

DHSC Statutory Guidance for the Publication of the Integrated Care Strategy

Summary – 29 July 2022

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Considerations for the ICP Strategy Development Board - 3 August 2022

- In order to monitor our progress we require a consolidation of activities into a comprehensive milestone plan: Strategic Outcomes Framework, JSNA refresh, utilisation of Insights Data to inform strategy; Comms and engagement plan for now; PA strategy production.
- Decision making / approval process for the Integrated Care Strategy to be mapped and agreed (including ICB and ICP processes).
- Approach to development of Integrated Care Strategy, 5 Year Joint Future Plan and 1-2 Year Operational Plan needs socialising with decision makers in LAs, ICP and ICB to seek agreement.
- Engagement and involvement high priority in statutory guidance; what is sufficient for first draft? Comms, engagement and involvement plans are required beyond December 2022.
- Is the strategy still routed through and based on the 10 ambitions in LYBL and the Outcomes Framework?
- New statutory guidance is focused around health and social care integration – the 10 ambitions will help broaden our scope and provide focus on wider determinants of health - ‘health related’ services.
- Is the ICP set up as a joint committee?

Overview of the new statutory guidance

- **2022/23 Transition Year:** the time available will limit the breadth and depth of the initial integrated care strategy. It is expected that the integrated care strategy will mature and develop over time.
 - The Health and Care Act 2022 establishes integrated care boards and requires them, with partner local authorities, **to form a joint committee: the integrated care partnership.**
 - Guidance includes statutory requirements i.e. MUST do's therefore need to be included in the Strategy content
 - Strategy based on evidence and needs assessment.
 - Integration of health and social care and wider determinants of health and wellbeing. To deliver system-level, evidence-based priorities in the short-, medium- and long-term.
 - Consideration of joint working and opportunity for section 75 agreements.
 - Extensive engagement and involvement (**Annex A: people and organisations to consider involving**).
 - Contents of the strategy: Building on existing strategies. Need to ensure we have narrative for each content section (see next slide) and evidence of all statutory requirements.
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Publication and review: Publish by December 2022

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Content of the Integrated Care Strategy

- Shared outcomes (Strategic Outcomes Framework, JSNA refresh)
- Quality improvement
- Joint working and section 75 of the National Health Service Act 2006
- Personalised care
- Disparities in health and social care
- Population health and prevention
- Health protection
- Babies, children, young people, their families and healthy ageing
- Workforce
- Research and innovation
- ‘Health-related’ services
- Data and information sharing

Introduction (1)

- The integrated care strategy should set the direction of the system across the area of the integrated care board and integrated care partnership, **setting out how commissioners in the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life.**
- The integrated care strategy presents an opportunity to do things differently to before, such as reaching beyond ‘traditional’ health and social care services **to consider the wider determinants of health or joining-up health, social care and wider services.**
- The development of the integrated care strategy can be used to agree the steps that partners, working closely with local people and communities, will take together to deliver system-level, evidence-based priorities in the short-, medium- and long-term.
- During this transition year, we recognise that the time available to develop initial integrated care strategies will be shorter than desired. We recognise that this may limit the breadth and depth of the initial integrated care strategy. **We expect that the integrated care strategy will mature and develop over time.**



Introduction (2)

- The Health and Care Act 2022 establishes integrated care boards and requires them, with partner local authorities, **to form a joint committee: the integrated care partnership.** The integrated care partnership may appoint additional members and determine its own procedures including the processes for agreeing the integrated care strategy.
- The integrated care strategy must set out how the assessed needs (identified in the joint strategic needs assessments) of the integrated care board and integrated care partnership's area are to be met by the exercise of functions by the integrated care board, partner local authorities, and NHSE (when commissioning in that area). These commissioners must have regard to the relevant integrated care strategy when exercising any of their functions, so far as relevant.
- This includes their commissioning functions, plans and strategies (including the integrated care board and Partner NHS trusts and NHS foundation trusts 5-year joint forward plan) and working with their system partners.



Introduction (3)

- **Transitional period:** 2022 to 2023 will be a transition period. We expect that integrated care partnerships will want to refresh and develop their integrated care strategy as they grow and mature. In order to influence the first 5-year joint forward plans which are to be published before the next financial year, the integrated care partnership would have to publish an initial strategy by December 2022.
- Once a strategy is published, integrated care partnerships should continue to consider how it is implemented. The strategy could include key strategic priorities for system-level action, to tackle the needs identified in the joint strategic needs assessments, complementing what is already being done at 'place'
- This is not about taking action on everything at once, nor should the key strategic priorities for system-level action be overly prescriptive on what is occurring locally, for example in health and wellbeing boards. It should aim to build upon previous system-level plans and strategies.
- The Care Quality Commission's reviews will assess how the integrated care strategy is used to inform the commissioning and provision of quality and safe services across all partners, within the integrated care system, and that this is a credible strategy for its population. This could include, for example, the equal partnership between the integrated care board and the integrated care partnership.



