

Health & Care Bill 2021

Briefing on NHS reforms for Sheffield City Partnership Board

NHS Reform: moving from competition to integration

NHS Reforms: context

- The NHS has had a split between the purchaser/commissioner of care, and the provider of it, since 1991.
- A market-like approach to operating the healthcare system has been a core feature of NHS since this point.
- A key feature of this is the NHS tariff, which sets payments for hospital procedures, and was a central part of New Labour's approach to bringing waiting lists down.
- The internal market was seen as a self-improvement mechanism, a view that reached its apex with the 2012 Lansley reforms.
- A key ongoing point of tension in the development of the NHS over its existence has been between a desire to avoid political interference in day-to-day management, versus the need for political accountability for how public funding is being spent.
- The NHS has always been a mix of directly state-run and private delivery – GPs, Dentistry, and Pharmacy for example are mostly private businesses.

The shift to an Integrated Care approach: five key steps

Five Year Forward View – Oct 2014

- Published by Simon Stevens following taking on the role of Chief Executive of NHSE
- Set out how the system would cope with historically restrictive financial settlements (in NHS terms)
- Much reduced focus on competition in favour of integration
- Signalled shift from a centrally defined approach to service delivery to one based on what works locally
- Acknowledged the importance of sustaining social care
- Set out a focus on public health and prevention
- Emphasis on care outside of hospital
- Positioned as a bid to government for the necessary funding to deliver on the vision set out

Sustainability & Transformation Plans – Dec 2015

- Created as the vehicle to deliver the more integrated approach envisaged in the FYFW, based on what works locally
- Divided England into 44 areas defined by common patient flows across all levels and types of care
- Further shift to planning at a (sub) regional level, and away from choice and competition
- Local authorities involved due to public health and social care responsibilities

NHS Long Term Plan – Jan 2019

- New service model with focus on integrating GPs, community services and social care locally through Primary Care Networks (PCNs)
- Focus on health inequalities with funding linked to this
- Commitment to establish Integrated Care Systems (ICSs) in all parts of England
- Signalled intention to recommend legislative changes to support this approach

Next steps on FYFV – Mar 2017

- Updated STP language to talk about Partnerships not Plans
- Signalled an intention to develop STPs into Accountable Care Systems with “fully integrated” systems and funding
- 10 pilots established, including South Yorkshire & Bassetlaw
- The term “accountable care” is imported from the US – but is adapted for the UK context, representing a shift to the health system in an area being accountable for working together to improve population health
- “Accountable” later updated to “Integrated” to reflect this

