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ICS blueprint sparks fears over 'diluted' partnerships

By Laura Sharman

There is a risk the new integrated care system (ICS) partnership could have a more 'diluted' role than the NHS body, the NHS Confederation has said.

The warning comes following the publication of design framework by NHS England, setting out how local government and partners should prepare for the new arrangements.

The guidance includes the future ambitions for the ICS partnership and ICS NHS body, the governance and management arrangements, key elements of good practice and the financial framework of the systems.

Lou Patten, ICS Network director at the NHS Confederation and chief executive of NHS Clinical Commissioners, welcomed the clarity offered by the guidance but warned a number of concerns remain: 'These include the continued description of a partnership and an NHS body as the two statutory component parts of ICSs, yet with the expectation that partnerships will operate as forums and be established as a committee rather than a corporate body.

'As this part of the ICS is about the wider integration of health and care, there is a real risk of the partnership being perceived to



'Questions remain' following the new design framework for integrated care systems

have a far more diluted role than the NHS body.'

Ms Patten also warned that the new boards may be reluctant to develop innovative approaches to the delivery of services due to fears over central intervention.

She said: 'We are also concerned that if, as expected in the forthcoming legislation, the secretary of state is given increased powers to intervene in local service reconfigurations, systems and provider collaboratives could be reluctant to develop and embrace more innovative approaches to the delivery of

services, if there is a risk that defining decisions are taken centrally, not locally.'

NHS Providers said the framework provides a 'clearer vision; for how the statutory bodies will operate next year. It particularly welcomed the confirmation that ICSs will have the freedom to develop their own structure arrangements according to local circumstances.

However they also expressed concern over the accountability of the model.

Deputy chief executive of NHS Providers, Saffron Cordery said: 'Trust leaders are keen to ensure ICSs remain a genuine partnership of all the organisations that contribute to local health and care services and outcomes within the system. They are increasingly concerned that the ICS model risks moving away from being a sum of its parts to a separate body managing those within it.

'There must be appropriate governance measures to ensure ICSs are accountable not only to NHS England and NHS Improvement and parliament, but also to the communities they serve and the organisations within their footprint.'

The proposals for reform were published in a white paper earlier this year and due to be implemented in April 2022, subject to legislation.

Health MOTs to be offered alongside COVID-19 and flu jabs

People will be offered a health check when they have a top-up COVID vaccination or flu jab this autumn, under plans to save thousands of lives.

NHS England said the health checks will cover blood pressure, heart rhythm and cholesterol levels and will be available at vaccination services, pharmacies and clinics.

The move is part of the NHS Long Term Plan to help prevent more strokes and heart attacks, and make 'every contact count' by rolling out opportunities for health checks at times when patients already have other appointments.

NHS chief operating officer, Amanda Pritchard, said: 'The hugely successful NHS vaccine programme has given us the opportunity to make every contact count by going out into peoples' communities to beat coronavirus while also catching other killer conditions.

'The checks – like the jabs – will be available in convenient locations in local communities including village halls, churches, mosques and local sports centres and prevent people becoming seriously ill.'

The NHS estimates that more than 1,000 strokes a year could be avoided if everyone over 65 was offered an annual heart rhythm check.

Dr Deb Lowe, NHS clinical director for Stroke, said: 'People who have atrial fibrillation are at higher risk of having a stroke, but through early detection their risk can be significantly reduced with the right medication. Incorporating health checks at vaccination sites so patients can access them conveniently is a great initiative – ensuring every contact counts and encouraging individuals to be aware of their blood pressure and pulse could save lives and reduce disability caused by stroke.'

briefs

■ The mental health of home-carers deteriorated more during lockdown than non-carers, a new study has revealed.

The research, led by the University of Glasgow's MRC Social and Public Health Sciences Unit, found people looking after someone with a learning disability or a sick or disabled child under 18 had particularly poor mental health in the early stages of lockdown.

