

SUNDERLAND HEALTH AND WELLBEING BOARD

19 March 2021

**HEALTH AND SOCIAL CARE WHITE PAPER AND THE NEXT STEPS FOR  
INTEGRATION OF PLACE BASED ARRANGEMENTS**

**Report and presentation of the Executive Director of Public Health and  
Integrated Commissioning, Executive Director of Neighbourhood Services and  
Deputy Chief Officer/Chief Finance Officer of Sunderland CCG**

**1.0 PURPOSE OF THE REPORT AND PRESENTATION**

1.1 The purpose of the report and presentation is to:

- a) Provide the Board with an overview of the proposals set out in the Department of Health and Social Care's legislative proposals for a Health and Social Care Bill
- b) Provide an overview of progress to date and next step proposals for an integrated place-based health and care system

**2.0 NHS White Paper – Integration and Innovation: working together to improve health and social care for all** – the Department of Health and Social Care's legislative proposals for a Health and Care Bill.

**2.1 Introduction**

On 11 February the government published a white paper setting out proposed reforms to health and care. Proposals will be set out in a Health and Care Bill with legislation in place for implementation in 2022. A link to the published white paper is here: <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all> . The proposals in the white paper cover four themes:

- 1. **Working together to integrate care** – Integrated Care Systems (ICSs) are to be put on a statutory footing
- 2. **Reducing bureaucracy** – removing requirements on competition and procurement in the NHS
- 3. **Improving accountability and enhancing public confidence** – the formal merger of NHS England and NHS Improvement and new powers for the Secretary of State
- 4. **Additional proposals** relating to public health and adult social care

2.2 This report will focus on themes one and four only.

## 2.3 Theme 1: Working together to integrate care

- 2.3.1 The white paper proposes that the forthcoming Health and Care Bill will support two forms of integration:
1. **Integration within the NHS** – to remove some of the barriers to collaboration within the NHS and to make '*working together an organising principle*'.
  2. **Between the NHS and others** – the NHS and local authorities will be given a **duty to collaborate** with each other to improve health and wellbeing outcomes for local people
- 2.3.2 Statutory ICSs will comprise an **ICS NHS body** (board) and an **ICS Health and Care Partnership** bringing together NHS, local government and partners. The proposals in the white paper give local government a mainstream role in ICSs.
- 2.3.3 For the North East and Cumbria there will a single large ICS covering a population of around 3 million people – making the NENC ICS one of the largest in the country. The timeline for the creation of the ICS and the dissolution of CCGs is expected to be April 2022.
- 2.3.4 The **ICS NHS body** will be responsible for the day to day running of the ICS. It will take over the functions and funding of CCGs and be accountable for NHS spend and performance within the system. It will be able to '*delegate significantly to place level and provider collaboratives*'. It will take also over the CCG's responsibilities in relation to overview and scrutiny committees. There will be a more clearly defined role for social care in the structure of ICS NHS boards to '*give adult social care a greater voice in NHS planning and allocation*'.
- 2.3.5 The **ICS Health and Care Partnership** ( the 'Partnership') will bring together the NHS, local government and wider partners, such as voluntary and community sector and Healthwatch to *develop 'a plan to address the system's health, public health and social care needs'* at a system level and to support closer integration and collaborative working between health and social care. Membership and functions of the Partnership will be determined locally.
- 2.3.6 There will be legislation to make it easier for organisations to work closely together through setting up **joint committees** between ICSs and NHS providers or between NHS providers and could include representation from other bodies, such as primary care networks, local authorities and the voluntary sector.

### Place based arrangements

- 2.3.7 The white paper emphasises the importance of 'place'. Place based arrangements should be left to local organisations to arrange in order to best meet local circumstances. Place level commissioning will align geographically to a local authority boundary and the Better Care Fund (BCF) plan will provide the tool for agreeing priorities.

2.3.8 Health and wellbeing boards (HWBs) will remain in place and continue to have an important responsibility at place level. ICSs will work closely with health and wellbeing boards as HWBs have the experience as '*place-based planners*'. The ICS NHS body will need to have regard to Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy produced at place. The HWB will need to have regard to the ICS Partnership plan.

2.3.9 ICSs are to support places to integrate services and improve outcomes and will need to consider how they can align allocation and functions with place, for example through joint committees. Models are to be determined locally.

## 2.4 Theme 4: Additional proposals

These proposals are to address specific barriers or problems rather than form a comprehensive reform package.

### 2.4.1 Social Care

On social care, the proposals reflect the themes of the white paper of supporting integration, reducing bureaucracy and improved accountability:

- Integration will be enhanced through the position of social care in the ICS.
- There will be a new standalone legal basis for the Better Care Fund, separating it from the NHS mandate setting process – a technical change.
- A new 'Discharge to Assess' model is proposed to provide greater flexibility as to at what point assessments for care can be made.
- An 'enhanced assurance framework' and improved data collection will be introduced to ensure oversight on the provision and commissioning of social care including a new duty for the Care Quality Commission to assess local authorities' delivery of adult social care duties.
- A legal power to make emergency payments directly to all social care providers in exceptional circumstances is proposed in order to provide additional support to the sector.

### 2.4.2 Public health

For public health the white paper sets out a number of measures to:

- make it easier for the Secretary of State to direct NHS England to take on specific public health functions.
- help to tackle obesity by introducing further restrictions on the advertising of high fat, salt and sugar foods as well as a new power for ministers to alter food labelling.
- streamline the process for the fluoridation of water in England by moving the responsibilities for doing so, including consultation responsibilities, from local authorities to central government.

2.4.3 Other additional proposals in the white paper relate to safety and quality.

2.5 Observations and reflections on the white paper will be made during the presentation.

### **3.0 Emerging integrated place-based arrangements**

- 3.1 The white paper emphasises the importance of place and links two but distinct objectives: integration within the NHS, and equal partnership between the NHS, local government and other partners to both address the social determinants of health and deliver better and more coordinated health and care services for local people.
- 3.2 Partnership working is underway to develop an integrated health and care system in line with the place-based arrangements proposed in the White Paper. Current partnership developments within the city focus on our strategic approach to commissioning to improve health and reduce inequalities.
- 3.3 The future place-based approach will seek to build upon existing good practice in the city, including the work of the All Together Better alliance, which is an alliance of health and care providers and commissioning organisations, (Sunderland City Council and CCG) working collaboratively to design and deliver the most personalised, pro-active and joined-up care possible for people in the city. Here the approach is very much about All Together Better stakeholders, patients and the public giving their views to help develop the alliance and improve services and the care provided.
- 3.4 A cross system partnership working group has been formed to develop proposals for a potential Lead / Integrated Care Provider. This includes how services could be commissioned and contracted for in future.
- 3.5 The presentation to the Board will provide an update on emerging local arrangements for an integrated health and care system, with a further update to be considered by the Board at the next meeting in June 2021.

### **4.0 Recommendations**

- 4.1 The Health and Wellbeing Board is recommended to:
- receive the report and presentation;
  - note the proposals set out in the NHS White Paper; and
  - receive an updated position on the arrangements for place-based integration at the next Board meeting.