

## Response ID ANON-9K5H-J5N3-1

Submitted to **Your views: building a strong, integrated care system across England**

Submitted on **2021-01-08 11:10:39**

### Integrated Care System (ICS) legislation

#### 1 What is your name?

**Name:**

Dr Jane Townson

#### 2 In what capacity are you responding?

**In what capacity are you responding?:**

Professional representative body

**If you have selected 'Other', please specify::**

#### 3 Are you responding on behalf of an organisation?

Yes

**Organisation name::**

United Kingdom Homecare Association

**Email::**

jane.townson@ukhca.co.uk

#### 4 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?

Agree

**If you have any specific comments or additional information to provide, please provide it in the text box below::**

The overall direction of travel and intention of the proposals - to improve population health; reduce health inequalities; increase productivity; and contribute to wider socioeconomic development - are very positive. Our homecare provider members all support these goals.

A statutory footing for ICSs has the potential to strengthen the leadership and enable the collaboration which is needed to enable better integration of services for the benefit of citizens.

Given that the stated intention is better integration with other areas such as social care to improve outcomes, it is disappointing that the language and focus of the document appears to be related mostly to the NHS and rearranging its deckchairs yet again.

In particular, the document is silent on the involvement and contribution of social care providers, who collectively employ the social care workforce of 1.6 million, which is larger than that of the NHS. Local authorities are mainly commissioners of social care and are unable to represent the views of social care providers, particularly those serving the self-funder market. In homecare, 30 per cent is purchased by self-funders; 25 per cent by the NHS and the rest by councils.

The proposals are light on detail so it is difficult to understand the governance arrangements. As a minimum, though, the social care provider voice needs to be included at a variety of levels. Furthermore, there should not necessarily be a presumption that ICS leaders are drawn only from the NHS.

#### 5 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?

Neutral

**If you have any specific comments or additional information to provide, please provide it in the text box below::**

Whilst Option 2 has the potential to reduce internecine strife within the NHS by clarifying accountability, neither option appears to incentivise collaboration outside the NHS.

#### 6 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?

Disagree

**If you have any specific comments or additional information to provide, please provide it in the text box below::**

Inclusion of social care providers should be mandated.

Localism has some potential benefits but also some substantial downsides, which have been particularly evident during the COVID19 pandemic. Allowing everyone to do their own thing risks exacerbating rather than minimising inequalities, unless there are checks and balances.

Polarised views on centralism vs localism appear to us to be unhelpful as we need to tread a path between the two, capitalising on the best aspects of both.

If more powers are devolved locally, there needs to be an agreed means of monitoring and measuring performance of ICSs in real time, not just at individual commissioner or provider level but at a system level. If each ICS is allowed to invent its own approach, how will anyone know which are operating most effectively and efficiently? How will we know which ICS's have improved outcomes or productivity?

Will the Care Quality Commission have a role in providing oversight of the effectiveness of system working with respect to quality, safety, outcomes and experience for people?

Will bodies such as Health Watch continue to exist? If so, how will they provide insight on the performance of systems rather than individual organisations?

**7 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?**

Agree

**If you have any specific comments or additional information to provide, please provide it in the text box below::**

Yes and we'd like to see substantial improvement in the approach to commissioning homecare by the NHS. Currently, it is shockingly poor in many areas with little or no oversight.

In some areas, joint commissioning of homecare by NHS/LA works well, as it considers the big picture; for example, recognising that sufficient capacity in homecare can reduce pressure on health services.