The decline in mental health was worse for those who had formal help before lockdown but lost the support due to the pandemic.

Lead researcher Dr Elise Whitley said: 'The withdrawal and suspension of many non-COVID-19 medical and social care services in March 2020 led to an increasing reliance on informal carers who were particularly likely to be negatively affected by COVID-19 lockdown measures.'

■ London's first dedicated detox unit for people who are homeless has been opened.

The Addiction Clinical Care Suite, based at St Thomas' Hospital in Lambeth, will support homeless people dealing with serious alcohol and substance dependence.

It will provide peer support, groups, and activities alongside a range of other initiatives focused on helping people who sleep rough to stop smoking and eat healthily. It will also provide essential screening, vaccinations and mental wellbeing support.

Public Health England (PHE) London led the creation of the project with the Greater London Authority, Guy's and St Thomas' NHS Foundation Trust and London's borough councils. The service is funded through a combination of grants from the Ministry of Housing, Communities and Local Government and local authority treatment budgets.



Women's health needs have 'been sidelined' for too long

The Government has been urged to improve the way health services listen to women's voices and design services better around their needs.

As part of a consultation on the first ever government-led Women's Health Strategy, the Royal College of Nursing (RCN) said women's health needs 'have been side-lined for too long'.

It is calling for better research, education and engagement to address the growing geographic inequalities in women's life expectancy.

Its submission to the Government also warns women feel they are not listened to, resulting in poorer patient outcomes and delayed diagnosis.

Carmel Bagness, RCN professional lead for midwifery and women's health, said: 'For too long women's health needs have been side-lined.



There is not enough research into conditions that only affect women, and similarly not enough is known about how the same condition affects men and women differently.

'A clear well-funded implementation plan with

integrated, person-centred care and focus on prevention as well as treatment is critical if a real difference is to be made.'

The RCN is also calling for better provision to support for women's health in the workplace and improvements to encourage

research to support women's health.

The Royal College of Midwives (RCM) also warned that even in maternity services, where over 99% of midwives are female, women still felt their voices were not being heard.

Birte Harlev-Lam, executive director for professional leadership at the RCM, said: 'This is a significant point in the history of women's healthcare in this country. If done properly with the right services in the right places, it could radically improve the health of women and the quality of care they receive.'

'The sad fact is that too often women feel that their voices and their needs have been ignored in a system historically designed, built, and operated by men. In a society where women make up at least half of the population, this is a scandal.'

Long COVID hubs for children

The NHS will invest an additional £100m to deliver specialist services for adults and children with long COVID.

The funding package includes £70m to set up 15 new paediatric hubs to treat children and young people with the condition and expand the existing network of long COVID clinics.

The hubs will bring together expert clinical teams, including paediatricians, physiotherapists, nurses and occupational therapists.

The remaining £30m will be given to GPs to improve diagnosis and care, and boost online services.

'One of the major health challenges emerging from the pandemic is long COVID with hundreds of thousands of people predicted to suffer debilitating health issues such as breathing problems and fatigue,' said Sir Simon Stevens, NHS chief executive.

'That is why the NHS is now going to invest £100m in specialist services, including care for children and young people so that parents know advice is on hand through the new hubs to provide patients and their families with the help, support and care that they need.'

Estimates suggest 340,000 people may need support for long COVID, with 68,000 needing rehab or other specialist treatment. ONS data suggests 7.4% of children aged 2-11 and 8.2% of those aged 12-16 report continued symptoms after contracting COVID.

Plans are also being developed to launch a rapid access service for NHS staff to receive long COVID treatment.

Call to support staff wellbeing

A coalition of health and care organisations have warned more needs to be done to support the physical and emotional wellbeing of staff.

The organisations have produced a joint statement outlining the issues facing the workforce including stress, burnout and the psychological impact of short staffing.

The statement warns the health and wellbeing of staff should be of equal priority to that of patients.