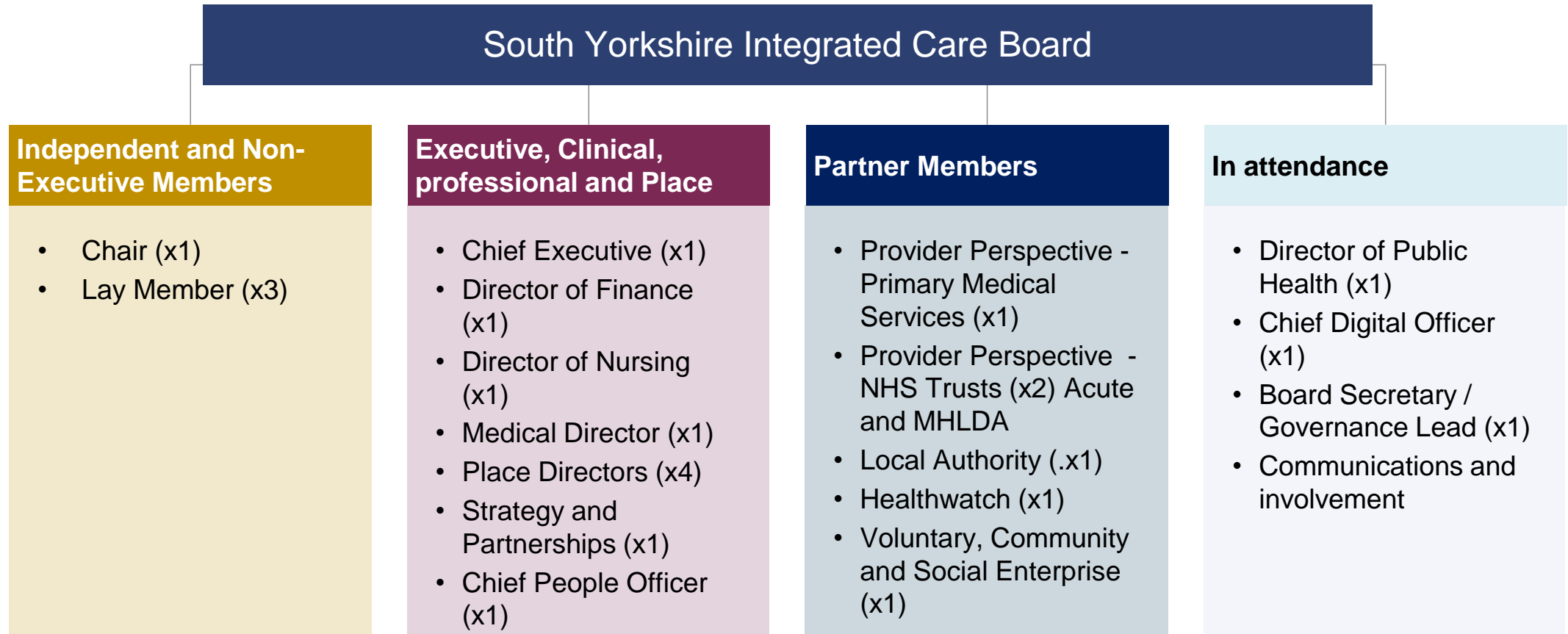
NHS Integrating Care paper – Oct 2020

- Set out the case for legislative underpinning of the system
- Based on the learning developed during the pandemic of the benefits of local decision-making, and collaboration within a place
- Set out four fundamental aims for the NHS: improving population health and healthcare; tackling unequal outcomes and access; enhancing productivity and value for money; and supporting broader social and economic development

The Health and Care Bill 2021

- The Bill establishes Integrated Care Systems on a statutory footing, constructed from two new bodies: Integrated Care Board (ICB) and Integrated Care Partnership (ICP), and with structures to support working at “place” level.
- The ICB will be responsible for planning NHS services across a defined area (for us this is South Yorkshire) and will be accountable for NHS spending and performance.
- The ICP will be responsible for developing an integrated care strategy setting out how NHS and social care organisations will ensure the health and care needs of the population are met, drawing on local Joint Strategic Needs Assessments, and involving Joint Health & Wellbeing Boards.
- In practice the reforms end the purchaser/provider split and NHS services will no longer be required in law to be put out to tender.
- The Bill signals the end of the NHS Tariff scheme, with NHS England to develop a new NHS payment scheme in consultation with ICBs.
- Secretary of State for Health & Social Care has to be notified of any service reconfiguration, no matter how large or small, or whether temporary or permanent. This may impact the ability of local systems to adapt in response to changing circumstances.
- The SoS will also have the ability to direct NHSE outside the annual NHS Mandate.
- **The Bill has not yet been passed by Parliament.** However the NHS is already working to reorganise itself in line with the Bill, with a target date of 1st July for formal implementation.

