

## **BRIEFING NOTE: GOVERNMENT WHITE PAPER ON HEALTH & CARE INTEGRATION**

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### **Background**

This note summarises the key points from *Joining Up Care for People, Places and Populations: The Government's Proposals for Health & Care Integration*. The Government published this document on 9<sup>th</sup> February. This note follows the same chapter structure as the White Paper. It concludes with some next steps for Greater Manchester.

### **Delivering More Integrated Services for the 21<sup>st</sup> Century**

- The document's focus is at **place level**. It states that this is where local government and the NHS face a shared set of challenges at a scale that often works well for joint action. The responsibility of central government is described as facilitating and supporting improvements at place level, ensuring the right structures, accountability and leadership are in place to enable effective integration locally.
- The paper references **that devolution, such as that seen in Greater Manchester**, allows local places to have more flexibility to integrate care around the needs of their local populations.
- This section of the paper describes the factors that prevent joined up holistic care. It says that the public often experiences:
  - A lack of coordination between the range of services looking after them
  - Organisations that are forced or incentivised - by regulation or the financial framework - to focus on their narrow set of organisational outcomes
  - Duplication in use of resources or patients' time. People being asked for the same information multiple times, by different organisations, which can lead to delays in diagnosis or treatment

- Delays in being discharged because of competing budgets and care processes
- The White Paper in large part covers services for adults. However, it does emphasise that whilst children's social care is not directly within the scope of the paper, places are encouraged to consider the integration between and within children and adult health and care services wherever possible.
- The importance of housing is highlighted. The paper describes that too many people with care and support needs live in homes that do not provide a safe or stable environment. It says that places should 'think housing and community' when they develop local partnerships and plan and deliver health and care services.
- The overall vision for integration is described as a system which:
  - Is levelled-up in terms of outcomes and reduced disparities
  - Ensures people have access to health and care services which meet their needs, and experience outstanding quality care
  - Transforms where care is delivered, according to people's preferences
  - Enables people to access personalised information about their health and care
  - Enables data and information sharing to support joined up and informed decisions around an individual's care, and better understanding of the needs and priorities of local populations
  - Is delivered by a capable, confident, multidisciplinary workforce
  - Allows and encourages innovation and digitisation
  - Incentivises organisations to prioritise the same shared outcomes and goals
  - Incentivises organisations to collectively prioritise upstream interventions for individuals and communities

## **Shared Outcomes**

- As an introduction to this section, it is recognised that there are many and varied priorities and outcomes for the health and care system, used by different organisations for different purposes.

- The paper emphasises that it is right that we revisit how outcomes are articulated and prioritised - nationally and locally - to ensure that we are doing all we can to support the achievement of greater integration. In defining shared outcomes, success will be reflective of what individuals want for their own care and what will maximise their wellbeing, focused not only on an individual organisation's services but also the connections between organisations and services they provide.
- These shared outcomes will be developed by places, which are best placed to prioritise the outcomes for local people that matter the most. Outcomes will sit alongside - and complement - systems' and organisations' statutory responsibilities and wider regulatory frameworks.
- There are examples of shared outcomes from across the country. **A Greater Manchester example is included on the whole system approach to tackling smoking in pregnancy.**
- This section confirms that the Government will undertake further engagement with partners and stakeholders and use these discussions to set a focused set of national outcomes alongside a **broader framework for local outcome priorities for implementation from April 2023**. Initially, outcomes will focus on health services, the public's health and adult social care.
- The paper describes that Government will appoint **a set of front-runner areas in Spring 2023**. These will trial the outcomes, accountability, regulatory and financial reforms discussed in the document.
- The Government will invite views on the following questions:
  1. Are there examples where shared outcomes have successfully created or strengthened common purpose between partners within a place or system?
  2. How can we get the balance right between local and national in setting outcomes and priorities?
  3. How can we most effectively balance the need for information about progress (often addressed through process indicators) with a focus on achieving outcomes (which are usually measured and demonstrated over a longer timeframe)?
  4. How should outcomes be best articulated to encourage closer working between the NHS and local government?

5. How can partners most effectively balance shared goals / outcomes with those that are specific to one or the other partner – are there examples, and how can those who are setting national and local goals be most helpful?

