From the Permanent Secretary
Sir Chris Wormald

Department of Health & Social Care

39 Victoria Street
London
SW1H 0EU
permanent.secretary@dhsc.gov.uk

Dame Meg Hillier MP
Chair of Public Accounts Committee
House of Commons
London
SW1A 9NA

Sent via email to: pubaccom@parliament.uk

29 August 2023

Dear Chair

Re: Public Accounts Committee Thirty-fifth Report of Session 2022-23: Introducing integrated care systems, tangible benefits of integrated care systems (recommendation 1)

In March this year, the government responded to the Committee's Thirty-fifth Report of Session 2022-23: Introducing integrated care systems. In that response we committed to write to you within six months addressing the points set out in recommendation 1 of the report. The response to this recommendation is below:

1. PAC recommendation: The Department should write to us within six months and set out:

- **What specific measurable benefits it expects from the formal move to ICSs, including a clear description of the benefits, relevant metrics, and the timeframe for achieving them.**
- **What barriers have been overcome between the NHSE and social care to support the integration of their objectives and funding.**
- **What action it took as a result of its 2019 consultation on prevention, and whether and when it expects to finally publish a response. In publishing its response, it should set out the known drivers of better health outcomes, how they are measured, and which improvement ICSs will be specifically accountable for, which are the responsibility of NHS England and the Department, and which are wider government responsibilities.**

From the Permanent Secretary
Sir Chris Wormald

Department of Health & Social Care

What specific measurable benefits it expects from the formal move to ICSs, including a clear description of the benefits, relevant metrics, and the timeframe for achieving them.

An integrated care system (ICS) is made up of two statutory components - an integrated care board (ICB) and an integrated care partnership (ICP), established by the Health and Care Act 2022 (2022 Act) on 1st July 2022. Work on integration did not, of course, begin with the passage of the 2022 Act last year – the legislation was a response to the very clear asks made of us by the NHS and by local government to provide more flexibility for systems to manage health and care in the interests of their populations. The asks were made by the NHS and local government following the progress made by non-statutory ICSs over the years in joining up services for local people.

NHS England has set out four core purposes for ICSs to achieve:

- 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.

NHS England has a legal duty to annually assess the performance of each ICB and publish a summary of its findings. In undertaking this assessment, NHS England will consider how successfully each ICB has contributed to each of these four purposes. NHS England and ICBs hold regular discussions throughout the year and the outcomes of these discussions will be used to support the annual assessment. In addition, NHS England undertake oversight meetings with ICBs, as described in the NHS Oversight Framework. This framework draws on a wide range of metrics to support NHS England's oversight of ICBs. The 2022 Act provides new powers to Care Quality Commission (CQC) to assess ICSs as a whole. CQC assessments of ICSs will provide further assurance to the public and parliament of how well different partners of the system are coming together towards meeting the need of their populations

One of the key strengths of ICSs and one of the things that the NHS, local authorities and others were very keen to preserve in the legislation is their relative flexibility of form and ability to develop their own priorities. This does, of course, make it less straightforward to measure and to baseline as would be the case in a more uniform and programmatic change or intervention. That said, there are, of course, many standard measures of outcomes or other elements of performance such as access

Department of Health & Social Care

that are made across the health and care system as a whole, and it should therefore be possible, over time, to track progress in a number of areas and to analyse where the greatest progress appears to have been made.

We will be able to assess some of the benefits of ICSs through an independent academic evaluation currently being commissioned via the National Institute of Health & Social Care Research (NIHR) Policy Research Programme. The research specification sets out a requirement for the evaluation to develop a detailed understanding of the different ways that system partners are coming together to design, commission and deliver services, and their potential impacts and outcomes. The aim is to capture learning from local arrangements in total, rather than assess the direct impact of statutory ICS's. When drafting the research specification DHSC engaged with experts within and outside of government, including independent academics with extensive experience of carrying out complex system evaluations across the healthcare system. These discussions reinforced the view that it is very difficult to attribute and quantify how these individual policies may have an impact and improve specific outcomes and benefits, especially given the evolutionary and system wide nature of recent reforms. This is why the evaluation aims to capture learning that can be useful for future policy development and be of most use for patients. The findings of the evaluation will be published, and timings for this will be agreed once the commissioning process has been completed.

