

contact *For families  
with disabled children*



**National Network of Parent Carer Forums**

**'Our Strength Is Our Shared Experience'**



# Welcome

- **Welcome to this Contact and NNPCF online learning session via Zoom.**
- **Those of you joining by pc, laptop, tablet or smart phone should now be able to see this introduction slide.**
- **Please note that this session is being recorded. Please turn off your web-camera if you do not wish to be recorded.**
- **Use the chat function if you wish to ask questions during the session.**
- **We will try and read out key points from the chat but may not be able to cover everything.**
- **Please remain muted through the presentation, unless you are asking a question.**





**National Network of Parent Carer Forums**

**'Our Strength Is Our Shared Experience'**

# NHS White Paper

What this means for SEND and Parent Carer Forums

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**5478-9746**

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What this means for SEND

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## 3 key documents



## The NHS Long Term Plan

# What



## 1. NHS Long Term Plan

## How



November 2020

## 2, NHS England » Integrating care: Next steps to building strong and effective integrated care systems across England



**Integration and innovation  
working together to  
improve health and social  
care for all**

February 2021

### 3. Integration and innovation: working together to improve health and social care for all (print version)



# Definitions

## White paper

- Government proposal for legislation. Turns into a bill presented to Parliament which turns into an Act when it becomes law.

## CCG - Clinical Commissioning Group

- Clinical Commissioning Groups (CCGs) commission most hospital and community NHS services in the local areas for which they are responsible. There were 200, now fewer due to mergers. CCGs will be abolished completely in new system
- Commissioning involves deciding what services are needed for diverse local populations, and ensuring the services are provided

## STP - Sustainability and Transformation partnerships

- In 2016, NHS organisations and local councils joined forces in every part of England to develop proposals for improved health and care. Senior figures from different parts of the local health and care 'system' drew up proposals after discussions with staff, patients and others in communities they serve

## ICS - Integrated Care Systems

- New partnerships between organisations that meet health and care needs across an area, to coordinate services and plan to improve 'population health' and reduces inequalities between different groups



# Definitions

## •System

- Same as ICS or STP

## •Place

- Usually be based on local authority boundaries but could be other locally relevant definitions

## •PCN - Primary Care Network

- Primary care clinical leadership expressed at neighborhood (PCN) level - likely to be based on clusters of GPs

## •Provider Collaboratives

- All NHS trusts and foundation trusts will be part of a provider collaborative to work collaboratively rather competitively. These can either be horizontal (eg acute hospitals) or vertical (eg different tiers of mental health services)



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# History of recent NHS changes

2014

- NHS and local government's national leaders set out vision of more collaboration in the NHS Five Year Forward View

2015

- 'Vanguards' in 50 areas begin to develop and test new models of care

2016

- NHS and local councils form Sustainability and Transformation Partnerships (STPS) covering all of England, to consider local health and care priorities and to plan services together

2017

- Areas refine initial proposals, drawing on conversations with frontline staff, local residents and others in the community



# History of recent NHS changes

2018

- Some partnerships begin to take on more responsibility by becoming ‘integrated care systems’

2019

- NHS Long-Term Plan confirm every area to be served by an integrated care system by 2021 with primary and community services funded to do more

2020

- NHS England sets out how systems will accelerate collaborative ways of working in the future, considering key components of an effective integrated care system (ICS) and reflecting what local leaders said about their experiences during the last two years, including Covid-19 challenges.

2021

- NHS England response to the ICS consultation document and the government brings forward legislative proposals to support integration and abolish CCGs.



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# Our regional footprints

## North East and Yorkshire

1. Cumbria and the North East
2. West Yorkshire and Harrogate
3. Humber, Coast and Vale
4. South Yorkshire and Bassetlaw

## North West

5. Lancashire and South Cumbria
6. Greater Manchester
7. Cheshire and Merseyside

## East of England

19. Cambridgeshire and Peterborough
20. Norfolk and Waveney
21. Suffolk and North East Essex
22. Bedfordshire, Luton and Milton Keynes
23. Hertfordshire and West Essex
24. Mid and South Essex