It read: 'Health and care staff need to feel that their wellbeing and psychological health are valued by their employing organisations not solely during the height of extraordinary situations, such as the pandemic, but each and every day. This cannot be achieved by words alone; but must be achieved by actions.'

Signatories include the King's Fund, the Royal College of Nursing (RCN), the BMA and the Royal College of Midwives.

Stephen Jones, RCN professional lead for mental health, said: 'Employers must learn to recognise the signs of decreased psychological wellbeing and educate the workforce about those signs. They must also act to avoid occurrences of moral distress, burnout and its associated risks.'

'We also want all employers to fund sufficient, timely and ongoing access to confidential counselling, bereavement and psychological trauma support for all staff. Staff must be able to self-refer to these services and be given time off to attend.'



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A new commission has been set up to improve bereavement services and access to support

Report warns of a ‘post-pandemic bereavement crisis’

Bereaved people are struggling to access support due to long waiting lists and ineligibility for services, new research has found.

The survey, carried out by Cardiff University’s Marie Curie Palliative Care Research Centre and the University of Bristol, found three-quarters of bereaved people with high or severe vulnerability were not accessing formal services.

Of those trying to access support, the survey found 40% had difficulties including long waiting lists, a lack of appropriate support and ineligibility for services.

Dr Emily Harrop from the research centre said: ‘It is incredibly upsetting to know that

even when people did reach out to access support they desperately needed, they still faced difficulties such as long waiting lists or being told they are ineligible. We really need politicians and policy-makers to take a thorough look at how we can make changes to support people both before and after a death in the future.’

‘The survey results show that many people faced significant challenges in dealing with bereavement during the pandemic and highlights that more awareness of support options, information on grief and bereavement services should be provided proactively following a death and made available online and in the

community.’

A new UK Commission on Bereavement has been launched this month to review the support available and make recommendations to the Government.

Chair of the commission and the Bishop of London, Dame Sarah Mullally, said: ‘In the wake of so much loss, we now risk a post-pandemic bereavement crisis. The report reveals just how widespread and serious the impact has been. The UK Commission on Bereavement has been established to explore these issues and will make recommendations on how better to support bereaved people now and in the future.’

Health check target met for those with a learning disability

Plans to ensure at least 75% of people aged 14 and over with a learning disability receive an annual NHS health check have been achieved two years ahead of target.

The NHS Long Term Plan set the target for 2023/24 to help tackle health inequalities for people with a learning disability and ensure GPs can diagnose and treat health problems before they escalate.

The latest annual learning disability review and action report shows this target has been achieved two years ahead of schedule despite the added pressures of the pandemic.

The report also shows that 97% of eligible reviews were completed within six months, up from a third in the previous year.

Claire Murdoch, mental health director for NHS England, said: ‘Every year, people with a learning disability die sooner than they should and many from potentially avoidable conditions, such as constipation or aspiration pneumonia.’

‘Despite the pandemic, the NHS has ensured that three quarters of people over the age of 14 with a learning disability have received their annual health check, two years ahead of the Long Term Plan target – the health MOT’s from local GPs are crucial in identifying and tackling major health conditions and preventable causes of early death.’

The NHS is now urging those in secondary care to set up seven regional exemplar sites to help increase the number and quality of annual health checks.

The sites will also test new ways of working to improve health services and access to care.

This builds on the successful pilots from last year in primary care that focused on people with a learning disability from ethnic minority backgrounds and traveller communities.

AI tech to transform care in trailblazing projects

The Government has awarded £36m to 38 new projects to test how artificial intelligence (AI) can transform care and speed up diagnosis.

The funding is the second wave of the NHS AI Lab’s AI in Health and Care Award, backed by NHSX and Accelerated Access Collaborative (AAC).

The projects include the use of tech to detect cancers, provide mental health support and spot undiagnosed spinal fractures.

