



## Publication of Integrated Care - Organisations, Partnerships and Systems

[Online report](#)

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The Committee considered the increasing reliance on a range of health and care services, which are mostly public but also provided by non-statutory services (charities, social enterprises, community services and private providers), and expressed concerns about the negative impact if these services and sources of support don't join up, don't share information, are not coordinated and fail to put the individual front and centre.

They surmise that whilst there is 'not sufficient evidence that integrated care saves money or improves outcomes in the short term, there are compelling reasons to believe it is worthwhile'.

The report explores the development of new integrated ways of planning local health and care services (sustainability and transformation partnerships and integrated care systems) and delivering care (integrated care partnerships and accountable care organisations), arising from the NHS Five Year Forward View. And it concludes that the move towards more integrated, collaborative and placed-based care has been hampered by poor communication and a confusing acronym spaghetti of changing titles and terminology, poorly understood even by those working within the system. The report quotes RCGP regarding poor STP engagement with GPs tasked with taking an active role in the development of the Plans (now Partnerships):

'228. Local GPs appointed by the Royal College of General Practitioners to act as regional ambassadors in the development and implementation of STPs have 'struggled to find a voice or influence on key STP boards.'220 Similarly, allied health professionals (e.g. physiotherapists, occupational therapists, paramedics, speech and language therapists), we heard, have also struggled to find a voice in the leadership of STPs. None of the clinical leads on STP boards come from the ranks of allied health professionals.221'

Regarding STPs, the report states that the 44 partnerships are now at different stages in their journey towards becoming integrated care systems (ICSs). Whilst some areas have made considerable progress in light of these pressures, those furthest behind are struggling with rising day-to-day pressures let alone transforming care. It defines integrated care systems ICSs as more autonomous systems in which local bodies take collective responsibility for the health and social care of their populations within a defined budget and states that a cohort of 10 ICSs, made up of the leading STPs, are making good progress in difficult circumstances.

In what seems to be a helpful nod to recent Londonwide LMCs' discussions regarding networks vs formal organisations, on p32 the report defines ICSs as:

'94. Integrated care systems are advanced forms of sustainability and transformation partnerships, in which 'commissioners and NHS providers, working closely with GP networks, local authorities and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they operate their collective resources for the benefit of local populations.'

Turning to accountable care organisations or ACOs, the report says that there has been much confusion about their benefits and purpose. The ACO model will entail a single organisation holding a 10–15 year contract for the health and care of a large population. The Committee recommend that ACOs, if introduced, should be NHS bodies and established in primary legislation, but only once there is clarity on issues such as whether using an ACO contract to merge services into a single organisation accelerates integration and improves outcomes for patients.

There is a reference on p37 to ACOs delivering primary care services in a way that is consistent with the delivery conducted by existing providers. The language does not rule in or rule out the inclusion of core primary care services in any ACO contract:

'122. NHS England has delayed its consultation pending the outcome of our inquiry and two judicial reviews on the legality of the changes it proposes. The Department of Health and Social Care signalled in its consultation response its intentions to consult again on legal directions to ensure 'criteria for an ACO delivering primary medical services (GP services) are consistent with the criteria for existing providers of primary medical

services.”<sup>98</sup> Once NHS England has implemented a contract, these legal directions will be limited to Dudley and the City of Manchester initially, although other areas may apply to use the contract.<sup>99</sup>”

The report maintains that transformation remains key to sustainability and calls for the dedicated national financial and leadership support to enable the NHS to transform at pace saying “Too often plans are constrained by the upfront funding needed to make them effective. The NHS is currently in survival mode, with NHS providers struggling to recruit, train and retain staff and balance their books, while maintaining standards in the face of relentlessly rising demand. A long-term funding settlement and effective workforce strategy are essential not only to alleviate immediate pressures on services, but to facilitate the transition to more integrated models of care.”

Finally, the report sets out several areas where the Committee feel legislative change should be considered, including:

- a statutory basis for system-wide partnerships between local organisations;
- potential to designate ACOs as NHS bodies, if they are introduced more widely;
- changes to legislation covering procurement and competition;
- merger of NHS England and NHS Improvement; and
- Care Quality Commission’s regulatory powers.

The full conclusions and recommendations for the report can be found [here](#).