## London

25. North West London
26. Central London
27. East London
28. South East London
29. South West London

## Midlands

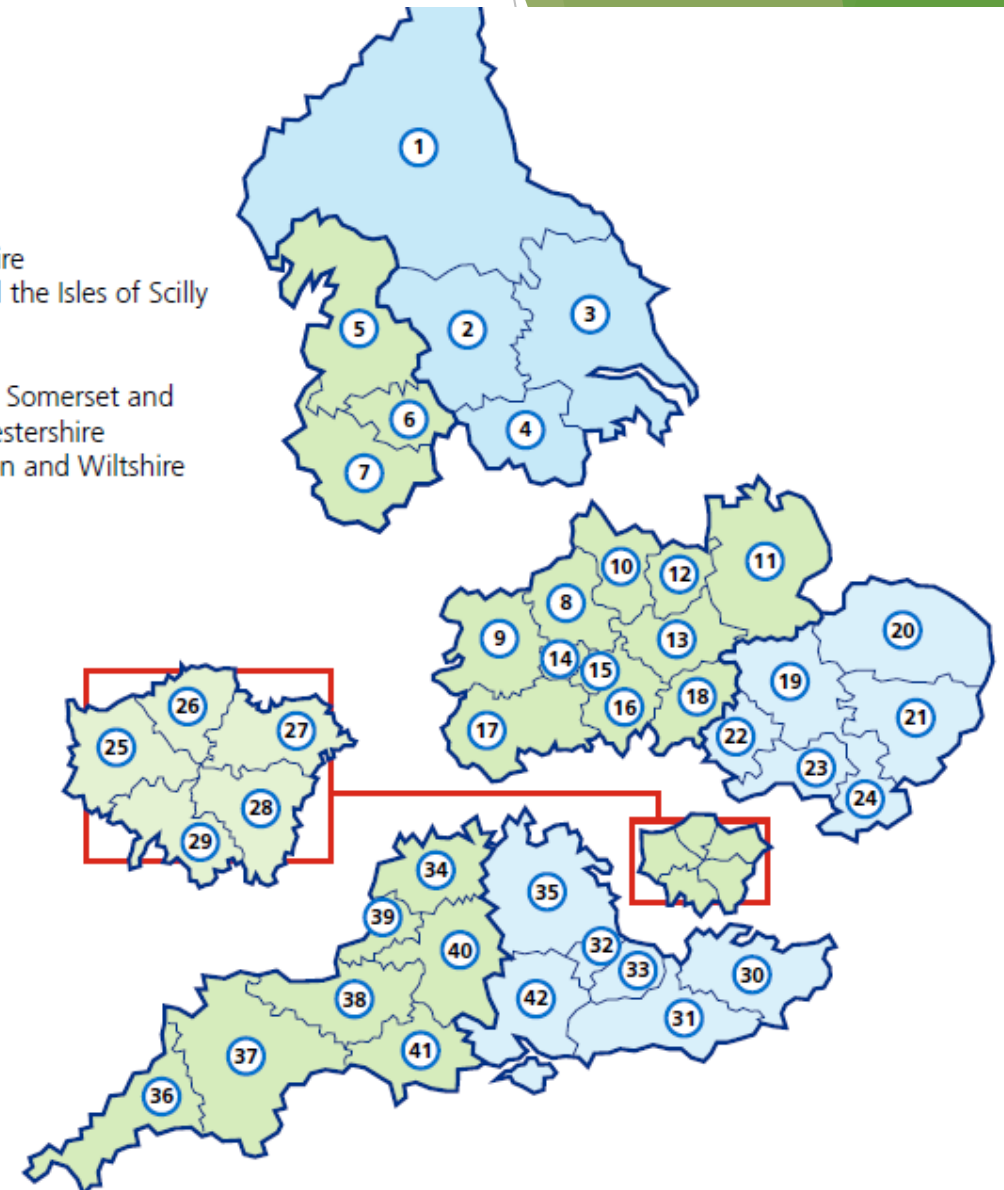
8. Staffordshire and Stoke on Trent
9. Shropshire and Telford and Wrekin
10. Derbyshire
11. Lincolnshire
12. Nottinghamshire
13. Leicester, Leicestershire and Rutland
14. The Black Country
15. Birmingham and Solihull
16. Coventry and Warwickshire
17. Herefordshire and Worcestershire
18. Northamptonshire

## South East

30. Kent and Medway
31. Sussex and East Surrey
32. Frimley Health and Care
33. Surrey Heartlands
35. Buckinghamshire, Oxfordshire and Berkshire West
42. Hampshire and Isle of Wight

## South West

34. Gloucestershire
36. Cornwall and the Isles of Scilly
37. Devon
38. Somerset
39. Bristol, North Somerset and South Gloucestershire
40. Bath, Swindon and Wiltshire
41. Dorset



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# Objectives and aims

*“First, by removing the barriers that stop the system from being truly integrated. We want to help Integrated Care Systems play a greater role, delivering the best possible care, with different parts of the NHS joining up better; and the NHS and local government forming dynamic partnerships to address some of society’s most complex health problems”*