SY Integrated Care Board proposed membership



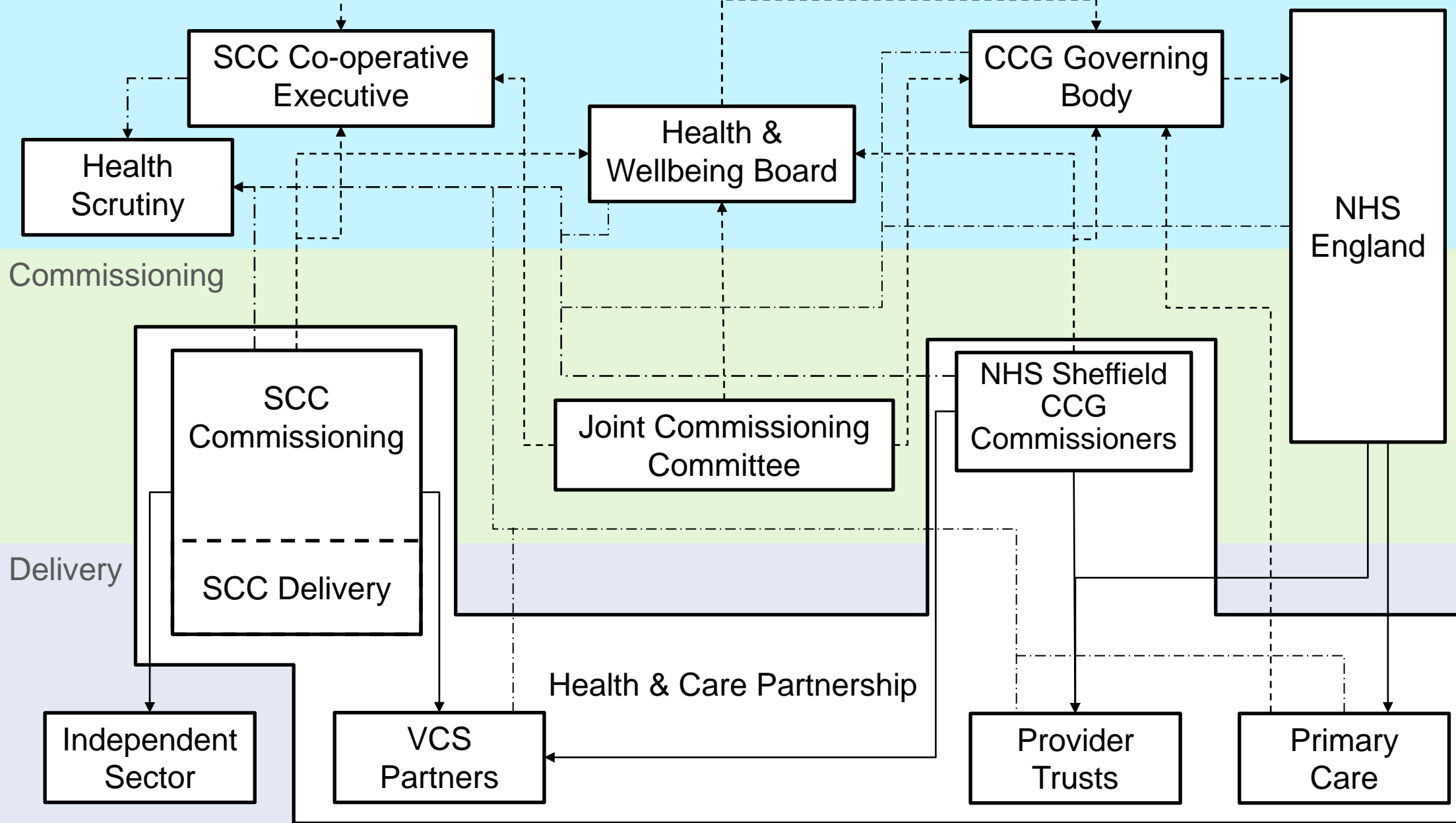
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Current and future structures and relationships in Sheffield