Introduction (4)

- The Care Quality Commission's reviews will assess how the integrated care strategy is used to inform the commissioning and provision of quality and safe services across all partners, within the integrated care system, and that this is a credible strategy for its population. This could include, for example, the equal partnership between the integrated care board and the integrated care partnership.
- Integrated care partnerships should ensure the full utilisation of public health expertise and leadership, centring on the local directors of public health. The strategy should include measures to improve health and wellbeing outcomes and experiences across the whole population, including addressing the wider determinants of health and wellbeing.
- Integrated care partnerships should ensure that the integrated care strategy facilitates subsidiarity in decision making, ensuring that it only addresses priorities that are best managed at system-level, and not replace or supersede the priorities that are best done locally through the joint local health and wellbeing strategies.
- The integrated care partnership should ensure that it builds the principle of subsidiarity in the system, encouraging partners to reflect on whether decisions and delivery are happening at the right level when they produce the strategy.
- Integrated care partnerships should involve chairs of health and wellbeing boards, local authority directors of children's services, adult social services, and public health and their teams in the production of the integrated care strategy.



Statutory Requirements

Legal Duties and Powers (1)

	Statutory Requirements
1)	The integrated care strategy <u>must</u> set out how the ‘assessed needs’ from the joint strategic needs assessments in relation to its area are to be met by the functions of integrated care boards for its area, NHSE, or partner local authorities.
2)	In preparing the integrated care strategy, the integrated care partnership <u>must</u> , in particular, consider whether the needs could be more effectively met with an arrangement under section 75 of the NHS Act 2006.
3)	The integrated care partnership <u>may</u> * include a statement on better integration of health or social care services with ‘health-related’ services in the integrated care strategy. *action could be taken, but it is not a requirement to do so



Statutory Requirements

Legal Duties and Powers (2)

	Statutory Requirements
4)	The integrated care partnership must have regard to the NHS mandate in preparing the integrated care strategy.
5)	The integrated care partnership must involve in the preparation of the integrated care strategy: local Healthwatch organisations whose areas coincide with, or fall wholly or partly within the integrated care partnership's area; and people who live and work in the area.
6)	The integrated care partnership must publish the integrated care strategy and give a copy to each partner local authority and each integrated care board that is a partner to one of those local authorities.
7)	Integrated care partnerships must consider revising the integrated care strategy whenever they receive a joint strategic needs assessment.



Evidence, Prevention and Inclusion



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Evidence of Need

- Integrated care partnerships should use the JSNA assessments to explore gaps in care, unwarranted variation, and disparities in health and care outcomes and experiences between parts of the population and understand opportunities where system wide action could be effective in improving these, including addressing the wider determinants of health and wellbeing, and preventing ill-health and future care and support needs.
- However, integrated care partnerships should aim to go further, drawing on additional intelligence such as assessments of local communities and needs developed by providers; the perspectives of local communities, and evidence from research and practice to build on their understanding of health and care needs and further articulate how those needs can be met.



Evidence based prevention measures

- Integrated care partnerships should consider evidence-based **prevention measures** in the integrated care strategy to:
 - prevent and reduce mental and physical ill health and their risk factors;
 - hospitalisation and rehospitalisation;
 - the loss of independence;
 - avoidable and premature mortality;
 - long-term ill-health; and future care and support needs.
- This requires early identification of risk factors and illness and acting early to reduce their impact on individuals once identified.



Inclusion health groups

- The integrated care strategy should identify opportunities for research where there are gaps in evidence either of health and care need or gaps in how the needs of under-represented groups might be effectively met.
- Integrated care boards to have regard to the need to reduce inequalities between persons, not just patients, in respect to access to health services.
- The integrated care strategy should ensure that the needs of underserved populations are identified and met through the integrated care board, NHS England, or responsible local authorities exercising their functions.

Engagement & Involvement

Please also see Annex A: people and organisations to consider involving

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Involving people and organisations

- It will be, at times, more appropriate for the individuals or organisations to be involved directly at a local level in their neighbourhoods and communities rather than at the level of the integrated care partnership.
- The integrated care partnership should complement and champion this place-based and neighbourhood engagement and ensure that there are mechanisms for relevant local insights to inform the integrated care strategy.
- We recognise that 2022 to 2023 is a transition year, and the level of engagement might need to vary, according to the time and resource available to engage people and organisations in the preparation of the initial integrated care strategy. However, we do expect this engagement to increase as the integrated care partnerships mature, and integrated care strategies develop.