Alongside the long-term evaluation of the ICS progress, DHSC and NHS England have set some immediate priorities for systems on core matters of delivery. These are set out in the latest Mandate to NHS England (which includes three main priorities - **cut NHS waiting lists and recover performance, support the workforce through training, retention and modernising the way staff work, and deliver recovery through the use of data and technology**) and the NHSE priorities and operational planning guidance. Both of these documents have been deliberately structured to ensure there is a focused and aligned set of priorities consistent with the recovery plans for - Delivery plan for tackling the COVID-19 backlog of elective care, the Delivery plan for recovering urgent and emergency care services, the Delivery plan for recovering access to primary care.

As mentioned in the response above, NHS England and DHSC also regularly look at a wide range of outcome and performance information for systems as set out in the NHS oversight framework and NHS England annual performance assessment of ICBs. CQC assessment of ICSs will also provide useful insights.

What barriers have been overcome between the NHSE and social care to support the integration of their objectives and funding.

From the Permanent Secretary
Sir Chris Wormald

Department of Health & Social Care

There has been a significant improvement in joint working and overcoming barriers between health and social care and continuing to make progress in this area remains a priority.

The Better Care Fund (BCF), introduced in 2015, continues to be one of the government's principal levers for overcoming barriers and supporting the integration of health and social care in England. It requires ICBs and local authorities to make joint plans and pool budgets for the purposes of integrated care. Local systems work to ensure that the development of their BCF plan is aligned with and complements other health and social care plans developed across the ICB and Health and Wellbeing Board footprint, including ICB level operational plans, integrated care Strategies, and broader capacity and demand planning exercises.

Many local areas commit additional money to their BCF plans as they seek to accelerate joint commissioning and integration based on the success of partnership working in their local areas. Over £10 billion of voluntary contributions have been committed to the BCF since 2019-20. When surveyed in 2021-22, 94% of systems agreed that delivery of the BCF improved joint working between health and social care.

For 2023-25, we have committed at least £16.8 billion to the BCF, with areas free to contribute further voluntary contributions as in previous years. This includes an extra £1.6 billion to support safe and timely discharge from hospital to home or an appropriate community setting.

Existing arrangements for budget pooling often provide a good basis for integration, but we also know that the arrangements to pool budgets can be complex and there are limitations which prevent the most ambitious models of integration. To support local areas to achieve these ambitions, we are working with local partners as we review the legislation that underpins pooled and aligned budgets (s.75 of the NHS Act 2006) with a view to improving the regulations where needed.

In addition to joint funds and pooled budgets, a key enabler of greater integration is the effective and appropriate management and sharing of information for individuals and populations. Health problems are complex, and, in many cases, a single health issue may be influenced by interrelated social, environmental, and economic factors. By linking data, local health and care services can then design new proactive models of care. We have made significant progress over the last year and invested almost £50m to support digitisation, including making more than £35m available to ICSs to support care providers to adopt digital social care records (DSCRs) and other care technologies.

Adoption of digital social care records by CQC-registered providers has increased from 40% in December 2021 to more than 50%, and there is an ambition to support

Department of Health & Social Care

80% of CQC-registered providers, and at least 80% of people in receipt of care in England, to have a DSCR by March 2024. Additionally, all ICBs now have a shared care record in place.

In *Next Steps* we announced a further £100 million investment over the next two years to drive digitisation of adult social care. This includes making funding available via ICSs to continue to support rapid adoption of DSCRs by CQC-registered care providers and to test, scale and evaluate care technologies.

NHS England is also investing in a federated data platform (FDP) to provide trusts and ICS with the capability to develop digital tools that address their most pressing operational challenges and enhance their ability to make informed and effective decisions. By linking data, the FDP enables ICSs to better coordinate care across health and social care providers to meet the needs of their population.
Every hospital and ICS will have their own version of the platform which can connect and collaborate with other data platforms utilising common standards. This will make it easier for health and care organisations to work together, to compare data, and analyse it at different geographic, demographic and organisational levels and to scale and share innovative digital solutions safely and securely.

