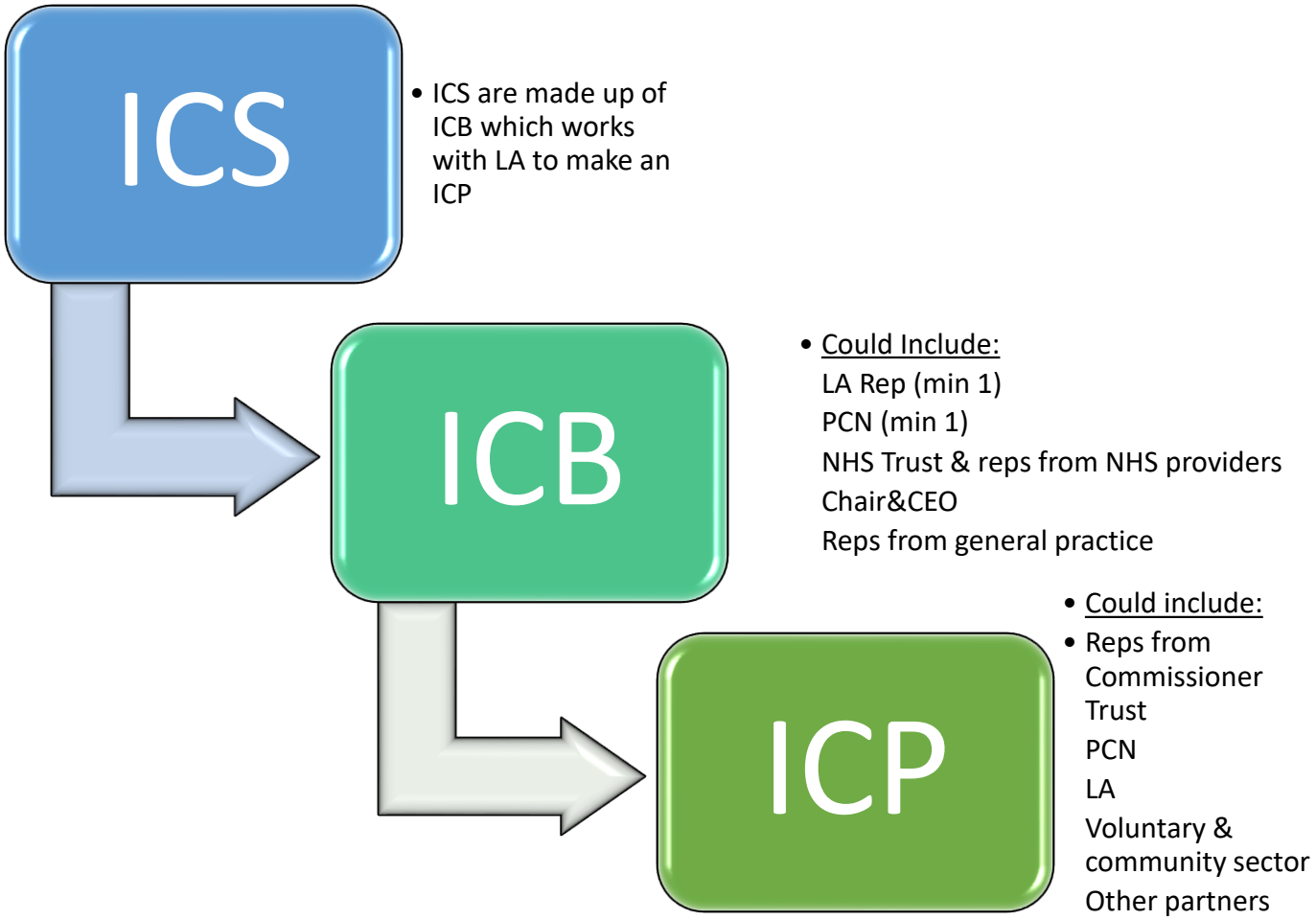
New bodies to be created:

On 11 February 2021, the Department of Health and Social Care 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. Within this is the proposal to establish ICS as statutory bodies in all parts of England. ICS will be made up of two parts – an 'Integrated Care Board' and an 'Integrated Care Partnership'. (The health and social care White Paper explained | The King's Fund (kingsfund.org.uk))

The Integrated Care Boards (ICB) will be responsible for integration within the NHS (between different NHS organisations). They will be the successors of CCGs and have a minimum of one Local Authority representative, one Primary Care Network, one NHS Trust as well as independent non-executive and executive roles. ICB and Local Authorities make up the ICP (see below) and 'sit on' the ICP, so – in theory – ICB and ICP decisions will be aligned. Some ICS may choose to appoint a single chair of the ICP and ICB, or to draft a joint strategy and plan. Others may choose to have two chairs. (Integrated Care Partnership (ICP) engagement document: Integrated Care System (ICS) implementation - GOV.UK (www.gov.uk))

The Integrated Care Partnerships (ICP) will be responsible for integration between the NHS, local government and wider partners. ICP are a committee and not a body like an ICB. It will be responsible for the integrated care strategy and bringing together local Healthwatch, voluntary sector, local government representatives and social care providers.

Each ICS will also include a Partnership Board, drawn from and representing commissioners, trusts, primary care networks, and – with the clear expectation that they will wish to participate – local authorities, the voluntary and community sector, and other partners.