Providers of health and social care services

- The integrated care partnership should map out the different types of providers and practitioners who should be engaged in the development of their initial strategy and then who will be involved in the further development and refresh of the strategy. This mapping should be inclusive of voluntary, community, and social enterprise (VCSE) and independent sector providers. In larger systems, it might be necessary for each place to gather this information and share it upwards with the integrated care partnership to ensure full coverage.
- Providers of adult and children's social care, primary care (including general practice, pharmacy, eye care, dental and audiology services), community health services, secondary care, and public health services will have important insights into how the needs of local people can be met due to their knowledge, experience and direct links with people who draw on health and social care.
- The integrated care partnership should engage a diversity of perspectives in the strategy, and **not assume that the commissioners are adequate proxies for the provider voice**. For example, for adult social care providers, integrated care partnerships could draw on care associations or similar local, regional or national networks, such as registered managers and individual's networks.
- When engaging with adult social care providers, the integrated care partnership should use the guidance on the expected ways of working for integrated care partnerships and adult social care providers to ensure that they are appropriately engaged in the development of the integrated care strategy.
- As well as involving providers, the integrated care partnership should involve **clinical and care professionals, including those working on the front-line in health and social care** as they will have important expertise on how services can be constructed and successfully delivered. To achieve this, they can work through the existing infrastructure that supports clinical and care leadership, to help ensure the widest possible range of clinical and social care leaders are able to contribute



VCSE

- There are a wide range of VCSE organisations that each fulfil a variety of roles including, but not limited to, organisations led by people with lived experience, service providers (including for social prescribing provision), advice and advocacy services, funders of research; tackling disparities in health and care and influencing the wider determinants of health.
- VCSE alliances, or similar entities, are present in each area, and will be important in the production of the integrated care strategy. Integrated care partnerships should also consider the different roles VCSE organisations can play and involve them when relevant, for example, when involving people and communities or providers.

Wider Organisations

The integrated care strategy **may** include a statement on integration with other services that impact upon peoples' health and wellbeing but are not health and care services. Examples will include employment support, housing and homelessness services and leisure services

Other groups such as businesses, employers, housing providers (particularly registered providers of social housing) and local planning services play a critical role in supporting the health and wellbeing of the local community. Engaging, and involving with them can identify new opportunities and innovative ways to improve population health.



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Babies, children, young people, their families

- When producing the integrated care strategy, the integrated care partnership should consider how the needs and health and wellbeing outcomes of babies, children, young people and families can be met and improved.
- These outcomes are shared by many partners, and the strategy should consider the integration of children's services and, for example, whether joint commissioning and the pooling of funding under section 75 of the NHS Act 2006 would meet their needs more effectively.
- Family hubs, where appropriate, should be considered as an opportunity to integrate with wider health-related services.
- The integrated care partnership could support local safeguarding work, but the safeguarding partners retain the statutory responsibilities for safeguarding children in their local area

Healthy ageing

- Recognise that older adults experience the largest burden of noncommunicable disease, including cancer, dementia, and cardiovascular disease.
 - The integrated care partnership should consider when preparing their integrated care strategy how the needs and health and wellbeing outcomes of older adults can be prevented met and improved, including through mechanisms such as improved housing and technological solutions; and
 - How unpaid carers can be supported in accessing services which will improve outcomes for those in their care and carers themselves.
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Transition

- Integrated care partnerships could consider, when preparing the integrated care strategy, key transition points and continuity of care, including:
 - becoming a parent;
 - transitioning from maternity to children's services;
 - moves from primary to secondary and further/higher education;
 - transitioning from children's social care to adult social care, or from children and young people's health and mental health services to adult services;
 - entering employment;
 - leaving a secure setting and re-entering the community; and
 - receiving adult social care for the first time.
- To be included in Live Your Best Life ambitions

Workforce

- To support this ambition, integrated care strategies should consider the next steps needed to **create an integrated workforce across health and adult social care**.
 - This could include
 - developing shared values and common standards;
 - developing new cross-system ways of working or
 - working with local partners to explore opportunities for system-wide recruitment and deployment informed by joined-up workforce planning; talent management, and skills development.
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‘Health-related’ services

- Some services will have a substantial impact on health and wellbeing but are not provided by a health or social care provider. Health-related services are defined for the purposes of the integrated care strategy as services that could have an effect on the health of individuals, but are not health services or social care services.
- This includes those impacting on wider determinants, such as employment and housing.
- Integrated care strategies should encourage closer working between commissioners and providers of health-related services and health and social care services. The integrated care strategy **may** include a statement of its views on how ‘health-related’ services and health and social care services can be more closely integrated.



Publication and review

- **Publication:** Under the Health and Care Act 2022, the integrated care partnership must give a copy of the integrated care strategy to each responsible local authority and the integrated care board and must publish the integrated care strategy by December 2022. Each integrated care partnership will need to establish how this is done through their procedures.
- **Refreshing the integrated care strategy:** Whenever the integrated care partnership receives a new joint strategic needs assessment from a health and wellbeing board, it must consider whether the integrated care strategy needs to be revised.
- **Review and evaluation:** When refreshing the integrated care strategy and as part of its ongoing role in the system we expect the integrated care partnership to consider whether the strategy is being delivered by the integrated care board, NHS England, and local authorities. This can include, if appropriate, identifying, and evaluating the impact that the strategy has had on commissioning and delivery decisions.

(This section relates to the publication of the integrated care strategy. **This section is not statutory guidance**).