Foreword to White Paper

Working together  
to integrate care

Reducing  
bureaucracy

Improving  
accountability  
and increasing  
public confidence

Additional  
measures

# Integrated care systems

- ▶ Integrated care systems (ICS) set up across England by April 2021
- ▶ ICS 'footprint' will bring together multiple CCGs (as per STPs)
- ▶ Two forms of integration:
  - ▶ Integration within the NHS (between different NHS organisations) :NHS Body
  - ▶ Integration between the NHS and local government (and wider partners): ICS health and care partnership

*PCFs will need to work with neighbouring PCFs - make sure you know who they are and build those relationships*

# Integrated care systems

## ICS Body

- ▶ Responsible for commissioning within its boundaries, taking on CCG responsibilities and some currently held by NHS England
- ▶ Will have a unitary board, accountable for NHS spend with a chair, CEO, and reps from NHS trusts, GPs and local authorities, and others determined locally and non-executives.
- ▶ Responsible for day to day running of the ICS, and NHS planning and allocation decisions.

## ICS Health and Care Partnership

- ▶ Drawn range of sources including Health and Wellbeing Boards in the system: partner organisations with interest in health and care (including Healthwatch, VCS and private sector partners, social care providers) plus organisations with a wider interest in local priorities (eg housing providers)

*No patient or public voice on ICS bodies*

*Can PCFs secure a role on the ICS HCP?*

# The role of “place”

- ▶ Much integration will happen at “place” level
- ▶ But the white paper does not define what “place” is
  - ▶ Could be local authority level
  - ▶ Could be CCG footprint
  - ▶ Could be something else?
- ▶ There is an expectation that ICSs will delegate significantly to place level
- ▶ ICSs required to have regard to the Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies that are being produced at HWB level (and vice-versa).
- ▶ There is mixed accountability here
  - ▶ NHS services are held to account by NHSE up into government and Parliament - some oversight by local authority overview and scrutiny committees
  - ▶ Local authorities are held to account by elected representatives and local electors

*Some disagreement about what “place” is*

*If it's not local authority, this doesn't match PCF footprints*

*Ensure your SEND JSNA is up to scratch*

*Lots of plans (ICS, place, HWB...) make sure SEND is in the right place in each of these*

# The role of place

6.13 The three factors that frame our proposed approach are:

(a) The importance of shared purpose within places and systems;

(b) The recognition of variation – some of it warranted – of form and in the potential balance of responsibilities between places and the systems they are part of;

6.18 (a) Place based arrangements between local authorities, the NHS and between providers of health and care services are at the core of integration and should be left to local organisations to arrange. We expect local areas to develop models to best meet their local circumstances.

(b) Health and Wellbeing Boards will remain in place and will continue to have an important responsibility at place level to bring local partners together, as well as developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy,

*Each ICS can set up in a way that makes sense to them*

*Health and wellbeing boards remain important. Continue to partner and influence them.*

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# Duty to collaborate and competition

- ▶ There will be a broad duty to collaborate across the healthcare, public health and social care system; to act in the best interests of patients, taxpayers and their local population
- ▶ *5.15 This proposal will place a duty to collaborate on NHS organisations (both ICSs and providers) and local authorities.*
- ▶ Removing some barriers to joint commissioning such as enabling the appointment of lead commissioners to pool budgets
- ▶ The ability to form joint committees to include representation from other bodies such as primary care networks, GP practices, community health providers, local authorities or the voluntary sector
- ▶ Removing some of the requirement for competitive commissioning and the ability to “*use processes to arrange services (5.42)*”
- ▶ More ability to share data “*in support of individual care, population health and the effective functioning of the system (5.34).*”

*Encouraging joint commissioning*

*A chance for PCF representation?*

*And funding?*

*PCFs should be involved in this “arrangement” of services*

*Data sharing for SEND across services*

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# The triple aim

*3.11 triple aim duty on health bodies,*

- better health and wellbeing for everyone*
- better quality of health services for all individuals*
- sustainable use of NHS resources.*

*Everyone includes children -  
make sure they are not  
forgotten*

*PCFs need to show how any  
SEND proposals deliver these  
three aims*

## Patient choice

*5.37 Under the new model, bodies that arrange NHS Services as the decision-making bodies will be required to protect, promote and facilitate patient choice with respect to services or treatment.*

*Does choice = person centred?*

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# Enhancing public confidence and accountability

