



**ST HELENS**  
BOROUGH COUNCIL

## Cabinet

**6 January 2021**

<b>Report Title:</b>	<b>Integrating Care: Next Steps in establishing integrated care systems nationally and in Cheshire and Merseyside</b>
<b>Cabinet Portfolio</b>	Adult Social Care & Health Integration
<b>Cabinet Member</b>	Councillor Marlene Quinn
<b>Exempt Report</b>	No
<b>Reason for Exemption</b>	N/A
<b>Key Decision</b>	No
<b>Public Notice issued</b>	N/A
<b>Wards Affected</b>	All
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## 1. Summary

- 1.1 The NHS has been on a journey with partners since 2016 (with the creation of System Transformation Partnerships (STPs)) to establish system wide integrated and collaborative working aimed at improving population health, reducing inequalities, and managing resources effectively. The NHS Long Term Plan published in 2019 further set out the direction for health and care to join up locally to meet population needs and for greater collaborative working and for all STPs to work towards being formally approved by NHSE as an ICS (Integrated Care System).
- 1.2 In Cheshire and Merseyside, the Health and Care Partnership (C&MHCP) is working towards formal designation as an ICS by April 2021. As part of this process the C&MHCP Board have produced a Memorandum of Understanding (MOU) for all partners to sign and although not legally binding, that is presented to Cabinet for information and comment.
- 1.3 In December 2020 NHSEI produced a paper which set out proposals for significant legislative reform that would give ICSs statutory functions and change CCGs and the way NHS providers work together. The consultation on this paper closes on 8<sup>th</sup> January 2021. The paper is presented to Cabinet for information and to raise awareness of the expected legislative changes to the NHS during 2021.

## 2. Recommendations for Decision

### Cabinet is recommended to:

- i) Note the *Cheshire & Merseyside Health & Care Partnership MOU* and the council's intention to both support and develop the proposed ways of working locally.
- ii) Note the NHSE / I paper: *Integrated Care: Next steps to building strong and effective integrated care systems across England* and the potential implications for NHS arrangements for St Helens.
- iii) To agree that a joint response to the NHSE/I paper be formulated from St Helens Council and St Helens CCG.

## 3. Purpose of this Report

- 3.1 To make Cabinet aware of the progress in Cheshire and Merseyside towards establishing an Integrated Care System (ICS) and ask Cabinet to consider the proposed MOU for the Health & Care Partnership and make comments or suggested changes which can be fed back to the C&MHCP Political Assembly on the 18<sup>th</sup> January 2021, the St Helens Peoples Board on the 20<sup>th</sup> January 2021 and the C&MHCP Board on 27<sup>th</sup> January 2021.
- 3.2 For Cabinet to note the proposed legislative changes to the NHS set out in a recent NHSE/I paper.

