Integrating care
Next steps to building strong and effective integrated care systems across England

Healthwatch England consultation response

January 2021

Overview

The proposals in the *Integrating care Next steps to building strong and effective integrated care systems across England consultation document* will have a major impact on the future of health and care services, including both strategic planning and delivery. The issues raised in this consultation are important to Healthwatch England and the Healthwatch network. Integrating care provides an opportunity to ensure that health and care are provided in a way that meets the needs of the communities that the NHS and its partners serve and we are pleased to be able to share our views. It is important to acknowledge that success in this endeavour not only relies on the NHS but will also require complementary high-functioning social care, which will need to be appropriately resourced.

Engagement with local people

For Healthwatch at both a national and a local level, our key issue is the involvement of local people in the design, delivery and scrutiny of services. The proposals described in the consultation document are focused on organisational structures and give limited direction as to what this will mean for engagement with the general public and users of health and social care. While we understand the need to develop Integrated Care Systems (ICSs) on a statutory footing, the lack of detail means that there is not a clear picture of how this may work in practice.

Statutory footing provides a number of benefits that should help to provide a consistent approach across all systems, while allowing them to respond to local circumstances. However, it is important to consider the implications of the proposed changes at all levels and the impact on all sectors, not just the NHS.

The consultation document acknowledges *"The NHS belongs to us all"* (1.1) but does not provide a framework for either how people will be engaged in the work of the ICS or how the ICS will be held to account locally. Engagement appears to be focused on organisations and at place level. If ICSs are to have the confidence of the communities they serve, then they must have robust and transparent arrangements in place to work with those local communities.

Accountability to local people and areas

Although the proposals are not presented as a reorganisation, implementation will require some measure of restructure. The aim of improved integration needs to take account of the functions and structures of other partners. 3.18 describes ICSs as being *"established as NHS bodies"* but does not clarify how this would take account of local government's governance arrangements. This reflects the issues faced by health and wellbeing boards where systems are brought together in theory but, in practice, individual organisations remain responsible and accountable. Although the document refers to health and wellbeing boards, clarification is needed about how they fit in the landscape for planning health services and how this role can be used to drive better integration between health and social care. This will be particularly important in ICSs which include several local authorities and health and wellbeing boards.

The Healthwatch network

The Healthwatch network has played a significant role in ensuring that local voices are heard by the health and care system at 'Neighbourhood', 'Place' and 'System' level. The Healthwatch network is based on upper tier local authorities and in some areas this has coincided with ICS / STP footprints; however, in other areas the make-up is much more varied. What the network has been able to do in all settings is to ensure that local voices are heard where decisions are made.

The *work undertaken by the Healthwatch network to support ICSs and STPs to develop their implementation plans for the NHS Long Term Plan* demonstrates the value of working both at a local and strategic levels. Individual Healthwatch were able to collaborate across ICS / STP footprints resulting in the views of 40,000 people being fed into local plans across the country.

The resources available to the Healthwatch network have fallen significantly from £40.3m in 2013 to £25.5m in 2020, a drop of 36.6%, now representing per capita expenditure of under 50p a year. This funding is routed through local authorities even though the majority of insight relates to health services. Additional funding has been required to enable them to undertake special projects such as the Long Term Plan programme.

Our specific responses to the questions raised are as follows:

Q. Do you agree that giving ICSs a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade?

We **agree** that the proposals can provide the right foundation for the NHS but would draw attention to some important factors that will affect the ability of health and care to deliver effectively and consistently across the country.

Place level is important as that is the level at which people usually interact with service delivery, but this must not be at the expense of exclusion from planning taking place at System level. The document, rightly, puts an emphasis on 'population health' but does not set out how the population will contribute to identifying the priorities or the desired outcomes.

System, Place and Neighbourhood all have significant roles and responsibilities but what is crucial is how they relate to each other. The proposal puts engagement at Place level, removed from strategic discussions and decision-making. If responsibility for engagement remains at Place level with providers and with no similar responsibility at system level, engagement is likely to be fractured and inconsistent. In areas such as North East and North Cumbria with very different and widely separated communities, there is a real risk of the complexity of local voices and the interests they represent not being taken into account.

Q. Do you agree that option 2 offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to Parliament and most importantly, to patients?

We **agree** that the second option may provide a useful framework to support collaboration and accountability, but there is insufficient detail to say if it can ensure these will be achieved to the degree that will be needed. The document sets out how NHS bodies will be expected to work together but does not consider any implications for other sectors.