Health and social care secretary Matt Hancock said: ‘AI has the potential to completely revolutionise every part of how we approach



healthcare, from how we diagnose diseases and the speed at which our doctors and nurses deliver treatments to how we support people’s mental health.

‘The 38 projects we are backing reflect the UK’s trailblazing approach to innovation in the healthcare sector, and could help us take

a leap forward in the quality of care and the speed of disease diagnoses and treatment in the NHS.’

The funding package will also support the development and testing of early phase projects such as using AI to monitor brain tumours and cystic fibrosis, and improving kidney transplant outcomes.

Matthew Gould, chief executive of NHSX, said: ‘The award winners will push NHS AI into new areas like mental health. The possibilities are immense. This work will help ensure the NHS is a world leader in safe use of AI in health and care.’



Unlocking the power of communities

Luca Tiratelli, senior policy researcher at New Local, argues the remedy for healthcare's challenges is community power as it prevents problems from occurring in the first place

We've learned a huge amount about our NHS over the last 18 months. We've learned just how much we need it, and just how important its strength is to the functioning of the country as a whole. At the same time, we've also learned a lot about what the service is and isn't good at, and about the limits of its capacity.

This seems like a good time then, as we (hopefully) emerge from the greatest health crisis of our generation, to think about the future of the NHS and the wider health sector. Some of the trends we are seeing are deep causes for concern.

Demand for acute services has been building for years and shows no sign of levelling off. This is being fuelled in large part by demographic ageing, which is also only going to accelerate – by 2033 there are predicted to be 1.2 million more people aged over 85 than there are today, an increase of almost 80% since 2018.

At the same time as this raw increase in need for services, we are also seeing an increase in the complexity of that need. Rates of multimorbidity are rising, meaning more and more people have multiple, often interacting, conditions that require increasingly personalised care.

These trends amount to a crisis of demand. It is not sustainable for the need for NHS services within our population to increase indefinitely. At some stage, this is going to lead to serious negative outcomes.

Either the quality of care within the NHS will start to deteriorate, as staff struggle to overcome an insurmountable workload – or the principle of the NHS being free at the point of use and available to all is going to come under pressure, with service rationing of some sort being brought in.

To avoid this future, it's imperative that things change. Rather than working out how we can best meet demand, we need to focus on how we can bring it down. This is where community power comes in.

Community power is an inherently preventative way of thinking about public services

Community power starts with the principle that people have the best insight into their own situation. As an ethos for public services, it entails a shift of power away from bureaucratic centres towards people on the ground, building on values such as collaboration and participation.

Due to its focus on communities and places, community power is an inherently preventative way of thinking about public services. It understands, in its DNA, the importance of the social determinants of health, as its focus is on the things that create ill-health at the level of populations and groups of people.

This all works to counter spiralling demand. Instead of dealing with the issues of individuals at the point at which they become 'problems', community power means addressing things upstream – and, as a result, preventing problems from occurring in the first place. This reduces pressure on acute services.

Community power also involves shifting the internal character of public sector institutions. For the NHS, this would mean becoming more outward looking, and

outside the NHS, and for much deeper and more meaningful engagement with communities, as well as other public sector institutions.

What we are interested in then, is a radical shift to the way that the NHS works – entailing a move to prevention in terms of the work it does, and a transition to a more outwards facing culture in terms of its organisational character.

This is a hugely ambitious agenda, and one that will require the backing and hard work of a broad coalition of people. Currently, New Local is running a call for evidence, so that we can hear from people with opinions and expertise on how this change can be brought about, and what it might look like in practice. Of course, this means people working inside the NHS, but we also want to hear from the broader public sector – from people who work alongside but outside the NHS, particularly in local government.

We'd love to hear your examples, insights and ideas of how to build a better healthcare system. One that not only recovers from the toll of COVID-19, but helps create health for – and with – our communities.

Find out more about New Local's call for evidence, welcoming submissions until 9 July: www.newlocal.org.uk/research-projects/community-power-nhs



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