## 4. Background /Reasons for the recommendations

- 4.1 The Health and Social Care Act 2012 resulted in the creation of CCGs and also an overt separation in the NHS between the commissioning and the provision of services. However, in recent years there has been a growing national and worldwide recognition that integration and collaboration are more effective at driving improved population health and reducing inequalities than competition and division. There is also a plethora of evidence demonstrating the benefits of health and social care working together with other key partners such as housing, schools, businesses, and voluntary sector to support individuals and communities to be more independent and resilient.
- 4.2 Therefore, since 2016 the NHS has been on a journey to embed system wide integration and collaboration and to support local (Place/Borough) areas to bring together key partners to have a collective approach on improving outcomes for local people. There has been a drive to have integrated health and social care commissioning at a local level and to work with all relevant partners on improving outcomes locally and reducing inequalities. In St Helens we have done this successfully through St Helens Cares and aim in early 2021 to establish a more formal Integrated Care Partnership (ICP).
- 4.3 St Helens is one of nine Places within Cheshire and Merseyside and collectively the nine places make up the Cheshire and Merseyside Health & Care Partnership. The C&MHCP needs to be formally designated as an ICS by 2021 in line with national policy.
- 4.4 The C&MHCP explain an ICS as a system where: NHS bodies (commissioners and providers), local authorities and third-sector providers each take collective responsibility for the management of resources, delivering NHS standards and improving the health of the population they serve.
- 4.5 When different organisations work together in this way, local services can provide better and more joined-up care for patients. 'Systems' can better understand data about local people's health, allowing them to provide care that is tailored to individual needs. For staff, the improved collaboration can help to make it easier to work with colleagues from other organisations.
- 4.6 The partnership have developed an MOU to capture the commitment across Cheshire & Merseyside to work together and it is important that St Helens as one of the nine Places/Boroughs in this system support and agree to the MOU and support the C&MHCP on its journey to becoming an ICS.
- 4.7 The NHSEI paper published in December 2020 set out some significant proposals for changes in the NHS in 2021/22 which will impact on partners in the borough, in particular the CCG.
- 4.8 Key points in the paper include:
  - a) Proposals for a national plan to accelerate ICS development in 2021/22. NHSE/I will increasingly devolve more functions and resources from the national and regional teams to ICSs to be implemented from April 2022.
  - b) NHSE/I was seeking views on two options for ICSs
    - a. **Option 1** - involves creating a mandatory board/joint committee at ICS level with an Accountable Officer.
    - b. **Option 2** – (which NHSE/I prefer), is a corporate NHS body at ICS level that repurposes the CCG and brings its statutory functions into the ICS. In this scenario, the ICS leader would be a fulltime accounting officer role.

- c) The paper recognises the leadership role played by providers at both system and place level. NHSE/I want to support at scale collaboration between acute, ambulance and mental health providers and place-based partnerships across community services, primary care and local government
  - d) NHSE/I is now directing ICSs to firm up their governance and decision-making arrangements in 2021/22 to reflect their growing roles and responsibilities, including establishing place and provider collaborative leadership arrangements.
  - e) This document confirms that NHS finances will be organised at ICS level, with ICS leaders allocating a 'single pot' of NHS funding for their patch.
  - f) It also reaffirms the shift to strategic commissioning at ICS level, with other commissioning activities moving to provider organisations/collaboratives/place-based partnerships.
  - g) The 2021/22 NHS operational planning guidance will set out further detail on the implementation of all these changes in the next financial year. NHSE/I will also publish further supporting material for provider collaboratives in early 2021.
- 4.9 The full paper is presented to Cabinet for noting. Whilst the proposed changes will have an impact locally and it is important the actual legislation is monitored closely and fully understood as it develops, the changes suggested endorse the St Helens Cares model and should enable further integration at Place/Borough to improve outcomes for local people.

## **5. Consideration of Alternatives**

- 5.1 These are nationally proposed changes but there were two options presented in the NHSE/I paper, it is not yet clear which option will be taken forward through parliament.

## **6. Conclusions**

- 6.1 It is important that Cheshire & Merseyside achieve ICS status in line with national policy as we are one of the last systems to be approved, this will support further integrated working such as that established in St Helens
- 6.2 The national recommendations for legislative change in the NHS are to ensure the direction of travel set out in the Long Term Plan can be delivered as quickly as possible and build on the collaborative and integrated working that has been essential both at a large system and place level during COVID pandemic.

## **7. Implications**

### 7.1 Financial Implications

N/A

### 7.2 Legal Implications

None at this stage – legislative change will have implications for some partners.

### 7.3 Staffing/HR Implications

None at this stage but changes to CCG may impact some staff.

7.4 Impact on our customers/residents

Further integration should improve services for residents.

7.5 Community Impact Assessment

N/A at this point

7.6 Asset / Property Implications

N/A

7.7 Environmental implications

N/A

7.8 Policy Framework Implications

Integration is a key priority for all partners on the Peoples Board.

7.9 Risks

There are likely to be risks as legislative change become clearer

**8. Background papers**

See appendices

**9. Appendices**

- i. Health & Care Partnership Draft MOU
- ii. NHSE/I Paper on Integrating Care