

<b>Committee:</b> Health and Social Care Scrutiny Committee	<b>Dated:</b> 27 September 2022
<b>Subject: Health and Care Act 2022</b>	<b>Public</b>
<b>Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?</b>	1,2,3 and 4
<b>Does this proposal require extra revenue and/or capital spending?</b>	<b>N</b>
<b>If so, how much?</b>	<b>£</b>
<b>What is the source of Funding?</b>	
<b>Has this Funding Source been agreed with the Chamberlain's Department?</b>	
<b>Report of: Andrew Carter Director of Community and Children's Services</b>	<b>For Information</b>
<b>Report author: Kate Bygrave, Community and Children's Services</b>	

### Summary

This report outlines the main points of the new Health and Care Act 2022 and its implications locally.

The new legislation came into force in July 2022 and contains significant reform to the NHS by joining up health, social care and public health services at a local level to improve health outcomes and tackle health inequalities. Much of the Act focuses on creating a statutory basis for Integrated Care Systems through the creation of Integrated Care Boards

It also sets out the introduction of a cap on care costs in Adult Social Care and the introduction of inspections by the Care Quality Commission of local authority Adult Social Care Services.

### Recommendation

Members are asked to:

- Note the report.

### Main Report

#### Background

1. The Health and Care Act 2022 received Royal Assent in April 2022 and came into force on 1 July. In summary, the Act:
  - Establishes Integrated Care Boards (ICBs) and abolishes Clinical Commissioning Groups (CCGs) in a new structure for integrated care
  - Moves away from competitive tendering and towards more collaborative delivery in health services

- Formally merges NHS England and NHS Improvement
- In Adult Social Care, establishes a cap on the amount that adults can expect to pay towards eligible care costs over their lifetime (applies from October 2023)
- Establishes the Care Quality Commission (CQC) as the body that oversees and assesses Integrated Care Systems (ICSs) and inspects local authority Adult Social Care Services
- Puts the Health Services Safety Investigations Body (HSSIB) which investigates concerns over patient safety on a statutory footing

### *Integrated Care*

2. The Act establishes a legislative framework to support integrated care and collaboration across health, social care and public health. Although this has already been happening for a number of years, the Act creates a legal infrastructure for how this will be delivered.
3. Integrated care aims to deliver health and social care services in a more joined up fashion, including those in the community, creating a more seamless experience for patients, delivering better outcomes and tackling health inequalities.
4. Integrated Care Systems already existed as partnerships bringing together NHS providers, local authorities, and voluntary sector partners working together to plan and organise how health and care services were delivered in their area. They aimed to remove some of the boundaries between organisations to deliver better, more joined up care for their local communities. CCGs were the statutory bodies responsible for commissioning health care services in a local area. There were 42 ICSs across England, and each covered a population size of 1 to 3 million.
5. The Act moves the ICSs onto a statutory footing by establishing statutory ICBs. The ICBs take on the commissioning functions of CCGs as well as some of NHS England's commissioning functions. The ICB model also allows for integration and collaboration across the system. Any ICB is able to exercise its functions through place-based committees (for example City and Hackney).
6. The Act also requires an ICB and its partner local authorities to establish an integrated care partnership (ICP), bringing together health, social care, public health, and representatives from the wider public space where appropriate, such as social care providers or housing providers. The ICP is responsible for developing a strategy to address health, social care, and public health needs across its population and system. The ICB and local authorities then have to have regard to this strategy when making decisions.
7. These structures are illustrated in Appendix 1.

### *Adult Social Care*

8. The Act sets out a duty for the CQC to conduct reviews, assess performance and publish reports on the exercise of regulated care functions by English local authorities relating to adult social care.
9. The CQC already existed as the independent regulator of health and personal care services in England. Unlike Children's Social Care, overall local authority Adult Social Care services were not inspected. Where a local authority provided any direct care such as reablement or homecare, these were inspected but not the service overall. This now changes following the Act. The Secretary of State will set objectives and priorities for the CQC's assessments of Adult Social Care Services.
10. Unlike health, Adult Social Care Services are means tested and many people will be self-funders to meet their care needs until they reach a certain threshold of assets. The Act changes this to say that people will not have to pay more than £86,000 for care to meet their eligible care needs.