NHS and Social Care in Sheffield: current

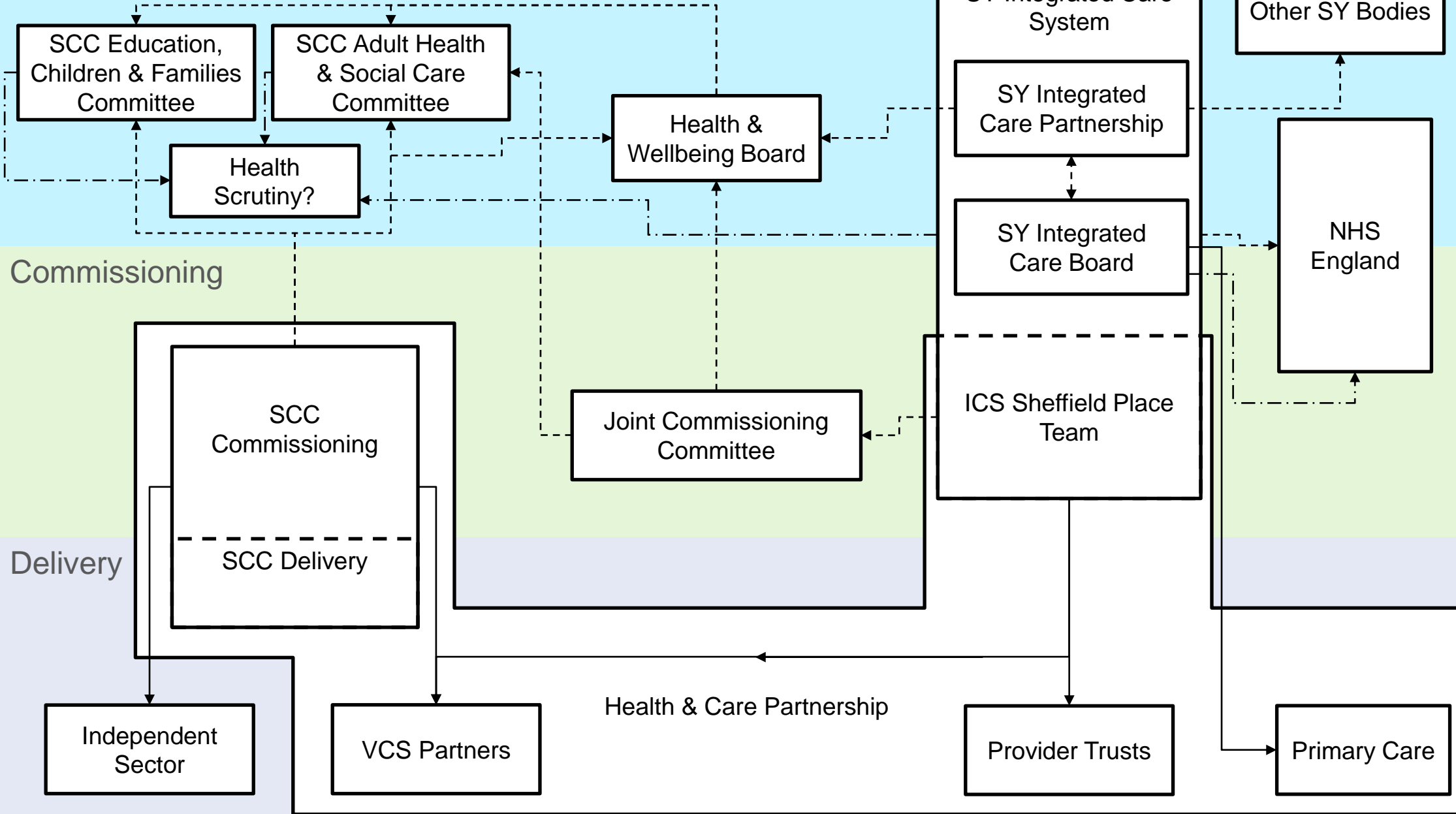
Strategy, Formal Decision Making & Accountability

Governance Relationship
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Commissioning Relationship
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Accountability Relationship
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NHS and Social Care in Sheffield: future?

Strategy, Formal Decision Making & Accountability



What does this mean for Sheffield?

Implications for Sheffield

- Responsibility for commissioning NHS services will move to the South Yorkshire level, though we expect many of the same staff to remain working at Sheffield level with as much as possible delegated to Sheffield.
- There is a risk of impact on joint commissioning arrangements and we need to work to secure these as soon as possible.
- With responsibility for NHS strategy and planning working across South Yorkshire, Sheffield will need to work with the other SY areas to influence.
- Critically, the reforms do give local authorities a formal role in ICS governance, forging a new link to local democratic accountability.
- The reforms re-emphasise the importance of the Health & Wellbeing Board, the Joint Health & Wellbeing Strategy and the Joint Strategic Needs Assessment as key points of influence.
- The NHS consultation paper and Government white paper both acknowledge a need for the NHS to play a role in local social and economic development; we should think through how to maximise the impact of this.

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Discussion for the Board

We're pushing forward on integration and partnership working in other areas as well:

- Adult social care and SYP:
 - Integration on safeguarding: Exploring opportunity to establish a Multi-Agency Safeguarding Hub
- Adult social care and housing

What other opportunities for partnership working with, and across, NHS and social care services should we be addressing?

How should we approach this?

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