- ▶ Merging NHS England, Monitor and the NHS Trust Development Authority and Secretary of State powers of direction
- ▶ Creating a new framework for national oversight of our health system, that national bodies are streamlined, with clear roles and responsibilities, and that the public and Parliament can hold decision makers to account
- ▶ *“5.108 we propose to introduce through the Health and Care Bill, a new duty for the Care Quality Commission to assess local authorities’ delivery of their adult social care duties. Linked to this new duty we also propose to introduce a power for the Secretary of State to intervene where, following assessment under the new CQC duty, it is considered that a local authority is failing to meet its duties.”*

**Nothing about children’s social care**

# Also mentioned

Obesity

Fluoridation

International  
reciprocity

Role of the  
competition and  
Markets  
Authority

National tariff  
system

Changes to how  
Health Education  
England works

Frequency of  
changes to NHS  
Mandate



# Opportunities

- ▶ New system, new leaders: fresh chance for forums to forge new relationships and do things differently to make an impact for children with SEND
- ▶ First time integrated care and collaboration baked in to NHS commissioning: an opportunity for better joint commissioning for SEND?
- ▶ End to wasteful, time consuming competitive transactional commissioning - more money for quality care?
- ▶ A focus on health outcomes rather than ‘activity’
- ▶ Focus on tackling ‘health inequalities’ - families of disabled children experience plenty of the latter
- ▶ Mental health likely to be a key priority along with obesity, diabetes etc



A hand is shown placing a wooden block on top of a Jenga tower. The tower is made of light-colored wooden blocks, and the hand is positioned on the left side of the frame. The background is a solid light blue color.

# Risks

- ▶ Top down organisation: locus of power shifting up system so harder to influence how money is spent in health
- ▶ Focus on population health across the ICS. Focus on obesity and heart disease risks crowding out issues important to our families
- ▶ For children, expect an even greater focus on early years 'prevention': see [The Best Start for Life, 1001 Critical Days report](#)
- ▶ Expect changes to hospitals, move from DGH hospitals to 'centres of excellence'. May see downgrading/ closure of A&Es and relocating of paediatrics or 'elective care' elsewhere in ICS
- ▶ Secretary of State gets more say/power over service changes and closures
- ▶ Individuals will take on more risk (eg patient initiated outpatient follow ups)
- ▶ Dilution of council (democratic) influence on how health money is spent in their local area



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# Some open questions

?	The white paper is light on individual coproduction - how do we remind people of the NHS Constitution requirement to build services around patients?
?	The paper hardly mentions strategic coproduction. Can we use existing bodies like Healthwatch, Health & Wellbeing Boards and local government to gain purchase?
?	What is place?
?	The relationship between the NHS Body and the ICS Health and Care Partnership (HCP) is unclear. Understand this for you ICS and try to make sure the ICS HCP is not just a talking shop/has clout
?	Very little detail about the changes needed to social care
?	There's a limit to what legislation can achieve if behaviour and culture are not right...



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# What this means for SEND

<input type="checkbox"/>	Is your local SEND JSNA (Joint Strategic Needs Assessment) up to scratch? Does it properly describe the needs of children with SEND and the priority they should have?
<input type="checkbox"/>	What other new joint committees are being set up? What opportunities are there to drive joint commissioning? And don't forget Education!
<input type="checkbox"/>	Can you describe how your SEND objectives fit into the 'triple aim'?
<input type="checkbox"/>	Are children included in your local ICS priorities?
<input type="checkbox"/>	How can local data sharing improve connectivity and services for children with SEND?
<input type="checkbox"/>	How can providers be better 'arranged' to meet the needs of children with SEND and their families?

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# What this means for Parent Carer Forums

<input type="checkbox"/>	Ensure you work with neighbouring PCFs to cover the ICS footprint
<input type="checkbox"/>	Make sure you know how 'place' is being defined in your ICS.
<input type="checkbox"/>	Make sure you know what committees are being set up in your "place" and which you should be representing on
<input type="checkbox"/>	Build/renew relationships with existing health bodies including Healthwatch and Health and Wellbeing Boards
<input type="checkbox"/>	Understand who is funding local voluntary and community organisations in the new system and try to secure some money
<input type="checkbox"/>	Remind everyone of the requirement to coproduce, coproduce and coproduce!

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# More information

- ▶ [NHS Long term plan](#)
- ▶ NNPCF Contact Webinars [Forum resources](#) | [Contact](#)
- ▶ NNPCF Health engagement talking point [talking-points-health-engagement-v.3.pdf \(nnpcf.org.uk\)](#)
- ▶ **White paper** [Integration and innovation: working together to improve health and social care for all \(print version\)](#)
- ▶ [The health and social care White Paper explained | The King's Fund](#)