

Health and social care integration white paper: joining up care for people, places and populations

Purpose of report

For discussion and agreement of the LGA key messages.

Summary

The white paper is one of a suite of reforms of the health and care system, including the Build Back Better: Our Plan for Health and Social Care <https://www.local.gov.uk/parliament/briefings-and-responses/lga-response-people-heart-care-adult-social-care-reform-white> , the [Adult Social Care Reform white paper, People at the Heart of Care](#) , the Health and Care Bill, (currently in the Lords stages of the parliamentary process) and reforms to the public health system. Its aim is to escalate the scale and pace of health and care integration to improve access, experience and outcomes for individuals and populations.

This report updates the EAB on the action taken by the LGA with regard to the Integration white paper, and seeks the views and agreement of the EAB on the LGA key messages on the proposals.

Recommendation

That the Executive Advisory Board discusses and agrees the key messages of the LGA's response to the Integration white paper, set out in paragraphs 5 - 15 of this report.

Action

To revise the key messages in the light of the EAB discussion and, subject to clearance by the Community Wellbeing Board Lead Members, submit them to the Department of Health and Social Care by 5 April 2022.

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Health and social care integration white paper: joining up care for people, places and populations

Introduction and context

1. *Health and social care integration: joining up care for people, places and population*, published by the Government on 9 February 2022. The white paper is one of a suite of reforms of the health and care system, including the Build Back Better: Our Plan for Health and Social Care <https://www.local.gov.uk/parliament/briefings-and-responses/lga-response-people-heart-care-adult-social-care-reform-white> , the [Adult Social Care Reform white paper, People at the Heart of Care](#) , the Health and Care Bill, (currently progressing through Parliament) and reforms to the public health system. Its aim is to escalate the scale and pace of health and care integration to improve access, experience and outcomes for individuals and populations.
2. The white paper sets out progress on integration and the case that joined up and person-centred care and support is better for people and places; leads to better services and better health and wellbeing outcomes; and makes the best use of NHS and local authority resources. It also emphasises the need for a preventative approach to build health resilience in people and places. It acknowledges the progress that has already been made, including through the Better Care Fund, Sustainability and Transformation Partnerships, health devolution and the joined-up response to support and protect communities through the pandemic.
3. On 17 February 2022, the LGA published a briefing which summarises the proposals outlined in white paper: <https://www.local.gov.uk/parliament/briefings-and-responses/lga-response-health-and-social-care-integration-joining-care> It also gives the LGA's initial key messages on the proposals and requests views of local government leaders in the further development of our messages for inclusion in the LGA's final submission to the White Paper.

Summary of key proposals in the white paper

4. The key proposals of the white paper are summarised below. The Government will:
 - 4.1. consult stakeholders and set out a framework for shared outcomes with a concise number of national priorities and approach for developing additional local shared outcomes, by Spring 2023
 - 4.2. review alignment with other priority setting exercises and outcomes frameworks across health and social care system and those related to local government delivery
 - 4.3. ensure implementation of shared outcomes will begin from April 2023
 - 4.4. on leadership, accountability and oversight, set an expectation that by Spring 2023, all places should adopt a model of accountability and provide clear responsibilities for decision making including over how services should be shaped to best meet the needs of people in their local area

- 4.5. review section 75 of the 2006 Act which underpins pooled budgets, to simplify and update the regulations
- 4.6. work with partners to develop guidance for local authorities and the NHS to support going further and faster on financial alignment and pooling
- 4.7. publish guidance on the scope of pooled budgets in Spring 2023
- 4.8. work with the Care Quality Commission (CQC) and others to ensure the inspection and regulation regime supports and promotes the new shared outcomes and accountability arrangements at place
- 4.9. develop a national leadership programme, addressing the skills required to deliver effective system transformation and place-based partnerships, subject to the outcomes of the upcoming leadership review
- 4.10. publish a final version of the Data Strategy for Health and Care (Winter 2021/22)
- 4.11. ensure every health and adult social care provider within an ICS reaches a minimum level of digital maturity
- 4.12. ensure all professionals have access to a functionally single health and adult social care record for each citizen (by 2024) with work underway to put these in the hands of citizens to view and contribute to
- 4.13. ensure each ICS will implement a population health platform with care coordination functionality, that uses joined up data to support planning, proactive population health management and precision public health (by 2025)
- 4.14. develop a standards roadmap (2022) and co-designed suite of standards for adult social care (Autumn 2023)
- 4.15. enable one million people to be supported by digitally enabled care at home (by 2022)
- 4.16. on workforce, strengthen the role of workforce planning at ICS and place levels
- 4.17. review barriers (including regulatory and statutory) to flexible movement and deployment of health and care staff at place level
- 4.18. develop a national delegation framework of appropriate clinical interventions to be used in care settings
- 4.19. increase the number of clinical practice placements in social care during training for other health professionals
- 4.20. improve opportunities for cross-sector training and joint roles for adult social care and NHS staff in both regulated and unregulated roles
- 4.21. appoint a set of front-runner areas in Spring 2023 to trial the outcomes, accountability, regulatory and financial reforms discussed in this document.

