



# Health and Social Care Integration

On 9 February the government published a white paper: **Health and social care integration: joining up care for people, places and populations**. This briefing alerts members to the main points of the white paper's contents and policy implications for the capital.

## Overview

### Place-based Partnerships

Place-based partnerships, also known as borough-based partnerships and local care partnerships in some areas, are a key component of the emerging Integrated Care Systems. They are collaborative arrangements formed by the organisations responsible for arranging and delivering health and care services in a locality or community.

Partners within each system are responsible for shaping their local partnerships and variation can therefore be expected across local authorities in the Capital. Some areas are opting between different models of budget pooling, while others are instead engaged in aligning budgetary activities to support joined up working and are not engaging directly in budget pooling (beyond existing arrangements like Better Care Funds). While local flexibility is welcome to address the varying needs of residents across different parts of the country, London Councils believes there is value in some shared components across different models to promote local engagement and representation.

A recent system-wide review across the health and social care sectors, led by London Councils, PPL, the GLA and health partners, examined the obstacles and solutions to accelerating integration. *The outcome of this work sets out Five Ps (Purpose, Priorities, Place, Pounds and Providers) for integration. These Five Ps provide organising principles to describe London's next steps to increasing integration in a meaningful way. Intrinsic to all of these is People - the sixth P.* This review also identified what place-based partnerships might look like in practice, including:

- Addressing inequalities would be at the heart of how partners fund, plan, deliver and assure services and is reflected in how we measure the overall success of our ICSs and place-based partnerships.
- Priorities would be set at a borough-level from a list of outcomes that can only be achieved by partners working together and are backed by local 12-month actions plans.
- Ongoing planning, commissioning and assurance functions would be vested in joint borough-based teams where possible.
- Place-based partnerships would be supported to have financial and decision-making autonomy.

- Resources would be demonstrably distributed to where they are needed using granular population health data and evidence to focus efforts on addressing long-standing and new inequalities.

**Further information on this review is available on London Councils' website [here](#).**

### **White Paper in context**

The Health and Social Care Integration white paper is part of a wider set of reforms that includes the Adult Social Care white paper, the Health and Care Bill and reforms to public health. The white paper notes that, while progress has been made and significant achievements have been accomplished over the previous 18 months, the system remains fragmented and too often fails to deliver joined up services that meet people's needs. In particular, the paper notes that different parts of the system are not always sufficiently aligned to prioritise prevention, early intervention and population health improvement.

The white paper sets out proposals and next steps for shared outcomes, leadership, accountability, data and the workforce, as well as regulatory and financial reforms. Following engagement on these proposals, a set of front-runner areas will be appointed in spring 2023 to trial the agreed upon reforms.

### **Shared outcomes**

The white paper highlights plans to develop a framework of national priorities, called shared outcomes, which can be complemented by additional locally developed shared outcomes. This framework is expected to enable progress to be measured against both nationally and locally determined priorities.

### **Next steps:**

- Consult stakeholders and set out a framework with national priorities and an approach for developing additional local shared outcomes by spring 2023.
- Begin implementation of shared outcomes from April 2023.

### **Leadership, accountability and oversight**

The white paper commits to introducing changes that will bring together local leaders to deliver on shared outcomes through formal place-based arrangements which provide clarity over the responsibility for health and care services in each area. The expected characteristics for place governance models are set out below:

- A clear, shared, resourced plan across partner organisations for delivery of services within scope and for improving shared local 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.

Governance models will also be expected to provide clarity on:

- Contentious issues such as reshaping services within the place.
- Clear, practical arrangements for managing risk, resolving disagreements between partners, and agreeing the outcomes to be pursued locally (in addition to the nationally determined priorities).
- A single person, accountable for the delivery of the shared plan and outcomes for the place, working with local partners (eg an individual with a dual role across health and care or an individual lead for a 'place board').

These arrangements should, as a starting point, make use of existing structures and processes including Health and Wellbeing Boards and the Better Care Fund. The Health and Social Care

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Leadership Review will look to improve processes and strengthen the leadership of health and social care.

