

From the Permanent Secretary  
Sir Chris Wormald



Department  
of Health &  
Social Care

Dame Meg Hillier MP  
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Dear Chair

### **PAC Hearing – Introducing Integrated Care Systems**

Thank you for your Committee's time on 3 November to hear our responses to the NAO report on Introducing Integrated Care Systems. During that hearing, I undertook to write to the Committee on a number of issues.

#### **Pregnancy loss review**

I agreed to update the committee on the Pregnancy Loss review. We remain committed to the pregnancy loss review and will seek to publish it as quickly as possible. We are conscious that the review has been delayed, but the Department is committed to allocating the resources necessary to support the independent review leads to publish their report at the earliest possible date.

#### **Better Care Fund and the pooling of health and social care funding.**

1. You asked what enables pooling of funding for social care and the NHS.

Section 75 of the NHS Act 2006 allows NHS bodies and councils to contribute to a common fund (pooling) which can be used to commission health or social care related services. This power allows a local authority to commission specific health services and NHS commissioners to commission specific social care services (as agreed by both partners). It enables joint commissioning and commissioning of integrated services. These arrangements are used extensively by NHS bodies and local authorities to enable more effective partnership working, and to help ensure more integration of services across the health and social care system.

2. You asked us to share some examples on pooling, and you asked how many ICS have pooled funding and in what capacity.

The most notable example of pooling is through the Better Care Fund (BCF), which is a mechanism for joint health, housing and social care planning and commissioning. The BCF



framework requires Integrated Care Boards (ICBs) and local authorities to make joint plans and pool budgets to achieve shared objectives. Most of BCF spend goes on services at the interface of the health and social care system such as intermediate care (e.g., reablement services) and hospital discharge planning, as well as core adult social care services. Later in this letter we will set out detailed examples of what pooled BCF funds are used for in practice.

The total BCF will be a minimum of £7.2 billion in 2022-23. This includes £4.5 billion of NHS funding, as well as two local authority grants: the £2.1 billion improved Better Care Fund grant, and then £573 million Disabled Facilities Grant. Local areas can voluntarily pool additional funding in the BCF, which is why the total I mentioned above is a minimum figure. In 2021-22, voluntary contributions totalled £3 billion, and were made in 93 local areas. In some areas they use the BCF to pool all the relevant spend for social care and community health commissioning, in other areas they may have multiple service specific section 75 arrangements in addition to the BCF.

Annex A shows a breakdown in of planned BCF spend in 2021-22. Figures for actual BCF spend in 2021-22 are not yet available but will be published shortly.

Beyond the BCF, local areas are not required to notify central government if they pool budgets. However, throughout recent engagement with local systems, the joint BCF team which sits across DHSC, DLUHC and the NHS heard many examples of how areas are going beyond the BCF minimum requirements.

### 3. You asked for examples of BCF pooling leading to benefits across systems

As part of BCF plans, local areas need to demonstrate how their allocated BCF funding supports two key objectives:

- enabling people to stay well, safe and independent at home for longer; and
- provide the right care in the right place at the right time.

BCF Funding is often used alongside other funding streams to act as a significant 'catalyst' for positive change for existing services. Examples of projects funded by BCF include:

- a) South West London Multi Agency Discharge Event (MADE) System (2022) – Multiple agencies across South West London health and social care system (including acute trusts, community services, mental health and voluntary sector) increased joint working over January 2022 to unblock significant delays around discharge. This involved deploying a cohort of senior system leaders and practitioners to attend specific wards over a number of days to help highlight, challenge and unblock delays, while supporting safe and timely discharges. Interventions ranged from streamlining in-patient discharge planning requirements, earlier assessment of patients' needs, and more proactive planning the day before discharge. Following interventions, the proportion of people



across the SW London system who were successfully discharged on a given day post-interventions, increased by around 50%, compared to pre-interventions.

- b) Devon and Torbay Hydration Project (2022) - This ensured care home residents were better hydrated by improving training and processes. The project resulted in a reduction in urinary tract infections (UTIs) requiring antibiotics in care homes by 5% and a reduction in falls in care homes by 5%.
- c) Portsmouth Carers Service (2022) – The experience of 300 carers was captured to support the redesign of services for them, and improve the timeliness of initial assessments. The average time from first contact to a carer receiving support was reduced from 29 days to 5 days.

#### **Mid and South Essex NHS Foundation Trust**

I agreed to write to you regarding Mid and South Essex NHS Foundation Trust's scheme for the Reconfiguration of Hospital Services at the Mid and South Essex Acute Hospitals.

In 2017, the Trust was awarded £118m for this scheme, as part of wave two of our hospital upgrades programme (formerly Sustainability and Transformation Partnership schemes). As with all such investment, full funding is allocated on approval of the Full Business Case (FBC). Funding may be made available prior to FBC approval in order to progress the scheme, for example to cover business case development costs or for enabling works.

The Outline Business Case for the scheme was approved in March 2021, and we are currently considering a request for drawdown of early funding in advance of the Full Business Case.

#### **Consultation "Advancing our health: prevention in the 2020s"**

I agreed to write to you with further information on the Prevention consultation from 2019. The Green Paper "Advancing our health: prevention in the 2020s" was published in July 2019. While the responses to the consultation were analysed and informed subsequent work, changes in Government and the Covid-19 pandemic both impacted on our original plans to publish a specific response, including a summary of consultation responses received, and given the time that has passed there are no current plans to do so. Any decision to publish a specific response at this stage would be for Ministers.

Some of the policy areas set out in the Green Paper have of course been the subject of active development since, not least through legislation on, and implementation of, the new Integrated Care Systems, with supporting consultation and engagement undertaken as appropriate for the implementation of specific policies.

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Since its establishment in October 2021, OHID has as part of the Department been active in advising on and supporting implementation of a range of new and existing policies, working both at national level and through its regional teams. This has included significant engagement across Government to develop the levelling up health mission, and to understand and develop linkages with policies for delivery of other levelling up missions.

### **ASC intervention powers**

In addition, in relation to question 112 (from Olivia Blake) which asked about intervention, I referenced DLUHC and NHSE powers of intervention, and we also want to acknowledge Adult Social Care intervention. LAs are ultimately responsible to their local electorate for how they provide and run services, and we are not changing that. However, the Health and Care Act introduced new powers for the Secretary of State to intervene to secure improvements in adult social care where he is satisfied that a local authority is failing to discharge duties under part 1 of the Care Act 2014. When commenced the powers could permit a variety of actions including issuing improvement notices and nominating Commissioners.

Yours sincerely,

**SIR CHRIS WORMALD  
PERMANENT SECRETARY**