Summary of the LGA initial key messages

5. The LGA welcomes the values underpinning the white paper, and its ambition and scope, putting people and communities at the centre of integration policy to ensure that everyone gets the right care in the right place at the right time to achieve better health and care outcomes. The LGA has long argued that integration is not an end in itself but a means of achieving better health and wellbeing outcomes for individuals and communities. We welcome the recognition in the white paper that this is the primary purpose of integration.

6. Achieving the scale of ambition set out in the White Paper will require substantial and long-term commitment not only from Government but from local government and NHS leaders at every level. We look forward to seeing this reflected as the ICS and wider reforms are rolled out in practice.
7. We welcome the focus on prevention, but intent and ambition needs to be matched with adequate investment. Councils' public health grant has been cut by 24 per cent on a real-terms per capita basis since 2015/16. In our Spending Review submission, we called for £1 billion of funding in 2022/23 rising to £3 billion in 2024/25 for a new Community Investment Fund, with much of the funding likely to be directed through the voluntary and community sector.
8. The white paper sets out a clear expectation of close collaborative and inclusive working between ICSs and places, in which systems and places, and the NHS and local government have parity. The focus on place is a welcome counterbalance to the recent focus on the role of ICSs.
9. We support proposals for a simplified national outcomes framework which allows place and system leaders to identify their own priorities. We also welcome the expectation that all places will work collaboratively to develop their and drive forward their own outcome plans.
10. Shared place outcome plans should build on and enhance existing place-based plans to improve services and population health outcomes. Place-based health and wellbeing boards already have key statutory duties to develop joint strategic needs assessments and joint health and wellbeing strategies. In areas where the HWB and the ICS share a footprint, there is a strong case for the existing joint health and wellbeing strategy to be revised and refreshed to form the shared outcomes plan.
11. With regard to a single accountable officer, it will be important for local government and the NHS to agree arrangements based on what is locally appropriate. In many places, they may wish to consider joint appointments to this role.
12. In determining place boundaries, ICSs should build on the boundaries of councils that have health and wellbeing boards, rather than creating new footprints that do not align with existing arrangements, unless there is local agreement to do otherwise. Many of the existing organisations, plans and partnerships – health and wellbeing boards, joint strategic needs assessments, joint health and wellbeing strategies, voluntary and community groups - are organised on the basis of local authority boundaries.
13. The paper takes a holistic approach to care and support, for example recognising the role of housing in supporting people to maintain healthy independent living. However, given the focus on the role of housing in the adult social care white paper, it is somewhat disappointing that there are relatively few references to housing as key component of integrated care and support in the integration white paper.

14. The proposals for strengthening the levers of integration – leadership and accountability, financial frameworks, digital technology and data sharing, and workforce planning and development – are ambitious and will require major investment and support from national partners. The LGA will continue to work closely with Government to support place leaders to drive the integration agenda. We will also work with Government to identify the resources and support needed for effective integration at place, and for joint working between place and system.
15. The LGA is working with the CQC and other stakeholders to develop the oversight and assurance framework for ICSs, as well as the assurance framework for adult social care. We will continue to make the case that ICSs will need to demonstrate, not only that they work collaboratively and inclusively with place-based leaders but that they also operate on the principle of subsidiarity to ensure that decisions are taken at the most local level appropriate. With two parallel assurance processes in development, it is important that the right links are made between the two, including consideration of how the functioning of one may impact the other.

Recommendation

16. That the Executive Advisory Board discusses and agrees the key messages of the LGA's response to the integration white paper, set out in paragraphs 5 - 15 of this report.

Financial implications

17. All financial impacts of action arising from this report will be met from existing LGA resources.

Implications for Wales

18. Health policy in Wales is the responsibility of the Welsh Assembly and not affected by the provisions proposed in the Health and Care Bill.