### **Current Position**

#### *Integrated Care*

11. The City of London Corporation sits within the North-East London ICS along with the boroughs of Barking and Dagenham, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest.
12. The ICB for North-East London was operating in shadow form but is now legally established. The ICP is also established along with a local place-based partnership in City and Hackney called the Neighbourhood Health and Care Board (NHCB).
13. The NHCB brings together a variety of local partners to commission and deliver health, care and wellbeing services to patients and residents. This includes the London Borough of Hackney, local providers of primary, secondary and mental health services.
14. In terms of key priorities for the ICS, these include shifting resource and focus to prevention to improve long-term health and wellbeing, addressing health inequalities, delivering pro-active community-based care closer to home and outside of institutional settings, maintaining financial balance, delivering integrated care to meet physical, mental health and social needs within the diverse communities and empowering patients and residents
15. Locally in the City and Hackney Partnership, key work programmes are built around a focus on children, young people, families and maternity (giving every child the best start in life), Neighbourhoods and communities (Living well), rehabilitation and independence (aging well), mental health and Primary Care.

16. Primary Care Practices work together in Primary Care Networks (PCNs) which incorporate registered populations of between 30,000 and 50,000. These PCNs are co-terminus with 8 neighbourhoods which have been developed in the City and Hackney system to establish new integrated community-based neighbourhood teams for adults, develop new service pathways for particular cohorts of the population and to take a population health approach to address needs and inequalities.
17. The City of London Corporation has been involved in working as part of the local health and care system over a number of years and this will continue. Regular updates are provided to the Community and Children's Services Committee and to the Health and Wellbeing Board.
18. As the new statutory arrangements for integrated care consolidate, the Health and Social Care Scrutiny Committee may wish to request updates on particular areas for their consideration.
19. Scrutiny within the North East London footprint has been supported by meetings that have brought together groups of local authorities. This Committee has been represented at the Inner North East London Health Scrutiny and Oversight Committee. Where decisions and delivery are made at the NEL level, the NHS is likely to favour scrutiny through these multi local authority arrangements. Members may wish to consider whether they are content with such an approach.

#### *Adult Social Care*

20. Alongside some of the changes introduced in the Health and Social Care Act 2022, for Adult Social Care, there are also a number of other significant changes being introduced such as the Liberty Protection Safeguards to replace Deprivation of Liberty Safeguards.
21. Preparation for all of the changes in Adult Social Care and any forthcoming inspection are being managed through a dedicated transformation programme. This will include developing new policies and processes, configuring our systems and working with residents to raise awareness and understanding in order to plan for their future.
22. Guidance has been published for the care cap but guidance on inspections is awaited.
23. The Health and Social Care Scrutiny may wish to scrutinise some of the impact of these changes once they are implemented.

#### **Corporate & Strategic Implications**

24. *Strategic implications* – The Health and Care Act 2022 reflects the strategic priorities set out in the NHS Long Term Plan which was published in 2019. All of

the work around integrated care helps meet the corporate plan priorities of 1,2,3, and 4.

25. Financial *implications* - none

26. Resource *implications* - none

27. *Legal* implications - none

28. *Risk* implications - none

29. *Equalities implications* – A key priority for the ICS and all the local work around integrated care is to reduce health inequalities and improve health outcomes. There are specific groups within the system looking at this.

30. Climate *implications* - none

31. Security implications - none

## **Conclusion**

32. This report sets out some of the key points of interest for the Health and Social Care Scrutiny Committee arising from the Health and Social Care Act 2022.

33. A new legal structure is created around integrated care, there will be a cap on the maximum anyone will have to pay for the costs of meeting their eligible care needs and Adult Social Care will be subject to an inspection by the CQC.

34. These are all areas that the Health and Social Care Scrutiny Committee may wish to consider in time.

## **Appendices**

- Appendix 1 - Integrated Care Systems and the North East London System

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