

WHITEPAPER OVERVIEW:

INTEGRATION & INNOVATION:

Working together to improve health
& social care for all



Health and social care are changing

The NHS Five Year Forward View was published in October 2014 proposing to achieve the triple aim of improved population health, quality of care and cost control. This was followed by the Long-Term Plan in February 2019 then the creation of more than 1250 Primary Care Networks (PCNs) in England on 1st July the same year. We knew that PCNs would be the cornerstone of Integrated Care Systems and now the white paper has been published setting out legislative proposals for a Health and Care Bill shaping and changing the way in which health and social care is delivered to the people at the heart of the care being delivered; the patients.

Why do things need to change?

People are living longer, with more comorbidities. Over the next 20 years the population in England is expected to grow by almost 10%. The number of people aged 75+ is expected to grow by almost 60% - an additional 2.7 million. The number of people 65+ with four or more diseases is set to almost double by 2035 with around a third of these people having a mental health problem.

Here are some facts about the workload of the Health and Social care system:



- General Practice will see 1 million patients in a typical 24-hour period
- GP appointments have risen from 222 million in 1995 to 308 million in 2018/19
- Local authorities are supporting almost 150,000 older people, over 40,000 young people in care homes and 440,000 people in the community
- A&E attendances has increased at an average of 3.3% annually
- Outpatient attendances has increased by almost 36 million since 2009/10
- Social care – there were 1.9 million requests in 2019/20 for new client support which is an increased of 6% since 2015/16

Working together to integrate

The goal of joined up care for everyone in England is at the heart of these legislative proposals. Instead of working independently, every part of the NHS, public health and social care should seek out ways to connect and collaborate so that health and care needs of people are met.

There will be two forms of integration; integration within the NHS and greater collaboration between the NHS and local government as well as wider delivery partners, to deliver improved outcomes to health and wellbeing for local people.

The NHS and local authorities will be given a duty to collaborate with each other bringing forward measures for statutory ICSs. These will be comprised of ICS Health and Care Partnerships bringing together the NHS, local government and partners and an ICS body. The ICS NHS body will be responsible for the day to day running of the ICS while the ICS Health and Care Partnership will bring together systems to support integration and develop a plan to address the systems' health, public health, and social care needs.

The merger of NHS England and NHS improvement will be placed on a statutory footing and will be designated as NHS England (NHSE). NHSE will have the power to transfer functions between Arms Lengths bodies and an improved level of accountability will be introduced within social care.

What does this mean to General Practice?

The vast majority of practices in England are already part of a PCN. Where the practice is not part of a PCN, the practice population will be included in PCN changes as part of the GP contract.

The enhanced services commissioned for PCNs already means that practices are working closer with care homes and utilising other roles within the Additional Roles Reimbursement Scheme (ARRS) to provide care with the patient at the centre.

The population health approach will be informed by better data and understanding of local populations, identifying those who are at risk and who can have a positive impact, with a view to designing a more proactive way of planning and delivering care. It will mean that social care providers can receive emergency financial support when needed to prevent instability in care for the most vulnerable people in our communities.

What else?

The public largely see the NHS as a single organisation and as local health systems work more closely together, the same needs to happen at a national level. Recognising the evolution of NHS England, there is a complementary proposal to ensure the Secretary of State for Health and Social Care has appropriate intervention powers with respect to relevant functions of NHS England.

NHSE will take on specific public health functions to help 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 certain food labelling requirements. In addition, they will be streamlining the process for the fluoridation of water in England.

On safety and quality: measures will be brought forward to put the Healthcare Safety Investigation Branch (HSIB) on a statutory footing; to enable improvements to the current regulatory landscape for healthcare professionals as needed; to establish a statutory medical examiner system within the NHS for the purpose of scrutinising all deaths which do not involve a coroner and increase transparency for the bereaved, and to allow the Medicines and Healthcare products Regulatory Agency (MHRA) to develop and maintain publicly funded and operated medicine registries so that patients and their prescribers, as well as regulators and the NHS, have the evidence they need to make evidence-based decisions.

At present, the Competition and Markets Authority (CMA) were given specific powers to review mergers involving Foundation Trusts (FT). It has become clear that the CMA is not the right body to review NHS mergers. In line with NHS England's recommendations, it is intended to remove these powers and allow NHS England, as overseer of the system, to ensure that decisions can always be made in the best interests of patients.

What does this mean to patients?

This is a significant milestone on the journey towards achieving the objective of supporting everyone to live healthier and fulfilling lives for longer.

For people using the NHS regularly, these proposals will support GPs and healthcare specialists to work together to arrange treatment and interventions that either prevent illness or prevent patients' conditions deteriorating into acute illness. Patient choice will remain an important aspect of patient care and more specialised services should be provided closer to home.

Integrated Care Systems and Adult Social Care (ASC)

ICS legislation will complement and reinvigorate place-based structures for integration between the NHS and Social Care, such as Health and Well-Being Boards, the Better Care Fund and pooled budget arrangements. The ICS Health and Care Partnership will be a springboard for bringing together health, local authorities, and partners, to address the health, social care, and public health needs at a system level, and to support closer integration and collaborative working between health and social care. This will be supported by published guidance that will offer support for how ICS Health and Care Partnerships can be used to align operating practices and culture with the legislative framework to ensure ICSs deliver for the ASC sector.

When will this happen?

Legislative proposals for health and care reform for every part of England will begin to be implemented in 2022.

The full document can be found [here](#).

