

Report to OVERVIEW AND SCRUTINY BOARD / COMMITTEE

HEALTH & CARE BILL UPDATE

Portfolio Holder:

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Purpose of the Report

To provide an update to Overview and Scrutiny Committee for Health on the progress in relation to the Health & Care Bill.

Executive Summary

Everyone across the health and care system in England, in the NHS, local authorities and voluntary organisations, has made extraordinary efforts to manage the COVID-19 pandemic and deliver the vaccination programme while continuing to provide essential services.

We still face major operational challenges: tackling backlogs; meeting deferred demand, new care needs, changing public expectations; tackling longstanding health inequalities; enabling respite and recovery for those who have been at the frontline of our response; and re-adjusting to a post-pandemic financial regime. The intensity of the incident may have abated, but we are still managing exceptional pressure and uncertainty, with differential impacts across the country.

As we respond, Integrated Care Systems (ICSs) will play a critical role in aligning action between partners to achieve their shared purpose: to improve outcomes and tackle inequalities, to enhance productivity and make best use of resources and to strengthen local communities. Throughout the pandemic people told us time and time again that collaboration allowed faster decisions and better outcomes. Co-operation created

resilience. Teamwork across organisations, sectors and professions enabled us to manage the pressures facing the NHS and our partners.

As we re-focus on the ambitions set out in the NHS Long Term Plan, it is imperative we maintain our commitment to collaborative action, along with the agility and pace in decision-making that has characterised our response to the pandemic.

This short paper provides members with an update on the Health and Care bill which aims to address the issues outlined above.

Recommendations

The Committee is asked to note the update.

Update on Health & Social Care Bill

Background

1. Integrated care systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined-up services and to improve the health of people who live and work in their area.
2. They exist to achieve four aims:
 - **improve outcomes** in population health and healthcare
 - **tackle inequalities** in outcomes, experience and access
 - enhance **productivity and value for money**
 - help the NHS support broader **social and economic development**.
3. Following several years of locally-led development, and based on the recommendations of NHS England and NHS Improvement, the government has set out plans to put ICSs on a statutory footing.
4. To support this transition, NHS England and NHS Improvement are publishing guidance and resources, drawing on learning from all over the country. The aim is to enable local health and care leaders to build strong and effective ICSs in every part of England.
5. Collaborating as ICSs will help health and care organisations tackle complex challenges, including:
 - improving the health of children and young people
 - supporting people to stay well and independent
 - acting sooner to help those with preventable conditions
 - supporting those with long-term conditions or mental health issues
 - caring for those with multiple needs as populations age
 - getting the best from collective resources so people get care as quickly as possible.

Revised target date for establishment of statutory ICSs

6. The continued development of Integrated Care Systems remains a priority for the NHS, to support joint working arrangements in managing the pandemic and accelerate local health and care service transformation to improve outcomes and reduce inequalities.
7. The Health and Care Bill, which intends to put ICSs on a statutory footing and create Integrated Care Boards (ICBs) as new NHS bodies, is currently being considered by Parliament.
8. To allow sufficient time for the remaining parliamentary stages, a new target date of 1 July 2022 has been agreed for new statutory arrangements to take effect and Integrated Care Boards (ICBs) to be legally and operationally established. This replaces the previously stated target date of 1 April 2022.
9. This new target date will provide some extra flexibility for systems preparing for the new statutory arrangements and managing the immediate priorities in the pandemic response, while maintaining our momentum towards more effective system working.

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10. The establishment of ICBs, and everything that follows regarding the process and timing for this, remains subject to the passage of the Health and Care Bill through Parliament.
 11. National and local plans for ICS implementation will now be adjusted to reflect the new target date, with an extended preparatory phase from 1 April 2022 up to the point of commencement of the new statutory arrangements.
 12. During this period:
 - CCGs will remain in place as statutory organisations. They will retain all existing duties and functions and will conduct their business (collaboratively in cases where there are multiple CCGs within an ICS footprint), through existing governing bodies.
 - CCG leaders will work closely with designate ICB leaders in key decisions which will affect the future ICB, notably commissioning and contracting.
 - NHSEI will retain all direct commissioning responsibilities not already delegated to CCGs.
 13. During Q4 2021/22, NHS England will consult with a small number of CCGs on changes to their boundaries, to align with the ICS boundary changes decided by the Secretary of State in July 2021. Those CCG boundary changes coming into effect from 1 April 2022 would support the smooth transition from CCGs to ICBs at the implementation date. Arrangements for people affected in these cases will be discussed directly with the relevant CCG and designate ICB leaders.
 14. There is not planned to be any further CCG mergers before the establishment of ICBs.

Next Steps In Greater Manchester ICS

15. Joint working arrangements have been in place at system level for some time, and there has already been significant progress in preparing for the proposed establishment of statutory Integrated Care Systems, including recruitment of designate ICB Chairs and Chief Executives.
16. CCG leaders and designate ICB leaders are asked to continue with preparations for the closure of CCGs and the establishment of ICBs, working toward the new target date.
17. NHSEI will support CCG and designate ICB leaders to re-set their implementation plans, to ensure the safe transfer of people, property (in its widest sense) and liabilities from CCGs to ICBs from their establishment. The national programme team will work closely with colleagues in systems and in regional teams to identify what support is needed to manage the new timetable.
18. We will work with national partners, including Trade Unions, to communicate the changed target date and any implications for the transfer process. Systems should also ensure they have clear and effective plans for local communications and engagement with the public, staff, trade unions and other stakeholders.
19. ICB designate chairs and chief executives should continue to progress recruitment to their designate leadership teams, adjusting their timelines as necessary while managing immediate operational demands. Current/planned recruitment activities for designate leadership roles should continue where this is the local preference, but formal transition to

the future leadership arrangements should now be planned for the new target date of 1 July 2022.

20. Regional teams will work with CCG leaders to agree arrangements that ensure that CCGs remains legally constituted and able to operate effectively, working in partnership with the designate ICB leadership, and that individuals' roles and circumstances are clear, during the extended preparatory phase. The employment commitment arrangements for other affected staff and the talent-based approach to people transition previously set out will be extended to reflect the new target date.
21. The requirements for ICB Readiness to Operate and System Development Plan submissions currently due in mid-February 2022 will be revised to reflect the extended preparatory period. Further details of these plans along with specific implications for financial, people or legal arrangements during the extended preparatory period, will be developed with systems and set out in January 2022.
22. Designate ICB leaders, CCG AOs and NHS England and NHS Improvement regional teams will be asked to agree ways of working for 2022/23 before the end of March 2022. This will include agreeing how they will work together to support ongoing system development during Q1, including the establishment of statutory ICSs and the oversight and quality governance arrangements in their system.

Recommendations

23. The Committee is asked to note the update.