Additional bodies making up an ICS:

Integrated Primary Care Provider Contracts:

*"(**a new contractual form allowing commissioners to award a long-term contract to a single organisation to provide a wide range of health and care services to a defined population**), with campaigners arguing that this could lead to health and care services coming under the control of private companies. Two judicial reviews were brought against NHS England in relation to the contract, but both were dismissed. The NHS Long Term Plan subsequently set an expectation that integrated care provider contracts would be held by public statutory providers. In terms of the overall direction of these reforms, the emergence of stronger public sector partnerships and the erosion of market-based reforms are unlikely to lead to a larger role for private companies in delivering NHS services."* (Kings Fund)

Integrated care systems explained | The King's Fund (kingsfund.org.uk)

Provider Collaboratives:

Provider collaboratives are a group of providers that operate across different levels within an ICS. All NHS provider trusts are expected to be part of at least one provider collaborative.

Provider-collaboratives-opportunities-challenges.pdf (nhsconfed.org)

The White Paper *Integration and Innovation*, setting out reforms to the NHS in England, indicates that as a minimum a provider collaborative should include every NHS trust/foundation trust within an ICS. In reality, multiple collaboratives could operate locally, regionally and nationally across one or more ICS, as well as across several pathways (I.e., mental health, community, acute medicine), and places within the ICS.

Health and care providers may be engaged in multiple provider collaboratives within an ICS. A mental health provider, ambulance service or specialist trust could, for example, be involved in multiple provider collaboratives. Each collaborative would have a slightly different focus, but the provider would need to be involved in each, fielding senior decision makers to engage fully in the collaborative.

Provider collaboratives are not set out in legislation and not part of primary legislation, so accountability will be described in guidance and situational arrangements within specific ICB, and they can decide how to use such guidance within an ICS.

Pathway Panels:

These Panels bring together the Provider Collaborative responsible for specialist secure care, with local CCG and Local Authority commissioners, voluntary sector organisations and experts by experience to plan together how savings can be reinvested.

Each Provider Collaborative is responsible for ensuring Pathway Panels are established to cover its population footprint. It is expected that the Provider Collaborative will work with its constituent TCPs to define Panel membership, agree governance, and facilitate initial meetings.

Each Pathway Panel will need to develop a Pathway Strategy which sets out how to reduce the number of secure in-patients, the scope for releasing funds and the plan for reinvesting in alternatives to inpatient care, including community services.

(https://challengingbehaviour.sharepoint.com/:p:/g/EbPoiHPdEolJvZvgUQW7D-gB1tSDr1jObNic_7rkqldA2Q?e=vOWypJ (Black Country and West Birmingham System Meeting Reach Out Presentation))

Key Commitments from Transforming Care and Building the Right Support

Transforming Care - 2012

"The NHS Commissioning Board's objective is to ensure that CCGs work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high-quality care. ***The presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people****."* (pages 9-10)

- Firm commitment to review all care/treatment plans of all inpatients, with the intention to discharge all who would be safe, healthy and happy when supported in the community by 2014. (TC targets missed every year to date)

- Local area planning to improve and develop high quality community care provision, including the availability of suitable housing for assisted/supported living.

- Reduce the availability of hospital placements for individuals with learning disabilities

- An NHS and local government-led team to fund and lead this transformation.

- CQC to increase and strengthen inspections of inpatient units so that they routinely monitored, their quality of care assured and held accountable for any failings in care, treatment and/or safeguarding.

- Progress in this transformation of care will be monitored nationally.

(Transforming care: A national response to Winterbourne View Hospital (publishing.service.gov.uk))

Building the Right Support – 2015

'A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.' (page 2)

- Diverse support in the community will be put in place to reflect the diverse needs, interests and wishes of people with learning disabilities, and ensure that they are listened to and supported.

- A national service model was developed which focuses on individuals' quality of life, choice in their care/treatment planning and thus the opportunity to live (and be supported) in the community rather than an inpatient setting. This model is intended to result in a 'significantly reduced need for inpatient care.'

- Target: 'Overall, 35% - 50% of inpatient provision will be closing nationally with alternative care provided in the community.'

- Money freed up to the NHS as a result of discharges should be reinvested into community services.

- 'An alliance of national organisations' will support TCPs and therefore TC commitments.

- Commitment to Social Care market shaping.

- Money must be ringfenced for the care and treatment of individuals with learning disabilities, and all of this money must be spent on the improvement of care, treatment and quality of life (I.e., TC targets) of individuals with learning disabilities.

ld-nat-imp-plan-oct15.pdf (england.nhs.uk) (pages 5-7)

Remaining issues and concerns - 2021

- All TC/BTRS inpatient targets have been missed.
- Lack of expert understanding of suitable housing for individuals with learning disabilities, coupled with a lack of planning and commissioning for such housing.

- Insufficient and inconsistent training of health and social care staff who support individuals with learning disabilities daily, such as a lack of basic autism, learning disability or PBS training. There is a serious lack of expert understanding of autism etc. amongst such staff.

- Insufficient level of market shaping by local authorities and CCGs to provide the community support necessary to allow for greater discharges of inpatients.
- Variable quality and availability of community services and support across England, and lack of data about community provision

Funding issues:

- More money must be spent on early intervention (and prevention of crises) for children and young people with learning disabilities and children and young people who are autistic

- There is not enough funding available and the funding that is available is spent on the wrong things (wrong type of service, crisis not early intervention etc). The funding is in the wrong part of the system and not accessible and needs to transfer from health to social care.

- There is the need for children's services to invest more funding in early intervention and prevention – increasing spending from children's budgets but with any financial savings likely to be to adult services budgets.

- Short term, crisis management approaches still exist – failure to provide additional resources until crisis is reached at which point options are limited and expensive (and are financed from a different source)

Perverse **funding incentives** which are keeping people in inpatient services:

- Social care failures leading to crisis mean people end up in inpatient services, which are funded by health and therefore provide a cost saving to social care.

- Discharge from health provision to social care means a saving for health and a cost for social care.