### **Leadership, Accountability and Finance**

- The paper describes that the Health and Social Care Leadership Review will report to the Secretary of State early in 2022. Subject to its recommendations, Government will look to develop a national leadership programme, addressing the skills required to deliver effective system transformation and local partnerships.
- In terms of accountability, the paper outlines the characteristics of a governance model for places within an ICS:
  - A clear, shared, resourced plan across the partner organisations for delivery of services within scope and for improving shared local outcomes
  - Over time, a track record of delivery against agreed / shared outcomes
  - A significant and, in many cases, growing proportion of health and care activity and spend within that place, overseen by and funded through, resources held by the place-based arrangement
- On decision-making, the paper states that places should have clear arrangements to cover:
  - Contentious issues such as reshaping services within the place (and contributions to wider decisions such as reconfigurations across a wider geography)
  - Clear, practical arrangements for managing risk, resolving disagreements between local partners, and for agreeing the outcomes to be pursued locally
  - **A single person, accountable for the delivery of the shared plan and outcomes for the place, working with local partners.** The single person will be agreed by the relevant local authority or authorities and ICB. This proposal will not change the current local democratic accountability or formal Accountable Officer duties within local authorities, those of the ICB Chief Executive or relevant national bodies, such as the ability of NHS England to exercise its functions and duties
  - **There is a section on ‘place boards’.** These are described as bringing together partner organisations to pool resources, make decisions and plan jointly – with a single person accountable for the delivery of shared outcomes and plans, working with local

partners. In this system, the council and ICB would delegate their functions and budgets to the board.

- In paragraphs 3.21 and 3.22, the paper states that: 'Those able to go further should do so by putting in place extensive inclusion of services and spend at a local level. All local areas should work towards inclusion of services and spend by 2026'. There is no further detail provided on this point.
- It is noteworthy that the proposals on the place-based lead and place board have parallels with the direction in Greater Manchester.
- The paper recognises that arrangements to pool budgets can be complex and there are limitations which prevent the most ambitious models of integration. To address this, the Government confirms that **it will review the legislation covering pooled budgets (section 75a of the 2006 Act) and publish revised guidance.**
- On accountability, financial frameworks, the Government will engage with stakeholders and partners, inviting views on the following questions:
  1. How can the approach to accountability set out in this paper be most effectively implemented? Are there current models in use that meet the criteria set out that could be helpfully shared?
  2. What will be the key challenges in implementing the approach to accountability set out in the paper? How can they be most effectively met?
  3. How can we improve sharing of best practice regarding pooled or aligned budgets?
  4. What guidance would be helpful in enabling local partners to develop simplified and proportionate pooled or aligned budgets?
  5. What examples are there of effective pooling or alignment of resources to integrate care / work to improve outcomes? What were the critical success factors?
  6. What features of the current pooling regime (section 75) could be improved and how? Are there any barriers, regulatory or bureaucratic that would need to be addressed?

## Digital and Data

- This section highlights "Data Saves Lives", the draft data strategy for health and care. The data strategy sets out when and how information can be accessed and used by individuals,

those caring for them and those planning services. A final version of the strategy will be published in early 2022.

- For adult social care, the paper says that Government will ensure that **within six months of providers having an operational digital social care record in place, they are able to connect to their local Shared Care Record**, enabling staff to appropriately access and contribute to the record. The use of the NHS number universally across social care will support this.
- In addition, the paper makes a commitment to develop a suite of standards for adult social care, co-designed with the sector, to enable providers across the NHS and adult social care sector to share information. This will begin by developing a process to consolidate existing social care terminology standards by December 2022.
- The paper emphasises the importance of Population Health Management to help deliver personalised and predictive care based on an individual's risk. The inclusion of wider determinants of health, will be key to identifying and recognising the impact that factors outside of health and social care can have on the outcomes that people achieve.
- In this section, the Government commits to taking an 'ICS first' approach. **This means encouraging organisations within an ICS to use the same digital systems**, making it easier for them to interact and share information and providing care teams working across the same individual's pathway with accurate and timely data. Every ICS will need to ensure that all constituent organisations have a base level of digital capabilities and are connected to a shared care record by 2024