Integration is supported and enabled by aligned planning and the identification of shared goals and shared purpose. Whole system planning is captured in the integrated care strategies developed by ICPs and the joint forward plans prepared by ICBs, and the plans of local authorities in the ICS area. ICPs have delivered their first full or interim integrated care strategy. ICBs and local authorities must have regard to this strategy when exercising their functions. ICBs have also just finalised their first 5-year joint forward plans setting out how they will deliver the aims of the integrated care strategy. These plans will be informed by joint strategic needs assessments and the joint local health and well-being strategies that describe the health needs across each ICS and the local priorities for addressing.

The 2022 Act provides new powers to CQC to assess ICSs as a whole. The assessments will focus on three key themes – quality and safety, integration, and leadership. CQC assessments will identify how well system partners are working together to integrate services, deliver high quality care, and meet the needs of their populations.

We will shortly be publishing a toolkit to support places to develop outcomes frameworks shared and integrated across NHS and local government bodies.

NHS England's Population Health and Place Development Programmes have provided practical support to accelerate and embed adoption of population health management (PHM) across ICSs and places. Learning and insight from these programmes has been made available to systems via NHS England's PHM Academy

Department of Health & Social Care

to further support integration. This supports the development of effective place-based partnerships and integrated neighbourhood teams through case studies, blogs, podcasts and e-learning modules.

Barriers between health and social care are also being overcome at the working level. This is particularly evident in relation to delegation - where a registered healthcare professional delegates an activity, usually of a clinical nature to a competent care worker, having been given appropriate training, monitoring and support – is nothing new and has been happening for many years.

While delegation is not new, more recently and particularly since the pandemic, we've seen an increase in these interventions, with care workers being skilled up to undertake blood pressure monitoring, insulin administration, catheter care, simple wound care and more.

Over the last 18 months, DHSC, led by the Chief Nurse for Social Care, has been working with Skills for Care and other partners to develop guiding principles to provide support safe, effective and person-centred delegation and ensure this is applied consistently across residential and community settings, including the Personal Assistant workforce.

We've seen the clear benefits for people who draw on services, as well as recognising the value, skill and complexity of care. Over the coming year, we will continue to test and refine the delegation principles and supporting products to share learning and enable continuous learning, including where the delegated healthcare is supporting local systems to deliver a more effective and efficient use of health and care resources.

We recognise that, while good progress has been made, there is still more to do in relation to overcoming the barriers between health and social care. We expect ICSs to continue to strive to improve integration in their area and will support this centrally where appropriate. For example, following the *Messenger Review* into health and care leadership, DHSC is working closely with NHS England and other partners to ensure that current and future system leaders are best equipped with the right skills and behaviours to successfully lead their organisations in a fully integrated way. One of the key objectives of the programme is to help understand and start to address the current challenges around strengthening ICS leadership skills. We recognise the importance of leadership that integrates health, care, and the wider sector and recognises the value of having a balanced cross-sector leadership approach that specifically supports ICS Chief Executives and Directors in organisations within the ICS management structure including areas such as the voluntary sector, NHS Providers, adult social care and local authorities.

From the Permanent Secretary
Sir Chris Wormald

Department of Health & Social Care

What action it took as a result of its 2019 consultation on prevention, and whether and when it expects to finally publish a response. In publishing its response, it should set out the known drivers of better health outcomes, how they are measured, and which improvement ICSs will be specifically accountable for, which are the responsibility of NHS England and the Department, and which are wider government responsibilities.

Turning to *prevention of ill health*, the green paper *'Advancing our health: prevention in the 2020s'* was published for consultation in July 2019 during the previous Parliament. Responses were analysed and informed subsequent work, with several specific policy areas the subject of active development and supporting engagement as appropriate. As such, given the passage of time, changes in government and the intervening Covid-19 pandemic, there are no plans to publish a response or to take any further steps in relation to the 2019 consultation.

However, it may be helpful to the Committee to outline the following information on the related points mentioned in the recommendation.

Work is underway on a strategy to tackle the six major health condition groups – cancer, mental ill health, cardiovascular disease including stroke, dementia, chronic respiratory diseases, and musculoskeletal disorders – that account for around 60% of ill health and early death in England. This Major Conditions Strategy will explore how we can tackle the key drivers of ill-health, reduce pressure on the NHS and reduce ill-health related labour market inactivity. We have published a call for evidence to gather views and ideas on how to prevent, diagnose, treat, and manage these conditions, and responses will inform the development of the new strategy.