#### Next steps:

- 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.
- Develop a new national leadership programme, addressing the skills required to deliver effective system transformation and place-based partnerships. This will be subject to the outcomes of the upcoming leadership review, which is expected to report to the Secretary of State in early 2022 and will be followed by a delivery plan with clear timelines on implementing agreed recommendations.
- Work with the CQC and others to ensure the inspection and regulation regime supports and promotes the new shared outcomes and accountability arrangements at place.
- Develop a standards roadmap (2022) and co-designed suite of standards for asc (autumn 2023).

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### Budget pooling

The white paper does not set out plans to introduce mandatory budget pooling across all areas.

The white paper acknowledges challenges to both ‘pooling’ and ‘aligning’ of budgets across health and care and notes that proposals, through the Health and Care Bill, DHSC is seeking to enable different parts of the health and care system to work together as part of a move towards a whole population-based approach. This will be underpinned by a collective approach to managing resources, with ICSs as the primary unit for NHS financial planning and accountability. Legislation covering pooled budgets (section 75a of the 2006 Care Act) will be reviewed and revised guidance will be published. This will continue to be subject to both NHS and local authority partners agreeing locally what constitutes fair.

#### Next steps:

- Review section 75 of the 2006 Care Act, which underpins pooled budgets, to simplify and update the regulations.
- Work with partners to develop guidance for local authorities and the NHS to support further and faster progress on financial alignment and pooling.
- Publish guidance on the scope of pooled budgets by spring 2023.
- Set out the policy framework for the BCF from 2023, including how the programme will support implementation of the new approach to integration at place level.

### Workforce

The white paper outlines plans for ICSs to support joint health and care workforce planning at place level to develop a ‘one workforce’ approach. Regulatory and statutory requirements will be reviewed to remove barriers to collaborative and planning. The white paper commits to working with local government and NHS England to strengthen guidance for systems and increase co-production with social care stakeholders.

#### Next steps:

- Review barriers (including regulatory and statutory) to flexible movement and deployment of health and care staff at place level.
- Increase the number of clinical practice placements in social care during training for other health professionals.
- Improve opportunities for cross-sector training and joint roles for asc and NHS staff in both regulated and unregulated roles.
- Increasing the number of appropriate clinical interventions that social care workers can safely carry out by developing a national delegation framework of healthcare interventions.

## Data

The white paper sets out plans to enable more effective joined up working improving digital and data capabilities across the system, including improved access for local authorities to NHS data. In addition, the Digital Data and Technology profession within the NHS Agenda for Change will be formally recognised and basic digital, data and technology skills will be included in the training of all health and care staff. ICSs will develop digital investment plans for bringing all organisations to the same level of digital maturity. These plans will outline how ICSs will ensure data flows seamlessly across all care settings.

“Improved access to data is essential for any improvement to joined up working between health and social care”

### Next steps:

- Ensure each ICS will implement a population health platform with care coordination functionality, that uses joined up data, by 2025.
- Publish a final version of the Data Strategy for Health and Care by Winter 2021/22.
- Ensure all professionals have access to a functional single health and asc record for each citizen by 2024.
- Ensure one million people are supported by digitally enabled care at home by 2022.
- Ensure every health and asc provider within an ICS reaches a minimum level of digital maturity.

## Commentary

The white paper largely reinforces existing policy plans, however London Councils welcomes the continued acknowledgement that local, place-based partnerships will be crucial in determining the benefit for health and social care integration. The additional clarity provided, both within the white paper and through other sources (such as revision of guidance to allow elected members to sit on Integrated Care Boards), will help to build on local progress towards integration and will help to resolve some key areas of dispute between health and care partners.

London Councils welcomes the commitment to improved data sharing, which will allow local authorities to access NHS data and respond more quickly when an individual requires social care support. Improved access to data is essential for any improvement to joined up working between health and social care. By enabling more effective decision making across the health and social care system, it will be easier to address both the individual needs of residents as well as inefficiencies within the system.

While London Councils welcomes the clarity that has been provided within the white paper about place-based partnerships, systems will require additional clarity about how these partnerships will be expected to interact with other components of Integrated Care Systems, such as provider collaboratives. In particular, guidance for areas of overlapping responsibilities should be set to prevent dispute and foster effective cross-sector working.

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### Links:

[Health and social care integration: joining up care for people, places and populations](#)

### This member briefing has been circulated to:

[Portfolio holders and those members who requested policy briefings in the following categories: Health and Adult Services](#)