## **The Health and Care Workforce and Carers**

- The paper acknowledges that staff across health and social care already strive to provide person-centred care. Too often, however, structural and/or financial barriers get in the way of effective joint working. This is true within the health and social care sectors, as well as between them.
- In response, the paper states that Government will review regulatory and statutory requirements that prevent the flexible deployment of health and social care staff across sectors.
- In addition, the paper commits to improving integrated workforce planning at place level by:

- Working with local government and NHS England to strengthen guidance for systems and increase co-production with social care stakeholders, for example, by gathering intelligence about the experience and aspirations of people who use care and support services. Government will incorporate this into the development of guidance for ICPs
  - Encouraging the expansion of local feedback fora, building on good practice in a number of regions that have led to closer collaboration between NHS regional teams, local government, and other stakeholders such as Skills for Care representatives
  - Working closely with NHSE and system leaders across the comprehensive health and care system to support the development of ICSs’ “people operating model” and to support places develop a ‘one workforce’ approach
  - Considering what further national action needs to be taken following the publication of the long-term strategic framework later this year, including what more is needed to support workforce planning for the unregulated adult social care workforce
- At this point, the paper highlights the example of the **Strategic Commissioning Board in Bury**. It emphasises that the board brings together the whole of Bury’s Cabinet with the CCG, including housing, public health, drug and alcohol services, and children’s social care, allowing for joint workforce planning and commissioning of services to meet needs in a holistic way.
  - There is a commitment to provide funding to support local authorities to prepare their local markets for reform, including by moving towards paying providers a fair rate for care that reflects local costs, including workforce, where appropriate. In addition to this, the paper states that Government will:
    - Work with stakeholders to develop and test joint roles in health and social care, for example roles which support integrated care planning, which coordinate across sectors, or which allow people to work flexibly across settings
    - Consider the introduction of an Integrated Skills Passport to enable staff to transfer skills and knowledge between the NHS, public health and social care
    - Increase the number of learning experiences in social care to understand perspectives across sectors, enhance future team working and create a sense of a joint health and social care career structure. This will include health undergraduate degree programmes and those undertaking apprenticeships

- Promote the importance of the roles of link workers, named key worker and care navigator roles as crucial enablers of integrated care provision
  - Consider developing a national delegation framework of appropriate clinical interventions to increase the range of appropriate clinical interventions undertaken in care settings while ensuring safe, appropriate and confident practice and exploring what additional support care workers need
  - Create opportunities for social housing support and homelessness workers, often supporting people with care and support needs, to progress into adult social care, public health and health roles
  - Commission research into how occupational therapists working in community health services and social care can work more effectively to complement one another
  - Make the best use of the skills of pharmacy professionals by consulting on regulatory barriers, improving placement opportunities, and delivering the Pharmacy Integration Programme
- This section includes a **Greater Manchester case study on the Working Well Early Help programme**. It also highlights the role of **'blended' enhanced home care roles as piloted in Tameside**.
  - On workforce, the paper describes that the Government will engage with stakeholders on the following points:
    1. What are the key opportunities and challenges for ensuring that we maximise the role of the health and care workforce in providing integrated care?
    2. How can we ensure the health and social care workforces are able to work together in different settings and as effectively as possible?
    3. Are there particular roles in the health or adult social care workforce that you feel would most benefit from increased knowledge of multi-agency working and the roles of other professionals?
    4. What models of joint continuous professional development across health and social care have you seen work well? What are the barriers you have faced to increasing opportunities for joint training?
    5. What types of role do you feel would most benefit from being more interchangeable across health/social care? What models do you feel already work well?



## Next Steps for Greater Manchester

- Government has asked for a response to the White Paper by 7<sup>th</sup> April. Colleagues across GM have already begun to develop responses. For example, Provider Federation Board has initiated a process for responses from its members. In parallel, we will **coordinate an engagement process** connecting the ten districts through WLT and CCG AOs.
- That engagement process is proposed to run to 25<sup>th</sup> March. A draft response will be brought together from these submissions and **circulated to JPDC for sign off electronically in time for the national deadline.**

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