On *drivers of better health outcomes*, the role of a wide and pervasive range of factors – which can increase health risks or conversely have protective effects - is well established in the theory and practice of public health. This includes more immediate risks, problems amenable to healthcare interventions and wider drivers of health which are likely to require a multi-sectoral approach. A wealth of information on these issues including trends is included in the published health profile series of reports, drawing on data from the established outcomes frameworks for public health, the NHS and social care:

Health profile for England - GOV.UK (www.gov.uk)

The Committee will also be aware that the government has established the Levelling Up health mission, an overarching ambition to narrow the gap in healthy life expectancy at birth (HLE) between local areas where it is highest and lowest by 2030, and to increase HLE by 5 years by 2035. This was announced in the Levelling Up White Paper and re-confirms the 2019 manifesto commitments related to HLE

From the Permanent Secretary
Sir Chris Wormald

Department of Health & Social Care

and health inequalities. A recent DHSC analysis of factors which bear on this measure is published here:

Understanding the drivers of healthy life expectancy: report - GOV.UK (www.gov.uk)

Since its establishment in October 2021, the Office for Health Improvement and Disparities has been part of the Department of Health & Social Care and active in advising on and supporting implementation of a range of policies working both at national level and through regional teams. This has included significant engagement across government including through an official-level Health Mission Working Group to bring together all relevant departments to drive progress on the health mission and support common interests, including understanding and developing linkages with policies for delivery of other Levelling Up missions. For example, we are working with Department for Levelling Up Housing and Communities on housing and planning, Department for Environment, Food, and Rural Affairs on air quality and green space, Department for Transport on active travel, Department for Digital, Culture, Media and Sport on sport and physical activity, Department for Education on early years, and Home Office and Ministry of Justice on substance misuse.

Delivery of the Levelling Up missions, including the health mission, is overseen by an inter-ministerial group with wide Departmental representation.

The government has recently published its revised mandate to NHS England, which includes as a priority *"preventing ill health through the delivery of NHS services, and supporting integrated care systems (ICSs) to tackle inequalities in access to healthcare".* In addition, NHS England is responsible for provision of national screening and immunisations programmes as part of its delegated exercise of certain of the Secretary of State's public health functions.

In terms of ICS accountability, ICBs and NHS Trusts are accountable to NHS England. They are overseen by NHS England as set out in the NHS oversight framework. Local authorities, as equal partners in ICSs, and in discharging their legal duty on improving the health of their populations, have key roles to play including in service delivery and the provision of public health expertise to the NHS. They are accountable via their locally elected representatives for the performance of their functions, and also to national government for compliance with conditions on public health grant funding. Formal accountability sits alongside and is reinforced by other forms of accountability between partners within a system – what is sometimes termed 'mutual accountability'. This form of accountability often matters most to the successful delivery of shared priorities, and promotes a shared purpose, shared plan, and shared focus on outcomes across all the partners in an ICS.

From the Permanent Secretary
Sir Chris Wormald

Department of Health & Social Care

At ICS level, each ICP is required to produce an integrated care strategy in response to locally assessed needs, which in turn must inform the ICB's and partner Trusts' 5-year joint forward plans. This puts local people and places at the heart of developing priorities for ICSs. The government is also making good progress in developing a shared outcomes toolkit that will support places to develop their own robust shared outcomes frameworks, with priorities and metrics that are directly linked to the needs of their local populations.

CQC will assess ICSs as a whole and publish their assessment reports. NHS England also has a legal duty to annually assess the performance of each ICB in each financial year and publish a summary of its findings, taking into consideration how well they are carrying out their statutory duties. In conducting these performance assessments, NHS England must consult each relevant Health and Wellbeing Board for its views on any steps that the ICB has taken to implement any joint local health and wellbeing strategy.

Finally, the Committee may also be interested to note, in terms of analysis underpinning preventive action, that NHS England conducted a review into non-COVID excess mortality, which led to the publication of high impact interventions (link below) and has informed NHS England's priorities and operational planning guidance:

NHS England » Secondary prevention: reducing disparities and improving life expectancy.

Yours sincerely,

Chris Wormald

SIR CHRIS WORMALD
PERMANENT SECRETARY