There appears to be a risk of developing an extra layer of accountability as providers may need to be accountable in their own right, as members of provider collaboratives and as part of the ICS. Currently, local authorities have a key role to play looking at both integration and accountability through their health and wellbeing boards and health scrutiny arrangements. This will become more complex where ICSs cover large footprints with several local authorities. Further consideration may be needed to enable accountability arrangements across the area that are appropriate to the requirements of the individual local authorities and the people they serve.

Although ICSs are seen as accountable *"most importantly, to patients",* patient voice is not part of the design in any meaningful way. It is essential that the communities served are represented not only in the planning of services, but also in monitoring them. 1.21 talks about the need *"to harness the involvement, ownership and innovation of clinicians, working together to design more integrated patient pathways…"* The lack of any complementary mention of public or user voice in this section – and several others - risks people being seen as passive receivers of services rather than as partners in their care.

We would recommend strengthening the Healthwatch network so that it is able to function fully at both System and Place levels. This would reflect the importance of people being involved at both the strategic and the delivery levels.

Working in partnership with the North West London Collaboration of Clinical Commissioning Groups, Healthwatch Hillingdon has developed *a survey to understand residents' feelings about a COVID-19 vaccine*; their likelihood of accepting it themselves or encouraging others to, if they have concerns about the vaccines, and what information they would like about the vaccines. This survey is being run across the eight North West London boroughs and the results will be analysed by both Healthwatch and the NHS.

The consultation document notes that under the proposed arrangement *"there would no longer be a conflict of interests with the current GP-led CCG model"* but it does not address the risk of any actual or perceived conflicts of interest among providers. This will be particularly important when considering the Prevention agenda which may require resources to be more focused over time on community-based interventions rather than acute services.

Q. Do you agree that, other than mandatory participation of NHS bodies and Local Authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their populations needs?

While we would **agree with this proposal to an extent, this is subject to some significant reservations**. ICSs should be given clearer direction about the expectations of patient and public participation at all levels and at all stages. As part of the development of a population health approach, engagement needs to consider the diversity and complexity of the populations served.

We understand the importance of involving Healthwatch at Place level, but this needs to be replicated at System level. Currently, Healthwatch are commissioned and resourced at a local authority level. Their work at System level may sometimes be seen as being outside the scope of their commissioned work even though it has an impact on local services. We therefore recommend that, where necessary, additional resources are identified to enable coordination of Healthwatch activity across the ICS footprint, while still maintaining the vital local presence at local authority level.

Public participation needs to be tailored to the different functions at different levels and must avoid the assumption that there is a single view, instead ensuring that all voices are represented. This needs to take account of geographical boundaries as well as protected characteristics and other issues. The experience of the response to the pandemic has, in many areas, shown that Healthwatch can play a valuable role in linking into the wider voluntary, community and social enterprise sector. In Wakefield, for example, Healthwatch led a citywide communications strategy for the third sector response to COVID-19, ensuring clear consistent messaging and preventing duplication of effort. It provided real time information from its insight collected through the Reset survey to the system on a weekly basis, later compiling this in *summary reports*.

Q. Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSE should be either transferred or delegated to ICS bodies?

We would offer a **neutral** response to this proposal. While we agree that this is in line with bringing decision-making closer to delivery, more detail is needed about when it might be *"appropriate"* and what the *"appropriate safeguards"* would be. Consideration should also be given to ensuring that all commissioning is focused at the most appropriate level, which may lead to some decisions being made more locally.

Our *recent work on dental services* drew attention to longstanding disparities in the level of services, and accessibility of those services, across the country. Having those services commissioned locally may improve access where it is needed; however, the safeguards would

need to ensure that inequalities were not exacerbated and oversight of the national position will be needed.

Healthwatch have heard at various times of people encountering difficulties accessing specialised services. We acknowledge that these services may need to be developed on a national basis when they work with a comparatively small number of patients, but whether they are commissioned nationally or more locally – for example, at regional level – greater consideration must be given to ensuring that people across the country find the services accessible. More detail is needed about how this would all work in practice. Regional teams becoming *"thinner"* (4.10) must take into account the need to provide appropriate support for ICSs to ensure equity and minimum standards across the area.

To achieve this effectively, it will be essential that local views are presented to commissioners so that they can properly reflect local needs throughout the decision-making process and that those views are not just brought as a response to proposals.

About us

Healthwatch is the independent champion for people who use health and social care services. We exist to ensure that people are at the heart of care.

There is a local Healthwatch in every area of England with a remit to research and report on what local people what local people want from health and social care services, and advocate for the change they want to see.